START 24/7

A Framework for Working with Families Who Have Adopted or Obtained Guardianship

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Acknowledgements

The START 24/7 Framework was developed by Dr. Rob Lusk and Dr. Kathleen Bush, two adoption professionals who have been supporting adoptive families in Illinois through the programs and services offered by The Baby Fold for many years. The Baby Fold has a long history of excellence and is a well-respected leader in the area of attachment and trauma training.

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START 24/7: Working with Families Who Have Adopted or Obtained Guardianship

Finalization of adoption or legal guardianship once was viewed as the last chapter in a family's journey—an end point. As a result, most professionals did not talk with families about the challenges that they might encounter in the future. Although an important step, finalization is by no means the journey's end. It is important to educate parents and guardians about what they can expect as they continue the lifelong journey of adoption or guardianship.

History of the START 24/7 Framework

Since 1991, Illinois has developed and implemented a statewide system for providing post adoption and post guardianship supports. Over the years the services provided have grown and have evolved to keep pace with the needs of families after they have adopted or obtained guardianship.[i] In 2015, the Illinois Department of Children and Family Services (ILDCFS) was selected to be part of the National Quality Improvement Center for Adoption and Guardianship Support and Preservation (QIC-AG). The QIC-AG was a five-year, cooperative agreement, funded by the Children's Bureau, designed to promote permanence when reunification is no longer a goal and to improve adoption and guardianship preservation and support. As part of its work through the QIC-AG project, ILDCFS worked to promote a change in perception and practice from reacting to crisis to promoting *early* access to the full array of post adoption and post guardianship services, helping families to avoid crisis and providing better support of permanency for children. ILDCFS identified the importance of:

- promoting a culture that seeking and receiving assistance is normal and valuable,
- educating professionals and parents about post adoption and post guardianship services and supports and how to access them, and
- applying a life span approach that recognizes that families have changing needs for support at children's different ages and developmental stages.

With the support of the QIC-AG, ILDCFS commissioned the development of a framework to be used as an introduction to post adoption services for families with new finalizations as well as for other families who have long since finalized their adoptions and guardianships. The framework would be informed by evidence-based practices and would provide resources for post adoption and post guardianship service providers to guide their interventions with families, tailored to individual family needs. By March 2019, the START 24/7 framework had been developed; and a series of workshops was offered in each region of the state to introduce the approach. Through the START 24/7 framework, post adoption professionals working with families now could customize a package of short-term services, such as psychoeducation for parents and members of their support networks, introductions to support groups, plus linkages and referrals to adoption-competent and trauma-informed supports.

Overview of the START 24/7 Framework

START 24/7 is a conceptual framework that describes a holistic approach for children and families formed through foster care, adoption or guardianship. It provides a guide that can be used by parents and caregivers and by others who support families post adoption and post guardianship. It focuses on creating the conditions needed for an environment where parents and caregivers can plan for future needs of both the child and the family and where children can continue to heal and to grow in their identity within their families. START stands for **S**tart Early, **T**rauma-informed**, A**ttachment-focused**, R**esiliency-building**, T**herapeutic Services.

Start Early

Helping families to recognize the importance and benefits of accessing early and ongoing support is critical to long-term success. When supports are in place early and when services can be provided when families are not overwhelmed by challenges, families can learn skills that will help them to navigate challenging times more effectively. Through the START 24/7 framework, families can be introduced to the various supports and services available in their communities. Through early engagement with families, the START 24/7 framework also can help to normalize and to encourage the use of more formal supports.

Trauma-informed

The effects of abuse, neglect and trauma can have long-lasting impacts on a child's health and can cause developmental impacts, even though

the child no longer is living in an unhealthy environment. START 24/7 helps to educate and provides tools to help regulate emotions and to manage the physical effects of trauma.

Attachment-focused

Connectedness and attachment are the bases of relationships. The domains of START 24/7 help to create a foundation for parenting strategies that can support the strengthening of relationships in a family that has adopted or has obtained guardianship of a child.

Resiliency-building

Parents often are asked to do the impossible: to take in and to heal children who have trauma histories, who have a lack of trust and who lack regulation skills. Through a trusting relationship, professionals can provide trauma-informed, parenting education; can help to advocate for needed resources, and can connect families with supportive environments such as support groups that can aid them in working through their concerns and issues. This fosters a sense of empowerment and resilience on which families can build.

Therapeutic Services

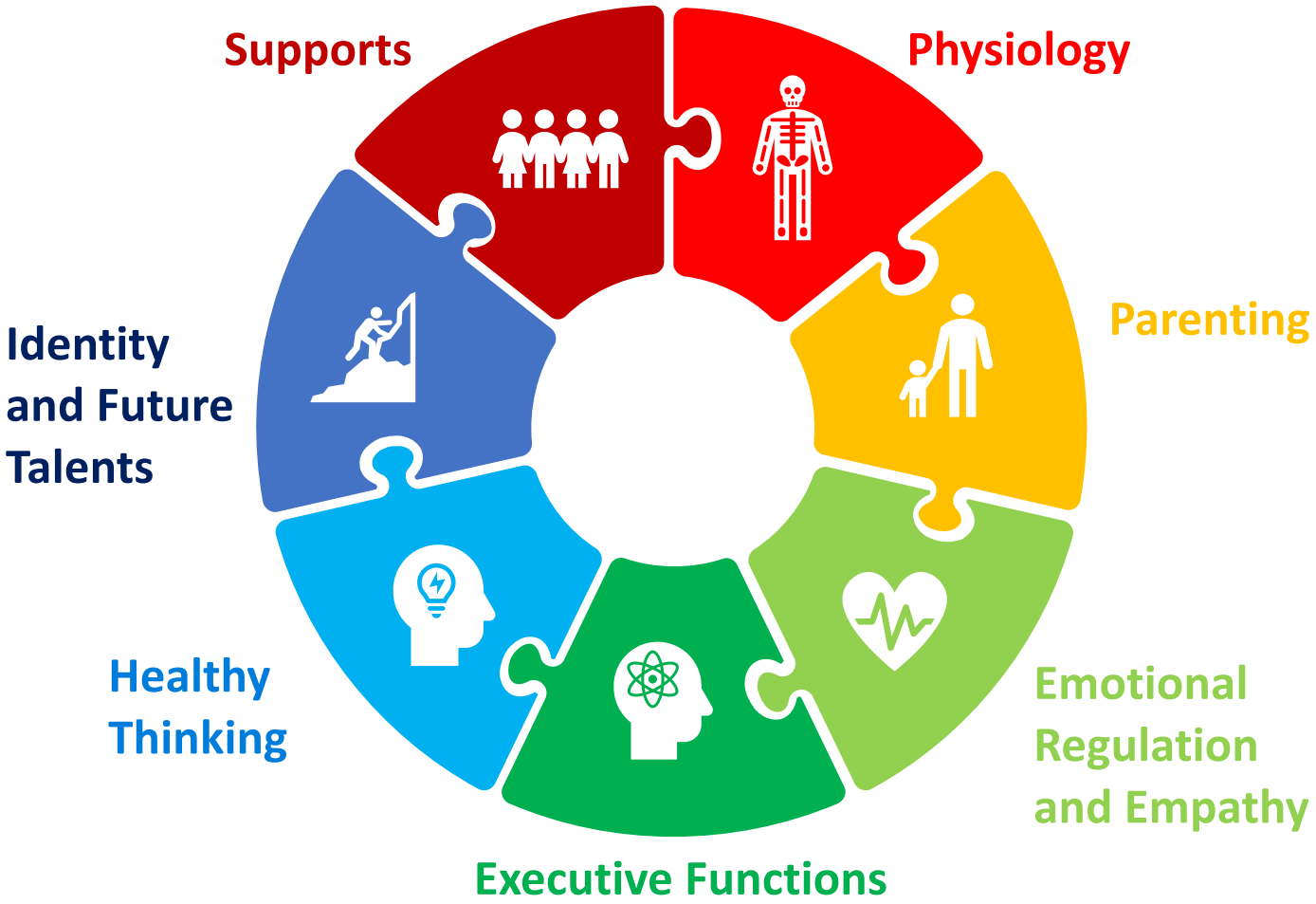
For families faced with more significant challenges, START 24/7 provides guidance on more intensive and long-term support services that may be needed. During a family's engagement with the professionals using the START 24/7 framework, family members can be referred to the services they need and can learn skills to advocate for themselves that will empower them to move forward with confidence.

START 24/7 Domains and Elements

The START philosophy revolves around the idea of having a supportive environment 24 hours a day, seven days per week. Therefore, there are 24 areas of foci within seven domains that describe the basis for creating a healing environment. The START domains include:

- Positive Supports
- Physiology
- Parenting
- Emotional Regulation and Empathy
- Executive Functions
- Healthy Thinking
- Identity and Future Talents

The START domains help professionals to provide psychoeducation explaining why it is important to attend to a particular need. When exploring issues with parents, professionals need to communicate that while there may be many areas of simultaneous focus, creating a secure foundation often translates into greater strength across multiple domains. The visual that the model provides can help you to talk with parents as you assess strengths and needs in the various domains. Resources in the START Toolbox (See Appendix A.) can help parents and professionals with the work of strengthening the domains (See Appendix B.).



The 24 elements among the seven domains will help you to remember the basic areas of each domain that need assessment. This manual describes those elements to give you a baseline knowledge of each. This will help you to understand how important these elements are within a holistic model of care.

Supports Domain

- Natural Supports
- Concrete Supports
- Medical Professionals
- Mental/Behavioral Health and Child Welfare Professionals
- Educational Professionals
- Day Care and Respite Providers
- Community Supports

Physiology Domain

- Sleep
- Nutrition and Hydration
- Physical Activity and Exercise
- Sensory Needs and Interventions
- Medications and Alternatives

Parenting Domain

- Parent Coping and Control
- Building Secure Attachment
- Structure and Connecting Routines
- Trauma-Informed Discipline

Emotional Regulation and Empathy Domain

- Identifying Feelings
- Communicating Feelings
- Grounding and Coping Strategies
- Empathy Building

Executive Functions Domain

- Problem Solving and Other Executive Functions

Rational Thinking and Mindfulness Domain

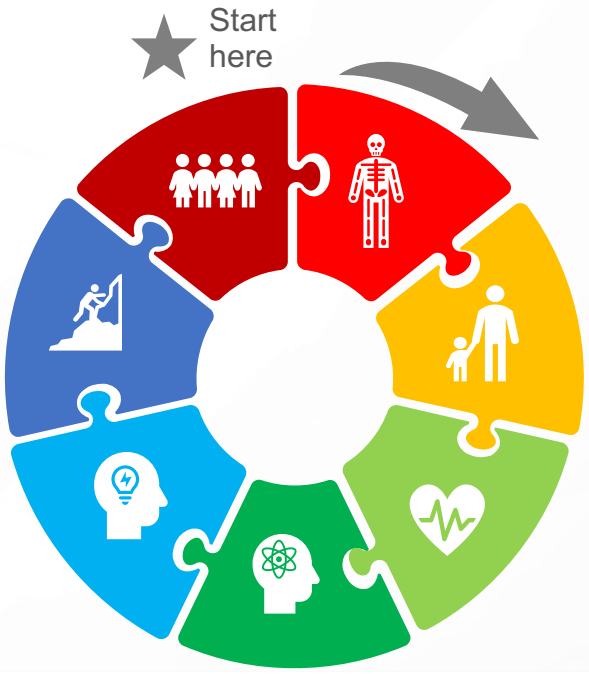
- Rational Thinking
- Mindfulness

Identity, Planning and Talents Domain

- Coherent, Positive Identity
- Talents and Future Planning

How to Use Domains to Assess Needs

Built on evidence-based and evidence-informed practices and designed to allow for growth as these practices evolve, START 24/7 provides a guided approach to assessing the child and the family to determine areas that need strengthening. As a professional, you may be working with children and their families in the various environments where they interact, such as the home, school or day care, or in community settings, such as after-school programs, sporting events and even in the grocery store. Sometimes you may be performing what is often called “case management” because multiple providers are involved in the child’s life while the parent also needs support in coordination of services, intervention suggestions and data collection. In other instances, you may be the only provider of the parenting education, the psychoeducation, the support groups, the social skills lessons and the identity development activities. Regardless of your role, when you have a solid understanding of the needs of the child and the family, you can support them better in getting those needs met. When families become engaged in post adoption or post guardianship services, an assessment can be conducted of child and family strengths and areas of need within each domain. The adoption professional can also use the domains to educate the parent about creating a healing environment, the foundation of which starts with the Supports domain. The puzzle pieces representing each domain illustrate their interconnectivity; with each added piece, the healing environment is strengthened from a holistic perspective. The circular nature of the framework demonstrates a continuous loop of exploration as the child and family continue the lifelong journey of adoption or guardianship.



The goals of the START 24/7 domains can become objectives for a service or treatment plan. An assessment tool that can be used to guide service or treatment planning can be found in Appendix C of this manual. The assessment results may indicate a variety of approaches that you as an adoption professional can use to support the family, including:

- In-home interventions (or in an office setting if needed for more privacy)
- Parent training and education
- Mentoring and coaching for skill development
- Behavioral monitoring (tracking progress and monitoring symptoms for doctors)
- Group-based activities
- Educational classes
- Support groups
- Community-based interventions
- Referrals to resources
- Advocacy to ensure access to needed services
- Case coordination and advocacy
- Organizing of meetings
- Attendance at doctor's appointments, school meetings, and meetings with other professionals as needed
- Working with doctors, therapists and school personnel
- Gathering and sharing of information as needed and appropriate

Core Issues in Adoption

The Seven Core Issues in Adoption and Permanency inform the domains of the START 24/7 framework. They are foundational to understanding the experiences of the three parties who are central to the adoption process: the birth parents, the child or youth who has been adopted and the parents who have adopted (also referred to as the "triad" or the "constellation"). When you consider the Seven Core Issues, you need to think about how each one impacts members of the adoption constellation. The Seven Core Issues, including "… [loss, rejection, shame/guilt, grief, identity, intimacy and mastery/control] create dynamics in people's and family's lives that must be acknowledged and addressed in order for healthy, authentic relationships to unfold" (Roszia & Maxon, 2019, pp. 25-26)[2].

Loss

Adoption requires the disruption of the first family unit -- the birth family -- to create a second family unit through the adoption. This results in losses on multiple levels: the loss of the birth child to the birth parents and vice versa, the loss of siblings, the possibility that relatives who adopt might lose their relationship with the birth parents, and innumerable other losses. Losses also can be culturally related, such as a loss of language or of the religious practices of the child's culture of origin. Members of the adoption constellation also can experience a perceived loss of social acceptance, group inclusion or a sense of belonging. Loss sometimes is referred to not only as a core issue but also as the key issue in understanding clinical issues in adoption. When working with families that have adopted, you need to be attuned to the behavioral, developmental and emotional manifestations of loss and grief, especially because unresolved grief and loss can lead to profound grieving. This in turn can interfere with daily living, can impact current relationships negatively and can lead to depression, anxiety and other clinical problems.[3]

Rejection

Rejection can be perceived and experienced in a variety of ways. For example, a child may perceive a birth parent's decision to pursue an adoption plan instead of parenting as a form of rejection. Extended members of the family that has adopted may not behave in accepting ways (e.g., sending birthday cards to all the children by birth in the family but not to the child who was adopted), or they may engage in more subtle ways that give an appearance of inclusion but often are felt as

rejection by the adopted child (e.g., referencing a child who was adopted by saying, “I have five grandchildren and one adopted grandchild.”). A child who identifies oneself as LGBTQ may be adopted into a home where the family or extended family is not welcoming. Parents who have adopted may not receive acknowledgement of their growing family as they add new children, or they may not be offered the same sense of celebration as might occur with a birth child. People often say insensitive things to parents who have adopted, such as, “Are these your real children?” Because children are naturally egocentric, these interactions can impact their sense of self-worth.

Shame and Guilt

Shame is an “outside in” emotion that originates as a negative reflection from others. It can start as a look of disgust from a parent, a refusal of eye contact, an accusatory tone, verbal abuse or avoidance or denial of one’s needs. When this type of negative treatment is internalized, it can impact self-esteem. Shame, which can be defined as the belief that the core self is bad or less valued than others, can be the result.

Stigmatizing stereotypes of our culture that can drive shame for persons in the adoption constellation include referring to children who have been in foster care as “damaged, angry or abused”; characterizing parents who adopt as “rich, baby stealers or infertile”; or describing parents by birth as “uncaring, sperm donors, undependable, poor or uneducated.” These hurtful references still may be prevalent. Adoption professionals need to continue to fight against them.

Guilt is a learned, social emotion that is developed within the earliest parent-child relationship. There is value in learning not to do harmful things and feeling bad when you do, but guilt also can become maladaptive. Maladaptive guilt can result when adults set standards that are too high for children who need patience and understanding. Unhealthy guilt can result in self-punishing behaviors such as self-criticism or self-blame, rather than healthy behavioral change.

Grief

Grief is the gateway to healing. It is personal and individualized. It isn’t healthy to suppress grief. You don’t just get over it, and you can’t shelter a child from it. Unexpressed grief can result in a person feeling very alone, dysregulated or out of control. Children who have been adopted

may grieve for the family members of their birth, even if they never have met them. Grandparents who adopt may grieve the relationships lost when their role changed or when the parents by birth surrendered their rights or had their rights terminated. Parents who have experienced infertility before adopting may grieve the child whom they couldn't have by birth. There are stages of grief (denial, anger, bargaining, sadness and acceptance) that are relatively common. However, the sequence of these stages can vary; and the need to revisit a stage and to reprocess it depends on the individual and that person's developmental age. Symptoms of grief can include physical pain, not eating or overeating, bed-wetting and anxiety, to name only a few.

Identity

Constellation members in both the family adopting and the family of birth, including the child who was adopted as well as the parents, all are impacted by an identity shift as a result of the adoption. A parent by birth stops being the "parenting mother or father," and a child who was born into a family becomes a child who was adopted by another family. In relative adoption or guardianship, grandparents or aunts and uncles become moms and dads. Sometimes others such as teachers become parents through adoption. This shifting of roles can become confusing for all involved. Children born into families that reflect their own racial or ethnic identity may be adopted into families of another racial or ethnic background. Children adopted by families who do not resemble them in physical appearance can experience cultural confrontation that causes them to question their very identity as a member of a family.

Intimacy

Intimacy refers to the depth of relationship or connection between family members. It requires the capacity for vulnerability, a willingness to be nurtured by others and to trust that others can and will meet one's needs. The need to develop a healthy connection can affect each individual in the constellation. Parents by birth who continue to have contact with their child after adoption or who resume contact later in the child's life will need to build healthy connections with the child and, possibly, with the family that adopted the child. In relative adoption or guardianship, the connection may remain; but trust may be strained. For a child who has experienced early developmental and relational trauma and loss, trust between the child and the parents who adopted the child will need to develop over time. When children gain comfort from others meeting their needs, they feel an increased level of self-worth and self-esteem, the key building blocks for developing the capacity to establish healthy relationships as adults.

Mastery and Control

Mastery refers to the process by which a child who has been adopted builds skills such as emotional regulation, relationship and social skills, and the willingness to accept nurture and intimacy. Children who have been adopted need to work through their core issues of loss, rejection, shame and guilt, grief, identity and intimacy in order to achieve mastery and a sense of control over their lives and relationships. Parents by birth may need to master their patience and understanding as they allow others to parent their child. To retain a relationship with their child, they may need to reorganize how they think about their family and their function within their family. There is a new order of life for them to master and to manage.

Professionals are often part of the process of the child leaving one family and joining another. They also serve as supports to members of the triad. For these reasons, professionals are also part of the constellation in adoption. Professionals often witness the painful experiences of the children and caregivers they work with and may even feel a sense of responsibility for these experiences. It is important for professionals to recognize these impacts to help guard against burn out.

In addition to understanding the Seven Core Issues in Adoption and Permanency, parents who have adopted also need to build skills in trauma-informed parenting, in being mindful and compassionate toward themselves, in understanding the needs of the child they have adopted and in meeting those needs in all environments. For you as a professional, it is equally important to educate yourself about the need for and the value of interventions such as psychoeducation, parent training, mindfulness and emotional regulation. You also need a depth of knowledge about community resources. The families whom you serve rely on you to be an expert, and your knowledge and skills could make the difference between a family remaining intact or dissolving their adoption.

Description of START 24/7 Domains

Positive Supports Domain

- Natural Supports
- Concrete Supports
- Medical Professionals
- Mental/Behavioral Health and Child Welfare Professionals
- Educational Professionals
- Day Care and Respite Providers
- Community Supports

The purpose of the Supports domain is to identify, to develop and to maintain positive supports and access to needed resources. The elements of this domain (natural supports, medical and mental health and child welfare professionals, educational professionals, day care and respite providers, community supports and concrete supports) concern the most basic needs. Addressing these issues when they are present is usually critical in helping families to get out of survival mode. Often education, advocacy and traditional casework are needed to help families access or enhance these supports. This often starts with an assessment of the degree to which parents have been successful in engaging and maintaining support. When working with families that have adopted or have obtained guardianship, you need to determine where strengths as well as gaps exist in a family's community. It is important to help families explore supports among their family members. In some cases, those adopting or obtaining guardianship may be disconnected from other members of their family; or they may need to consider setting boundaries with those in their network who are not supportive. Caregivers need access to a support system that will help them to stay centered and regulated during difficult times. Child factors such as the child's level of resiliency, peer relationships and social skills, plus relationships with other adults (such as teachers) are all parts of the supports to be assessed.

While assessing and improving supports, you also can assist families in evaluating whether their supports are adoption-competent and trauma-informed, emotionally safe and actually supportive for them. This process may identify gaps. You can help parents and caregivers to fill gaps by:

- maintaining a database of services and supports that might be accessed by families who have adopted or obtained guardianship;
- creating a lending library of books and videos for families to continue their learning;
- designing strategies for sharing information about available resources, such as in a newsletter or flyer, and
- developing relationships with other service agency partners to address barriers facing parents who are trying to access needed services.

You also can learn a great deal about the supports available to a family by facilitating and participating in Child and Family Team meetings or by accompanying families to school meetings or doctor's appointments. While providing opportunities to help families build skills, these activities also support greater collaboration between agencies and resources.

Natural Supports

The term "natural supports" refers to the support and assistance that flow naturally from the associations and relationships typically developed in environments such as the family, school, workplace and community. It is *not* a safe assumption that the existing network of a parent who has adopted is a source of support. In some cases, persons within a family's network may reject the child who has joined the family through adoption, further exacerbating issues within the family dynamics. You can help families to enhance their natural support networks by:

- helping parents and caregivers to evaluate the quality of their supports;
- supporting parents who have adopted as they experience the loss of or changes in their relationships with individuals who do not support the child they have adopted, which may include helping the parents to set boundaries;
- providing opportunities for persons who are part of the family's network to learn more about adoption and creating awareness that trauma may be having an impact on the child and the family; and
- referring a family to community supports or more formalized services when the family lacks natural supports to meet a need.

When assessing and evaluating natural supports, you need to consider questions such as:

- Does this person have the knowledge and capacity necessary to help?
- Does this person provide felt safety to the parent, the child or both? Or does the parent perceive this person as judgmental, toxic, dismissive or overly involved? Is this person taking a rejecting attitude toward the child who was adopted?
- Do those supporting the family know what they need to know about adoption and the impact of trauma?

Concrete Supports

Concrete supports include housing that meets the family's needs, employment that is adequate and fulfilling, access to reliable transportation, school settings that are close, availability of childcare and access to emergency funds to meet unexpected needs. Individuals in a person's natural support network often provide concrete supports to help meet the person's needs. Families also may access community resources for meeting concrete needs.

Medical Professionals

Families need access to appropriate medical care that is trauma-informed and adoption-competent. Medical professionals, like the rest of society, come with many different beliefs and practices. Some are open to trauma-informed care while others are not aligned with trauma-informed philosophies.

The Adverse Childhood Experiences Study (ACEs) was a long-term research study conducted by Dr. Vincent Felitti (Kaiser Permanente Department of Preventive Medicine) and Dr. Robert Anda (Centers for Disease Control and Prevention). Drs. Felitti and Anda discovered that many participants who left Kaiser Permanente's obesity clinic without completing the program successfully had a history of childhood sexual abuse. This finding led Dr. Felitti to wonder whether the weight gain might be a coping mechanism for depression and anxiety. Results of more than 17,000 surveys conducted in the study revealed that nearly 67% of the participants reported at least one of 10 adverse childhood experiences; 25% had at least two ACEs, and 20% reported three or more ACEs. The study indicated that the effects of stress are cumulative, meaning that early childhood experiences matter and that they have the potential to impact the trajectory of a person's life. The findings of the ACEs study have generated significant gains in understanding childhood trauma. They have created a shared, common language for parents, adoption professionals and the medical community to talk about the tie between trauma and physical health. More information about the Adverse Childhood Experiences Study can be found at www.acestoohigh.com.

The QIC-AG has developed a fact sheet about adoption that is tailored for health-care providers (See Appendix E.). This fact sheet is designed to raise awareness about the unique needs of children who have been adopted and to provide concrete tips on how these professionals can work with these children effectively. It can be used as well by parents who have adopted, serving as tools for engaging their child's health-care provider.

Mental/Behavioral Health and Child Welfare Professionals

Professionals have a variety of training and experiences, and they learn to conceptualize treatment based on their specific preparation and training. For example, many therapists learn Cognitive Behavioral Therapy in school; so, that is what they use. Many evidence-based interventions are designed for and tested with specific types of populations. Consequently, they may not be as effective or, in some cases, may be harmful to adoption and guardianship populations. Interventions for the care of children who are navigating the journey of adoption or guardianship need to be selected carefully and sometimes to be modified to fit needs related to attachment and trauma. For example, Trauma-Focused Cognitive Behavioral Therapy may not be appropriate for younger children or in some cases of complex developmental trauma. Applied Behavior Analysis techniques are not always trauma-sensitive or adoption-sensitive (Many forms of punishment and behavior contracts are not likely to be effective.). Parent-Child Interaction Therapy is not attachment-sensitive in that it uses time-out rather than time-in. Trust-Based Relational Intervention® works well with many families; however, modifications are needed for its use with children who have Fetal Alcohol Syndrome or Autism Spectrum Disorder (These children may need more reinforcement about sticking to the rules.). Occupational therapy that may be offered in the school setting focuses on school issues but may not translate well to the home environment of a family that has adopted.

The Child Welfare Information Gateway published a fact sheet in 2018 that provides suggestions for finding an adoption-competent therapist and offers information about the types of therapy that can help children who have been adopted and their families. This fact sheet can be shared with families. It can be viewed at https://www.childwelfare.gov/pubPDFs/f_therapist.pdf.

After the initial period of training and preparation, professionals working in the field might not always get what they need in terms of ongoing training, yet this is a critical component to ensure that they stay current with evolving practices in the field. Professionals who lack competence in adoption might suggest ideas such as “giving the child back” or might recommend residential placement rather than support the family in working to create the healing environment needed for the child to make progress. Helping parents to evaluate the knowledge and skills of the professionals working with their child is important. You can provide

support to parents so that they feel comfortable asking these professionals questions such as:

- What training have you had?
- What level of experience do you have working with families that have adopted or obtained guardianship?
- Do you use trauma-informed practices that are adoption-competent? Which specific approaches are part of your treatment plan for my child and family?

It can be helpful to make a list that includes professionals and service providers who have demonstrated knowledge, skills and attitudes consistent with the unique needs of families that have adopted or obtained guardianship.

It is also critical for professionals working with these families to maintain a caseload that allows for sufficient time with each child and family. Having 10-15 active clinical or blended cases for a full-time professional is a good basis as a starting point, but other variables need to be considered in determining a reasonable caseload size.

Considerations for caseload size

Which type of services are they providing?

Are they providing casework only?

Are they performing therapy only or providing a blend of services?

Are Medicaid-level service and documentation required?

How long are services provided? (Shorter periods often mean more intensive services and fewer active cases.)

Trust is necessary to build a supportive relationship with children, parents and other caregivers. Building trust starts with transparency and trustworthiness. It is easy for professionals to be pulled into unhealthy relationship dynamics with various members of the constellation during their work with families. Supporting children while they deal with the impact of relational trauma can trigger one's own relational trauma. Access to reflective supervision can provide an important outlet for you to manage your own trauma reactions and boundary issues.

What is Reflective Supervision?

The Child Welfare Information Gateway defines Reflective Supervision as "the regular collaborative discussion between a supervisor and caseworker that helps develop the caseworker's ability to be aware of, reflect on and regulate their internal experiences while also considering the internal experiences of others, such as the child, parent or other professionals." Read more online at https://www.childwelfare.gov/pubPDFs/effective_supervision.pdf.

Two comprehensive trainings widely available for therapists and other professionals who wish to increase their adoption competency resources include:

- The National Training Initiative (NTI): This is a free, web-based training offered through the Center for Adoption Support and Education (C.A.S.E.). It enables learners to become better able to address the mental health and developmental needs of children living in families that are fostering or adopting or that have the responsibility of guardianship. There are separate NTI trainings for caseworkers and for therapists. Parents can share this free training resource with their child's therapists and other professionals working with the child and family.

  https://adoptionsupport.org/nti/access/access-for-individuals/

- Training for Adoption Competency (TAC): This is an accredited, post-master's curriculum designed by C.A.S.E. with the assistance of a National Advisory Board of adoption experts. Through classroom and remote instruction as well as clinical case consultation, TAC students master 12 domains that are critical to adoption-competent mental health services.

  https://adoptionsupport.org/adoption-competency-initiatives/training-for-adoption-competency-tac/

Local universities and colleges also may have a role in the work of developing professionals who are both adoption-compete nt and trauma-informed.

Educational Professionals

Schools often need support to understand the needs of children who have a history of trauma. Many schools use approaches to disc ipline that are based on positive reinforcement and motivation to follow the

rules. When these strategies are not effective, punishments such as detentions, suspensions and ultimately expulsion often are employed. These strategies often are not matched well to the needs of children with a history of grief, loss and trauma because these children may have challenges with executive functioning skills or might be functioning with a heightened stress response and regulatory issues. These can contribute to poor school performance or behavioral concerns within the school environment.

Common issues impacting children in the school setting

Sensory processing issues
Attention deficits
Learning disabilities
Homework battles
Refusal to attend school
Feeling unsafe at school
Being one of very few minorities
Social and emotional challenges
Bullying

Important questions for parents to consider about the educational professionals in their child's school environment include:

- Are the educators aware that the child has joined the family through adoption or guardianship?
- What knowledge and training do school staff have -- including teachers, principals, bus drivers, lunch and classroom aides? What do they need to learn about the basic issues impacting children who have been placed in families by adoption or guardianship?

Developing relationships with teachers and other school staff members can provide parents with opportunities for education about their child's unique needs. Parents may be reluctant to share information with schools about their child's history because of concern for the child's privacy or for fear that their child may not be accepted. Rather than disclosing specifics, parents can focus on how to give just enough information to allow teachers to know about the child's special needs. For example, parents might say something like, "My child has had some experiences that have impacted their development and have resulted in behaviors that may surface in the school environment." Proactively

talking with teachers and other school staff about any behaviors that might arise and sharing behavioral management methods that are used at home are important first steps toward greater success in the school setting.

Teachers also need to know that assignments requiring research into family history can be triggering for children who have joined a family by adoption or guardianship. Such assignments can force them into a situation where they are being asked to talk about information that they are not comfortable sharing with others. While some teachers are aware that they need to plan alternative options for various children in the classroom, based on each child's home life and family structure, not all are savvy about creating assignments that are trauma-informed and adoption-sensitive.

Sensory issues are a frequent concern of children that teachers may not know how to manage. Some children need alternative seating in the classroom, fidget tools to help with regulation or additional support to help them organize their classroom materials. Exploring these issues with parents, the child and the school staff – with an offer to provide additional support where needed – can be helpful. Ideas about sensory accommodations that can be made in the classroom can be found at https://www.understood.org/articles/en/at-a-glance-classroom-accommodations-for-sensory-processing-issues.

Individual Education Plans (IEPs) and 504 plans can help to ensure that the right supports are provided, but these services sometimes can be hard to get into place. School psychologists and other evaluators need to understand how the signs and symptoms of trauma can mirror those of some mental health diagnoses. For example, difficulty concentrating, being easily distracted, disorganization and restlessness are seen both in a youth who has experienced trauma and in a youth who has Attention Deficit/Hyperactivity Disorder (ADHD). These types of distinctions are critical because the strategies effective for managing these signs and symptoms may differ, depending on their origin.

As an adoption professional, you can help parents learn how to navigate the process of obtaining needed resources, including helping to ensure that their child's needs are identified accurately and are met appropriately. This might include supporting the parent in requesting an evaluation for an IEP, accessing supportive services, or attending school conferences and meetings or events.

Tools are available to help educators and other school staff learn more about the impact that adoption and trauma experiences may have in an educational environment. The QIC-AG has developed a fact sheet about adoption tailored for teachers (See Appendix F.). This fact sheet is

designed to raise awareness about the unique needs of children who have been adopted and to provide concrete tips about how teachers can work effectively with these children. It can be used as well by parents who have adopted as tools for engaging their child's teachers.

Trauma-informed and adoption-informed training for school personnel is a great way to increase their competency in working with students who have these histories. TBRI® Classrooms is a six-hour training that can be purchased from the Karen Purvis Institute of Child Development (https://child.tcu.edu/tbritic/). Schools may implement this training package on their own, or adoption professionals may opt to coordinate with a school to deliver training during teacher in-service sessions or professional development days. Heather T. Forbes, LCSW, is a parent who has adopted as well as an expert in developmental trauma. She has developed several tools (found at https://www.beyondconsequences.com/schools) for creating trauma-informed schools, including strategies that can produce a physically and psychologically safe classroom environment that promotes academic success.

"Unlocking the Door to Learning: Trauma-Informed Classrooms & Transformational Schools" (accessible at https://www.elc-pa.org/wp-content/uploads/2015/06/Trauma-Informed-in-Schools-Classrooms-FINAL-December2014-2.pdf) and "Fostering Resilient Learners: Strategies for Creating a Trauma-Sensitive Classroom" by Kristen Souers with Pete Hall[4] are two good resources that contain many practical tips for educators.

Day Care and Respite Providers

A family that has adopted and that may have used neighbors or relatives for childcare in the past might discover that their child now requires a higher level of care than an extended family member or neighborhood babysitter feels comfortable providing. Sometimes respite resources, babysitters and other supports need specialized training to support the specific needs of children successfully. As an adoption professional, you can help to develop these resources and to ensure that they understand trauma-informed approaches to caregiving.

Those who are providing childcare, whether in a formal or informal setting, need to understand a few key facts about the effects of trauma and to learn how to interpret the behaviors of a child through this lens. This includes understanding that a child's "bad behaviors" actually might be the result of high levels of stress that the child is experiencing when the child doesn't feel safe. These behaviors would have protected the child in an unsafe environment. This can be confusing for caregivers,

who might not notice any outward signs that the child feels stressed or may assume that the child in fact feels safe because the current environment is “safe.”

Caregivers might be confused as well by children who do not “act their age.” They may need help to understand that a child’s chronological age may not “match” the child’s cognitive abilities or social or emotional age. Caregivers can have difficulty allowing a child to act in ways that are more consistent with a younger age until the child is able to build necessary skills. Childcare providers also may need extra support learning how to adapt disciplinary methods to a child’s unique needs. Common disciplinary strategies such as speaking in a stern voice or putting a child in a time-out might cause unexpected reactions in a child who has experienced trauma. These strategies are less likely to work well in curbing the child’s behaviors.

Respite can provide regular caregiving breaks for families that have adopted. It can benefit the family’s health and can replenish the family’s capacity to cope with the challenges and stressors of parenting. Respite helps families to:

- sustain their health and well-being,
- reduce rates of out-of-home placements,
- reduce the likelihood of abuse and neglect,
- have an opportunity to provide care to other children in the home who don't have as many needs as the child receiving services,
- reduce the likelihood of parental separation, and
- support the strengthening of the parental relationship.

Respite care is intended to provide parents with a break in order to relieve their accumulated stress and tension caused by the constant demands of parenting children who have special needs. Because having a child with challenging behaviors often is blamed unfairly on the style of parenting that the child receives, a family that has adopted may feel under the microscope of the staff and respite family members from whom they receive services. Allowing a respite provider to learn details about the child and the family situation can feel intrusive. Respite providers need to remember that what they see or hear should not be shared with anyone (with the exception of reporting current issues of abuse or neglect). Establishing a level of trust between child, family and respite provider will enhance the care that the child receives and will ensure a trusting and meaningful relationship between the family that has adopted and the family providing respite.

Fully supporting the permanency of a household that has adopted a child is crucial. The role of respite providers is not to "fix" what they perceive as deficient or wrong with the family; it is rather to provide a break for the family while establishing friendships with the children. The notion that a child who was adopted may live with the respite family is never an option. That the child belongs to the family who adopted the child always should be reinforced. Respite providers can accomplish this by being supportive of the family's rules and preferences; communicating when in the child's presence in a positive, constructive and friendly manner with the family that has adopted; refraining from any suggestion that the child could live with the respite family; and avoiding criticizing, blaming or questioning the family that has adopted.

Community Supports

You may refer families to community supports when there is a lack of natural supports to meet a need. As the Substance Abuse and Mental Health Services Administration (SAMHSA) asserts: "Building resilient and trauma-informed communities is essential to improving public health and well-being. Communities can be places where traumatic events occur, and they can also help keep us safe. They can be a source of trauma, or buffer us against the negative effects of adversity. Communities can collectively experience trauma much like individuals do, and they can be a resource for healing."[5]

Parents can benefit from the assistance found within their local communities in many ways. Service organizations and religion-affiliated groups may offer not only concrete supports such as the material goods for growing families but also space and childcare for parent support groups. Local community centers and other community-based groups often organize activities such as sports teams, art groups or other special interest clubs that can support the development of social and emotional skills.

Often parents who have adopted feel as though no one understands what it is like to parent their child. Parent support groups can be helpful in connecting these parents with others who share similar circumstances and struggles. Support groups also can facilitate group problem-solving and can provide forums for sharing feedback on the availability and quality of local resources.

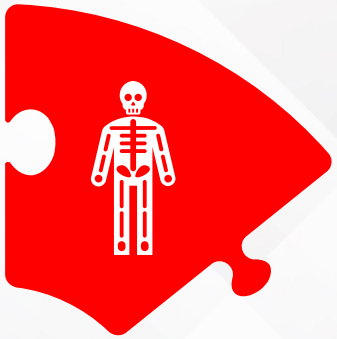
Many professionals in the community who work with children may not be familiar with the impact that a history of trauma can have on a child's current functioning and development. By strengthening their understanding of the needs of children and youth who have experienced trauma, professionals will be equipped better to support these children

and their families effectively. Two ways to increase sensitivity to the needs of families that have adopted or have obtained guardianship are:

- offering community-based training to educate the community about the impact of Adverse Childhood Experiences (ACEs), and
- working with community groups that organize activities for young people to help them incorporate the principles of a trauma-informed care approach.

Physiology Domain

The Physiology domain has to do with helping parents to identify and to become more knowledgeable about five elements of physiology. Youth who have been adopted often have issues with physiological regulation. This can have a significant impact on their stress tolerance. The more that each area of the physiology domain can be addressed, the less likely that dysregulation will occur.



- Sleep
- Nutrition and Hydration
- Physical Activity and Exercise
- Sensory Needs and Interventions
- Medications and Alternatives

Sleep

Education for families about the importance of adequate, uninterrupted sleep for optimal regulation, learning and self-control is critical.

Recommended Hours of Daily Sleep by Age [6]

3-5 years	10-13 hours
6-12 years	9-12 hours
13-18 years	8-10 hours

Common problems associated with sleep include:

- difficulty falling asleep, staying asleep or waking too early;
- nightmares or night terrors;
- bed-wetting, and
- sleep apnea.

If sleep issues are causing significant problems with functioning (e.g., can't wake up in the morning) or significant distress (e.g., bed-wetting), the family needs to seek additional help. Sleep disorder clinics usually have the most expertise in addressing sleep problems. They can perform a variety of tests and studies (including sleep studies) to determine the nature of sleep problems and their treatment.

Additional information related to sleep can be found on the National Sleep Foundation website at https://www.thensf.org.

Nutrition and Hydration

Research has shown that youth who suffered from malnutrition early in life have increased levels of aggression and violence.[7] Proper nutrition, including multivitamin and multi-mineral supplements, is important for behavior development and can improve cognitive and emotional

functioning.[8 9 10 11 12] Foods such as turkey, fish, whole grains, nuts, lentils and omega-3 fatty acids provide the building blocks for healthy brain chemistry and improved behavior in children.[13 14 15 16]

Prenatal exposure to certain substances (i.e., drugs, alcohol) and early hardships can impact insulin receptor sites, causing dramatic shifts in behavior when blood sugar begins to drop below optimal levels. Regularly scheduled snacks (every two hours) and meals that include protein and complex carbohydrates ensure adequate, sustained blood sugar levels to support positive behaviors, stable moods and optimal cognitive functioning, including attention and self-regulation.[17 18 19]

Hydration also improves mental functioning, including attention and memory performance.[20 21] Behavior and cognition can be improved simply through making water and other hydrating drinks readily available.[22 23]

Children who experienced significant malnutrition early in life may benefit from specialized testing and intervention by a certified nutritionist or a medical doctor who specializes in functional medicine. Families should seek medical guidance for the following as well:

- low weight or stature (at or below the fifth percentile for sex and age) and
- overweight or obesity (if weight significantly interferes with daily functioning or causes significant distress, or if significant medical or health risk factors are present (e.g., prediabetes).

Additional information about healthy eating and nutrition can be found in *Dietary Guidelines for Americans 2020-2025*, a publication available at www.DietaryGuidelines.gov.[24]

Physical Activity and Exercise

Over the last 30 years an overwhelming amount of evidence has been accumulated that supports the positive association between exercise and mental health. In June 2021, the John W. Brick Mental Health Foundation released a report[25] that included a review of 1,158 studies, 89% of which found a statistically significant, positive association between physical activity or exercise and mental health. Benefits of regular exercise include improved sleep, better endurance, stress relief, improvement in mood, reduced tiredness and other physical health benefits.[26]

As few as 30 minutes of exercise of moderate intensity, such as brisk walking for three days per week, is sufficient to obtain positive, mental health benefits (Three 10-minute walks are believed to be equally as

useful as one 30-minute walk.).[27] Other beneficial physical activities include aerobic exercises such as jogging, swimming, cycling, walking, gardening and dancing.[28] Parents should be encouraged to develop a regular exercise routine for themselves and their children.

Sensory Needs and Interventions

The way that people process information entering their senses every day can impact the way that they function and how they interact with others in their environment. For example, schools often have an overload of sensory information -- more than any other environment. This can be overwhelming for a child with sensitivities to certain sensory inputs. As a result, the child may behave in ways that help to calm the child's own sensory system, such as shouting, rocking or going somewhere that is quiet. In a loud, busy home environment, the child may struggle to take in information, to concentrate on a task or to engage in family activities. Children with sensory difficulties may develop behaviors that are socially unacceptable in order to cope with sensory information.

Trauma survivors often have sensory needs and issues.[29] Sensorimotor issues tend to be worst for youth who were traumatized between ages 0-3 (especially by severe neglect) and for complex trauma survivors. Trauma survivors may have sensory *hyper*sensitivity, leading to sensation avoidance, or sensory *hypo*sensitivity, leading to a need for high-intensity stimuli. Examples of hypersensitivity include not being able to filter or to tune out noises in the environment, such as the hum of a fan or the glare of a light. Hyposensitivity includes lack of sensation, such as having a high pain tolerance or not noticing hunger.

Youth may experience sensory processing issues related to proprioception; this is the sense that tells the brain what position the body is in within its environment and which forces are acting on the body at any given time. "Heavy work" is a strategy often used to target proprioception. It can help to improve attention and focus, to decrease defensiveness, to calm and to regulate. "Heavy work" activities are those that push or pull against the body to create active resistance. They typically include activities that move as many joints and muscles as possible simultaneously for short periods of time. More specific information about heavy work can be found at https://focusflorida.com/occupational-therapy/heavy-work-what-it-is-why-our-occupational-therapists-often-highly-recommend-it/. Occupational therapists can perform assessments of sensory needs and can recommend interventions such as heavy work to improve sensory processing.

Medications and Alternatives

Diagnostic Considerations

There is growing understanding about the impact of adverse childhood experiences and about how to treat children who have a history of complex trauma. If a therapist or psychiatrist is not familiar with the range of concerns that relate to foster care and adoption, children with such histories can end up with a myriad of misdiagnoses and medications that might mask symptoms, may fail to treat the underlying causes or -- worst of all – may lead to treatment recommendations that can be damaging. For example, Reactive Attachment Disorder (RAD) and Disinhibited Social Engagement Disorder are over diagnosed in the adoption population. This can lead to harmful treatment interventions (e.g., physical coercion or restraint, psychologically or physically enforced holding, provoked catharsis, humiliation or exaggerated levels of control and domination over a child [30 31]). Behavioral diagnoses such as Oppositional Defiant Disorder (ODD) and ADHD are often treated with behavioral therapy and medications that may not prove effective if trauma is at the root of the child's behavior. On the other hand, treatments for trauma-related diagnoses such as Developmental Trauma Disorder (DTD) and complex Post-Traumatic Stress Disorder (cPTSD) tend to focus on establishing safety and competence; processing emotional responses in a safe, predictable environment; and teaching children self-regulation skills.[32 33]

Families that have adopted can benefit from your support as an adoption professional who can provide education about the considerations specific to adoption and trauma in the diagnostic process. You also can help by attending psychiatric appointments with the child and family. You can support the family by assisting parents in obtaining background information that will be needed in the diagnostic process (such as information about developmental disruptions). Data collection can be difficult when a person is feeling overwhelmed; therefore, tracking symptoms and sharing information with doctors are sometimes critical, case management supports.

Use of Medications

It is not uncommon for children who have had experiences in foster care or who have joined their families through adoption or guardianship to be prescribed medication to help control some of their symptoms. However, medication will not "cure" trauma-related behaviors. As of the writing of this START manual, although research is ongoing and the use of medications continues to evolve, there are no medications approved by the U.S. Food and Drug Administration (FDA) for treating PTSD or other

types of trauma in children. This means that all prescribed medications for these purposes currently are considered "off-label," which refers to the use of the medication for an unapproved indication or an unapproved age group, dosage or route of administration. There is usually a trade-off between side effects and benefits in the use of medications. Some side effects can cause sedation, tolerance issues, withdrawal or "rebound" of symptoms. Examples of the types of medications that may be prescribed for youth include:

- antidepressants for symptoms of depression and anxiety;
- antiadrenergic agents to manage hyperarousal and re-experiencing symptoms (such as flashbacks, nightmares or bad memories) or to help with sleep, if given at bedtime;
- mood stabilizers and antiepileptics for re-experiencing and hyperarousal symptoms;
- antipsychotics and antihistamines to control severe, socially unacceptable behaviors and overwhelming anxiety or to reduce PTSD symptoms; and
- benzodiazepines for anxiety and insomnia.

Generally, the recommended approach to medications for trauma survivors is to prescribe as few as possible. Ideally, medications should target core trauma symptoms, functional impairments and comorbid disorders whenever possible. In all cases, the child needs to be monitored carefully for side effects. Medication use should be combined with psychotherapy and other interventions, not employed alone.

Supplements

Research[34] findings strongly support a link between autoimmune activity and mental health problems, including PTSD. Specifically, the number of indicators of inflammation is higher in adults who have PTSD. As a result, anti-inflammatory approaches have been studied; research findings suggest that they may help. They include:

- foods or supplements with omega-3 and omega-6 fatty acids (e.g., salmon);
- curcumin (derived from turmeric spice), quercetin, ginger, bromelain (pineapple extract);
- avocados, blueberries and pineapples;
- antioxidants (e.g., vitamin C, vitamin E, selenium, L-glutathione, zinc);
- probiotics, and
- cannabinoids (e.g., CBD & THC).

Alternative Approaches

Biofeedback

Biofeedback includes the use of a variety of sensors that provide information about changes in the body, such as breathing, heart rate, muscle contraction and temperature. Having feedback about various states of the body can build awareness of the mind-body connection. Biofeedback technologies often are motivating for tech-savvy youth. Neurofeedback, also known as EEG biofeedback, is used to teach self-control by providing information about how the brain reacts to certain triggers. Neurofeedback is useful for treating developmental trauma disorder and complex post-traumatic stress disorder where it can be used to improve brain regulation and to address symptoms such as hypervigilance.[35]

Safe and Sound Protocol

The Safe and Sound Protocol (SSP), developed by Dr. Stephen Porges, is a five-hour, auditory intervention based on the Polyvagal Theory (the science of feeling safe). Using specially filtered music focusing on the frequency range of the human voice, this intervention reduces stress and auditory sensitivity while enhancing social engagement and resilience, ultimately leading to a greater feeling of safety and calm [36]. SSP can support improved communication, which can result in more successful therapy. The SSP has shown results in the following areas: [37]:

- social and emotional difficulties,
- auditory sensitivities,
- anxiety and trauma-related challenges,
- inattention and
- stressors that impact social engagement.

Parenting Domain

- Parent Coping and Control
- Building Secure Attachment
- Structure and Connecting Routines
- Positive Discipline

The Parenting domain centers around developing and supporting trauma-informed, attachment-focused parenting. Essentially, parenting in this way means that caregivers need to work intentionally to create a healing environment for the child. There are three elements or "pillars" for creating an environment that fosters healing and resilience.[38] [39] The pillars are:

- ***safety***, meaning an environment where one can feel secure and calm and can attend to normal developmental tasks;
- ***connections*****,** including trusting relationships with caring adults and normative peer relationships that create a sense of belonging; and
- ***coping****,* to allow the child to manage the emotions and impulses underlying traumatic stress.

When families understand the impact of the Seven Core Issues and can create a healing environment through the principles of these three pillars, they can recognize trauma triggers and responses more easily and can depersonalize their child's behaviors and actions.

Parent Coping and Control

A key role of caregivers is to help children to experience emotional safety and to build the capacity for self-regulation. However, caregivers often have their own trauma histories and are in "survival mode" themselves. Because children take cues from a caregiver's expressions and often learn to interpret the world through these emotional reactions, parents need to exercise their own emotional control. Parents who have gained awareness about the impact of their own trauma histories have taken an important step toward becoming able to recognize their own triggers and to use coping skills so that they can tolerate, modulate and cope with their own emotional responses. Parents who can keep their emotional responses under control will be able to think about their responses to challenging behaviors before they react, allowing them to maintain a calm, regulating presence. For you as a professional, encouraging caregivers to recognize and to acknowledge that they need to work on this area of their own responses can be very challenging. They may need significant levels of individual support and intervention to create a healing home environment.

Parenting youth who have experienced grief, loss and trauma takes a tremendous amount of mental and emotional stamina. If parents do not pay attention to their own well-being, they quickly can become

overwhelmed; and their capacity to maintain a healing environment can be compromised. As a professional, you need to encourage parents' proactive self-care and to emphasize the benefits of self-care for the family.

Building Secure Attachment

Three essential caregiver qualities form the basis of developing secure attachments: responsiveness, availability and attunement. Collectively, these three qualities make up the "Attachment Parenting Equation."

Responsiveness

Responsiveness refers to a caregiver's ability to react to and to meet a child's needs in a prompt and nurturing manner. The consistency and dependability of a caregiver's responses over time are the foundation for attachment. They complete the cycle of need that forms the basis for building trust within a relationship.

Availability

Parents and caregivers can be challenged in many ways as they strive to be available to their children. When parents themselves are "triggered" by their child and responding from "survival mode" rather than from a calm and nurturing place, they cannot be available to their child. Many parents benefit from encouragement to be patient and not to take their child's challenging behaviors personally. High levels of chronic stress may distract parents from being present for their children. Substance abuse, depression and other mental illnesses also can limit parents' capacity to be available to their children.

Attunement

Attunement is the capacity of caregivers to read a child's cues accurately and to respond effectively. Children who have experienced trauma often lack the capacity to communicate needs or to identify and to cope with emotions. They need time to establish trust. They may express their needs through their behavior rather than by communicating directly. Caregivers need to learn each child's individual communication strategies, to be curious and to ask a lot of questions. What does the child look like when angry? Sad? Excited? What are the child's cues? Once parents have learned to "read" their child's cues and patterns, they can respond better to the need underlying the child's overt behavior rather than to the behavior itself. By using the skills of attunement, parents can begin to answer the question, *"What is the need behind this behavior?"* Then they can

make themselves available to the child and can respond in ways intended to meet those needs.

Solving the Attachment Parenting Equation

Step One: View the child's behaviors as demonstrating an unmet need.

Step Two: Get as calm and regulated as possible; focus on connection with the child.

Step Three: Respond to the child's need in a *nurturing* fashion, even if you think you are being "manipulated."

RESPONSIVENESS + AVAILABILITY + ATTUNEMENT = SECURE ATTACHMENT

Understanding the Needs Underlying Challenging Behaviors

All behaviors can make sense when you understand how a behavior may have been adaptive in the past. For some children, a negative interaction with another person is better than no interaction at all. The opposite also may be true when the purpose of the behavior is to keep others at a distance physically and emotionally. For some children, keeping at a distance feels like the safest place to be. Sometimes people simply need to vent frustration or anger on a safe target. At other times, challenging behaviors are simply a function of dysregulation.

Common Challenging Behaviors in Children Who Have Experienced Trauma

Behavioral Aggression Compulsive lying, stealing, hoarding Sexual acting out Passive-aggressive behaviors Need to be in control Running away Dangerous behaviors (self-harm, fire setting)	***Cognitive*** Hypervigilance Paranoia Belief that "I am worthless" Belief that people can't be trusted Viewing issues in extremes *Apparent* lack of a conscience
Emotional Rage episodes (note similarity to toddler tantrums!) Mood swings (often diagnosed as bipolar) Withdrawal or isolation Spacey, forgetful or feeling "numb"	***Physical*** Bodily function disturbances such as wetting or soiling Overeating or hoarding food Somatic symptoms (e.g., headaches, stomachaches)

Increasing Positive Interactions Between Children and Parents

Positive engagement between caregiver and child should be encouraged. Parents also need to build awareness of key communication differences that may be present because of a child's past experiences of trauma.

Hypervigilance and Triggers

The "flock response" is the natural process of looking to others to help you figure out how to interpret a challenge. It helps you to navigate many situations in which you are feeling unsure. However, for children with backgrounds of separation, loss and trauma, looking to others has not always kept them safe. Because dysregulation brought on by a triggered response is a primary source of caregiver distress, caregivers can benefit from understanding and learning how to recognize a child's danger response. Experiences of chronically high levels of threat in a child's environment can lead to the child interpreting neutral or ambiguous situations as threatening. It is not uncommon for children who have had these experiences to keep watch constantly over their surroundings and over adults in order to keep themselves safe. This is often called "hypervigilance." It sometimes can be noticed through a child's facial expressions (such as wide-open eyes) or body language that appears stiff or turned inward. A child's hypervigilance to a caregiver's expressions may result in misinterpretation of parental cues. For example, a child with a trauma history may overread anger or might interpret temporary separation as abandonment. Hypervigilance also can result in a child minimizing or denying one's own needs to prioritize the caregiver's needs (parenting the parent).

Reflective Listening Skills

Reflective listening helps caregivers actively hear, validate and communicate support to children. Reflective listening skills build caregivers' capacity to respond actively and empathically to a child's communication. These skills include:

- accepting and respecting all of a child's feelings;
- showing that you are listening via nonverbal cues, such as eye contact, nodding your head, getting down to the child's level and avoiding interrupting the child;
- validating the child by repeating or summarizing what you understood the child to say;
- offering two guesses about the feelings that the child may be experiencing if the child does not use a feeling word;

- regulating yourself and the child and connecting with the child before jumping into problem-solving; and
- offering advice or suggestions only *after* helping the child to express how the child feels.

Structure and Connecting Routines

Feelings of unpredictability and chaos can be powerful triggers. Children who have been traumatized often demonstrate strong reactions to change, have difficulty making transitions and engage in rigid attempts to control others and the world around them. Routines and rituals help to increase predictability and consistency for those who have had frequent experiences of external and internal chaos. Consistent routines and rituals provide a more predictable environment and can lead to greater perceived safety and better self-regulation. Parents should be encouraged to develop routines for key trouble spots such as bedtime, mealtime or other transitions. Many children also need visual or auditory reminders and prompts to help them navigate established routines. For example, this might include using a reminder list for the morning hygiene routine or posting a schedule for the day on the refrigerator.

Routines that build opportunities for parents to connect with their child also are helpful. These “connecting routines” can be as simple as doing a task alongside the child or having a pleasant and positive demeanor toward the child while progressing through the morning routine. Helping a child to know what will happen at an upcoming event such as a birthday party or the first day of school also provides a way to meet the child’s need for safety and predictability. This can help the child to feel more connected to a parent as a person who is interested in meeting the child’s needs.

Trauma-Informed Discipline

Children and families formed by adoption or guardianship have unique needs. Services and interventions need to be different for each child and family, and they will change with the child’s developmental stages. This applies to parenting strategies as well. Many parents find that even the most tried-and-true parenting strategies are not as successful with children who have experienced trauma. Although parents may be able to use some of the same parenting strategies that have worked well in the past, some techniques will need to be adapted and others will need to be learned. Many of the most effective parenting strategies for children who have experienced trauma do not initially make sense and sometimes may feel counter-intuitive. Adaptations to common discipline strategies include but are not limited to:

Time-out versus time-in

Time-out occurs when a child is told to go somewhere alone for a period of time. This technique is intended to stop a behavior by removing the child from the situation where the behavior is occurring and providing time for the child to calm down. To be effective, the child must have the ability to regulate themselves, which may be difficult for youth who have experienced trauma. It also requires the parent withhold attention, which some worry can contribute to a traumatized child feeling abandoned, rejected, frightened and confused. Parents need to be careful that the child does not use time-out to self-isolate for long-periods of time, therefore it is important for the caregiver to re-engage with the child after a few minutes when the child is more regulated. Initially, a better approach for a traumatized child is time-in. This involves the caregivers removing their child from a situation to stop the child's behavior (or asking others to leave the room if the child cannot be moved) while remaining present with the child to help manage the child's overwhelming feelings. Time-ins allow caregivers to teach emotional regulation skills. Through co-regulation, the neurological pathway for these skills becomes stronger; and trust builds between the child and caregiver.

Physical punishment and use of natural and logical consequences

Punishment such as hitting, spanking, yelling, or verbal abuse never should be used. Physical punishment can lead to aggression, antisocial behavior, physical injury and even health problems for children.[40 41] Natural consequences are the responses to the child's behavior that occur by nature, society, or another person. The parent simply allows the consequence to occur, without additional comment or criticism and without interfering with the consequence. Natural consequences can take time to work and never should be used when the child's behaviors constitute a safety concern. Logical consequences (responses that are connected to the problem behavior and imposed by the caregiver) can be a good option, but caution should be used to ensure that consequences are short-term, can be enforced, and are not stacked (multiple consequences for the same behavior).

Action	*Consequence*
Child stands out in the rain without a raincoat or does not wear a coat when it is cold	Child gets wet or cold; child may catch a cold (natural)
Child takes a friend's bike without asking and damages it	Friend no longer wants to spend time with the child (natural); friend's parents press charges (natural); Child is asked to apologize to the friend (logical)
Teen comes home drunk	Teen experiences hangover symptoms (natural); Teen is not permitted to drive for specified period (logical)

Use of rewards and removal of privileges

Giving rewards and removing privileges are logical consequences intended as motivators. For children who have experienced trauma, however, rewards and removal of privileges can become triggers. They are often counterproductive. A child who has suffered innumerable losses is not likely to respond to the loss of possessions or privileges in the ways that a parent might expect. In fact, removal of possessions may reinforce the child's understanding of the world as a place where the child's needs will not be met. Removing privileges such as participation in social events only reduces the child's opportunities to develop peer relationships and to practice social skills. Children who do not respond to natural or logical consequences may benefit from a more proactive developmental approach, such as providing instruction, modeling, or using supervised social skills practice.

Regardless of the techniques used, it is always important to use trauma-informed responses. These responses consider the neurological, biological, psychological, and social effects of trauma on the child. When parents and caregivers learn to look beyond the surface behavior, to become more attuned to a child's underlying needs and to meet those needs, many of the most challenging behaviors will begin to dissipate.

Read more about it

No-Drama Discipline: The Whole-Brain Way to Calm the Chaos and Nurture Your Child's Developing Mind [42] by Daniel J. Siegel, M.D. and Tina Payne Bryson, Ph.D. explains what kind of discipline is most appropriate and constructive for kids at different ages and stages.

Emotional Regulation and Empathy Domain

- Identifying Feelings
- Communicating Feelings
- Grounding and Coping Strategies
- Empathy Building

The need for regulation begins in infancy. Infants need others to help them regulate when they require more stimulation or when they are experiencing too much stimulation. Typically, this is when they are tired, hungry or need to be changed. Over time, children can learn strategies to calm themselves (i.e., gain more control over hyperarousal); then they may not always need their caregivers to initiate a calming routine. Emotional regulation problems are often the biggest concern for trauma survivors. Trauma survivors are often unable to regulate their own emotions; they quickly can feel overwhelmed or can shut down to "disconnect" from their feelings. They also may have limited coping skills or may use unhealthy coping skills. Parents and caregivers can provide support to help a child learn coping strategies to return to a calm state. The goal is for the child eventually to recognize the need for emotional regulation without prompting and to become self-initiated in the regulation process.

In the book *The Whole-Brain Child*,[44] Dr. Daniel J. Siegel and Dr. Tina Payne Bryson describe the *upstairs* and *downstairs* brain -- a fun and easy way to understand how the brain works. The upstairs and downstairs parts of the brain are both important and, ideally, work together. The downstairs brain controls functions such as breathing, strong emotions and reactions to danger. The upstairs brain is where thinking, planning and decision-making take place. The staircase between the upstairs and downstairs brains is what helps the two to work together so that the upstairs brain can monitor and interpret the strong emotions and impulses from the downstairs brain. When parents are attuned to their child, they will notice when the child is becoming dysregulated (heading downstairs) and will respond by identifying the child's feelings ("I can see that you are getting upset right now.") and suggesting a way to regulate them ("Let's sit down together and take a deep breath for a minute."). This validation allows the child to return to the upstairs brain, where the child can begin problem-solving by using logic and reason. Parents continually need to ask themselves, "Am I engaging the upstairs brain, or am I triggering the downstairs brain?" to help them respond to their child's behavior in helpful ways rather than in ways that may escalate further their child's challenging behaviors.

For more information the about effects of abuse and neglect on the developing brain see Understanding the Effects of Maltreatment on Brain Development, [43] accessible here: https://www.childwelfare.gov/pubpdfs/brain_development.pdf.

Identifying Feelings

It is important to teach children how to identify and to label their emotions so that they can express them properly. This helps them to build their emotional intelligence, which can reduce feelings of anxiety.[45]

[46] Youths sometimes make statements that they think express a feeling but in fact lack emotional content. For example, a feeling of rejection might be the unexpressed emotion behind a youth's statement that "I don't want to be here." The work of identifying feelings can help youths to build a vocabulary for emotional experience. Not only is it important to help youths with feelings identification in themselves but also in others. Learning to attach words and meaning to emotional cues helps children to recognize emotions in different situations so they can identify what others and themselves are feeling and why. This helps them to develop empathy and understanding for others as well as to recognize their own emotional states. Recognizing their own emotional states equips them better to understand and to respond to their own feelings and to manage them. Role-playing different feelings, playing feelings games such as Feelings Charades and using worksheets can help.

Communicating Feelings

Sharing emotional experiences is a key aspect of relationships. The inability to communicate effectively about feelings interferes with developing connections with and closeness to others. It is important to help youths identify trusted adults with whom they can share feelings and to work with parents and caregivers as they learn how to respond in ways that support the communication of feelings. Parents and professionals can help youths to build skills to communicate effectively about what they are feeling.

Using Subjective Units of Distress Scales

Subjective Units of Distress Scales (SUDS) provide an easy way to communicate about the level and intensity of negative feelings when a child's feelings vocabulary is inadequate. These scales allow a child to perform a self-assessment and to communicate quickly, with minimum words, how the child is feeling. SUDS also are used in trauma processing as a benchmark for the clinician when evaluating the progress of treatment. SUDS usually are set up as 1-10 scales (for example, "On a scale of 1 to 10, where 1 is the best that you can feel and 10 is the worst, how do you feel right now?"). By definition, SUDS are subjective. They work best when the intervals on the scale make sense to the young person and when the youth can understand and can relate to the language used. For example:

- A SUDS scale for adolescents might range from 1 representing "totally calm" to 5 representing "getting upset" to 10 representing "freaking out."
- A SUDS scale for a preteen might use a simpler 1-5 scale, where 1 represents "totally calm" and 5 represents "freaking out."

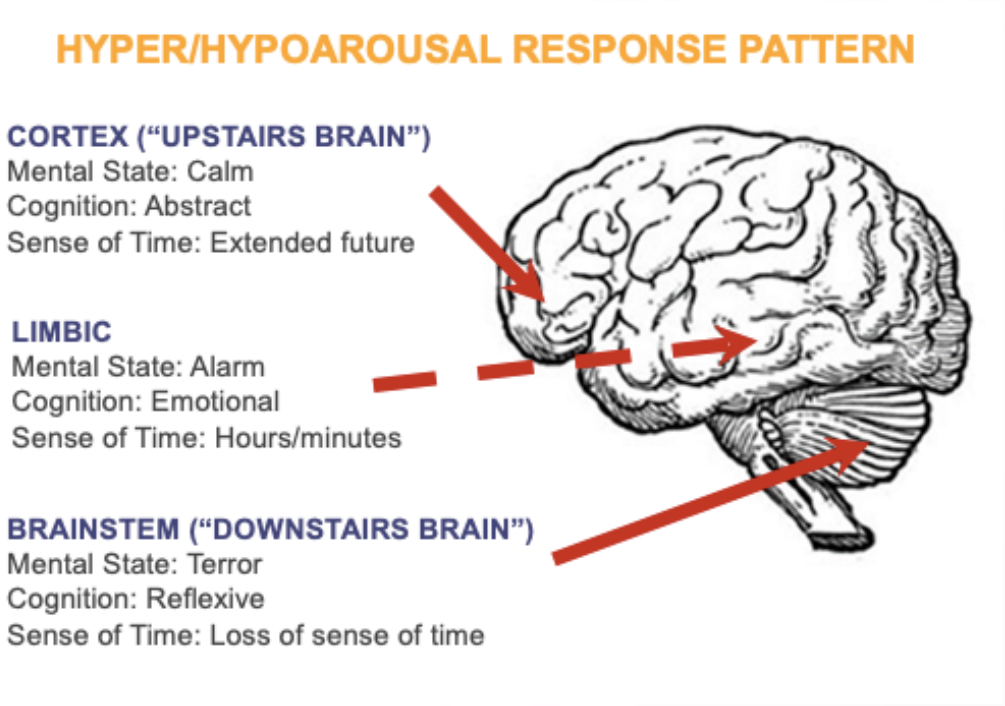
SUDS scales that include visuals such as stoplights or thermometers can work well for younger children and youth with cognitive impairments. If a child is prone to freeze mode, the scale can reflect negative numbers on the thermometer to allow the child to go "below zero." As a professional, you can start using a SUDS scale by teaching a child to find or to make a scale that the child likes, then teaching the parents how to use the scale, then reinforcing its use in the child's natural environment. When you begin to discuss difficult emotions, use grounding techniques (described in the next component) to help the child or youth cope with feeling these emotions.

Tips for Using SUDS

- Let the child pick a scale (if it's appropriate).
- Discuss what major "anchor points" mean (physical signs, thoughts, feelings, behaviors).
- *Practice, practice, practice* frequent SUDS checks when the child is feeling calm.
- When the child gets into the "middle or danger zone," implement coping and calming techniques.
- When the child becomes too upset to be calmed, debrief afterward (when the child is calm); discuss ways for the child to let you know when the child is getting upset and what to do about this feeling.

Grounding and Coping Strategies

We are all "automatically triggered" by unexpected events in our environment. However, some persons have a more intense startle response than others. After we've experienced a scary or dangerous situation, this "automatic trigger" gets set to go off when we encounter a reminder of that situation (for example, a traffic accident). If we have been in many scary situations, we can have many triggers, even apparently minor ones. Most trauma survivors go into hyperarousal when triggered, which includes a variety of physiological responses that prepare the survivor to fight or to run (known as the "fight-or-flight response"). However, a minority of trauma survivors go into hypoarousal (freeze mode). If the survivor doesn't stop this automatic process consciously, the person's sense of time changes, causing a rapid loss of the ability to think rationally. The term "grounding" often is used when talking about how to gain control over the automatic response to triggers. Grounding helps one to focus on the present moment, typically by focusing on something in the current environment.



Coping Skills Training

Any type of skill, especially cognitive skills such as coping strategies, can be learned only when the brain is in a calm state. When a child is triggered, the child must stay calm enough to access these skills. Young people who move into an alert state very quickly likely will not be able to access and to use these skills when they are needed. Consequently, a child that you need to teach coping skills probably won't on the child's own be able to use them right away. Therefore, parents will need to help the child regulate (return to calm) at first.

Endorphins are chemicals produced naturally by the body during pleasurable activities. They also act as the body's natural pain relievers. Endorphins bind to the same receptors in the brain as heroin; people may seek hyperarousal actively to get this "high," in a sense becoming "addicted" to it. Youth sometimes engage in activities that parents and caregivers would consider negative ways to release endorphins. These include self-injurious behaviors such as cutting or head banging, using drugs such as opiates and engaging in dangerous activities such as promiscuous sexual behavior or driving too fast. Dangerous, thrill-seeking activities are powerful ways to get an endorphin release. These coping strategies work in the short term but cause more problems in the long term. For this reason, young people often need help from professionals, parents or caregivers to learn safer (and somewhat less satisfying) ways of getting their hyperarousal response under control.

The word "endorphin" comes from putting together the words "endogenous," meaning from within the body, and "morphine," which is an opiate pain reliever.

The more often that a youth engages in endorphin-releasing activities throughout the day, the better the youth's mood will tend to be. This will make the youth's inclination to seek a good mood via hyperarousal much less likely.

In some cases, the behaviors of a youth who is dysregulated may become dangerous to the youth or to others or might create a risk of significant destruction. Frequent and uncontrollable or unexplained crying could indicate depression or a neurological condition known as pseudobulbar affect, impacting the way that the brain controls emotion. In such cases, parents should be advised to seek further evaluation and additional support while making certain that the professionals engaged for this additional support are adoption-competent and trauma-informed.

Strategies for Achieving Emotional Regulation

Using sensory tools such as weighted blankets, stress balls or other fidget tools – or using relaxation techniques such as stress-release stretching – often help with emotional regulation. They also can be helpful when working on feelings identification. Children have their own preferred methods of finding comfort. For this reason it is important to let them design the strategies and choose the tools that they believe will work best for themselves (as long as the ones chosen are safe for everyone). It is also important to keep in mind that effective techniques often change over time. Identifying items that bring comfort to a youth will help the youth to gain more control over emotional regulation.

Ideas for sensory props include:

Sights: Favorite pictures and photos

- Touch: Items that give sensory feedback (e.g., ice, feather, water spray)
- Taste: Strong tastes or textures, use of straws (sucking)
- Sounds: Music that is selected by the child
- Smells: Strong but pleasurable scents
- Breathing: Bubble blowing, which can help the child to breathe calmly

Patterned, Rhythmic and Repetitive Movements to Build Emotional Regulation

Extensive research demonstrates that the brain develops from the bottom up and that infants and children need appropriate stimulation that provides patterned, repetitive activation of the regions of the brain still under development. As the brain develops, repetitive stimulation causes neural systems to organize properly. Understimulation (e.g., due to

neglect) and overstimulation (e.g., due to repeated traumas) cause the brain to develop in maladaptive ways.

Sensorimotor interventions often are indicated when a youth has severe early trauma and dysregulation. Rhythmic, repetitive movements enhance the functions of the lower brain. If these movements are bilateral (using both sides of the body), they strengthen the brain's ability to send signals from one side to the other and help to control hyperarousal. These movements are indicated particularly when trauma or neglect has occurred during the 0-3 age range as well as when there is severe dysregulation in brainstem-related functions (e.g., the sleep/wake cycle, balance/coordination, severe attention and impulsivity problems). Including attunement with movement promotes attachment and brain development. The key is to provide opportunities for rhythmic, repetitive, respectful activities relevant to the developmental and emotional age of the child within a healthy, stable, relational context. This is easy and "natural" to accomplish in many cases (such as when a caregiver rocks with a baby), but parents have to become more creative to get buy-in as their children grow older. Finding activities that are rewarding and motivating for older youth becomes more challenging. The greater the frequency and duration, the better; a minimum of twice a day for at least 10 minutes is a good level.

"Meeting Children Where They Are: The Neurosequential Model of Therapeutics" provides a practical, introductory guide to Dr. Bruce Perry's Neurosequential Model of Therapeutics, including the 6 R's, which provides a framework for creating the rich developmental experiences needed to heal trauma. This guide can be found at:

https://adoptioncouncil.org/publications/meeting-children-where-they-are-the-neurosequential-model-of-therapeutics/.

Patterned, Rhythmic and Repetitive Activities by Developmental Age

	Ages 0-5	Ages 6-9	Ages 10-12	Ages 12+
Swinging (with caregiver), rocking, clapping games (e.g., pat-a-cake)	✓			
Clapping games (e.g., "Concentration 64")		✓		
Massage/back rubs	✓	✓	✓	✓
Petting animals	✓	✓	✓	✓
Grooming animals		✓	✓	✓
Caring for animals				✓
Riding animals			✓	✓
Baby yoga	✓			
Conjoint movement/dance	✓			
Movement/dance		✓	✓	✓
Double rocker/glider	✓	✓	✓	✓
Making "music"/movement to music	✓	✓	✓	
Music (e.g., drum circles, musical chairs)		✓		
Music (drum circles, other instruments)	✓	✓		
Music (singing, composing and performing)		✓	✓	✓
Sensorimotor stimulation (e.g., hair combing/brushing, lotion) with nurturing	✓	✓	✓	
Arts/crafts (age appropriate)	✓	✓	✓	✓
Team sports (as appropriate)			✓	✓
Aerobics			✓	✓
Simple yoga practices		✓		
Yoga			✓	✓
Conjoint movement activities (e.g., cheerleading, basketball games, "drills")			✓	✓
Conjoint movement activities (e.g., 1:1 basketball, playing catch, aerobics, yoga)				✓

Building Empathy

The Development of Empathy

Empathy is a building block of relationships. Babies start social referencing around age 6 months; and toddlers (18-24 months) start to recognize themselves in the mirror and to become aware of their thoughts, feelings and goals, plus the fact that others have them, too.[47] Parents and caregivers respond intuitively to help young children develop empathy. Many parents take the time to explain social situations and to model empathy as part of their interactions among family members.

Television programming designed for children often shows the value of putting oneself in another person's shoes and includes story lines or themes in which the lead character demonstrates empathy. *Mr. Rogers' Neighborhood* was a great medium for many children to learn empathy because Mr. Rogers talked about many family and community situations in a kind and empathetic tone and connected with the emotions of others. As children grow older, many parents do not continue to talk about social interactions in a way that supports empathy development.

TV That Inspires Empathy

Common Sense Media has shared a list of TV programming where empathy is demonstrated in the actions of a lead character. This list is organized by age group and can be found at: https://www.commonsensemedia.org/lists/tv-that-inspires-empathy.

Delays and Deficits in Empathy Development

Lack of empathy can be a symptom associated with disorders described in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5)[48] . For example, Attachment Disorder has a symptom of "minimal social and emotional responsiveness to others"; and Autism symptoms include "lack of socio-emotional reciprocity" and difficulties in understanding relationships. Lack of empathy also can be a symptom of a delay in emotional development resulting from being raised in an environment of neglect or abuse or a symptom of other physiological delays. An apparent lack of empathy can occur in survivors of interpersonal trauma, especially when early caregivers were involved in the traumatic experience. These children can be assumed to have the capacity for empathy but to need help developing emotional safety in relationships for them to express empathy. One of the most important points to emphasize with parents and caregivers is that empathy development takes time and patience.

Supporting Empathy Development

One of the first steps in helping a child to develop empathy is to ensure that parents and caregivers understand how empathy develops. As a professional, you can help parents to understand:

- how empathy is developed within a secure attachment;

- the impact of trauma or of the child's diagnosis, or both, on the development of empathy;
- how the parents' own ability to manage emotions can impact their child's empathy development, and
- why attunement to the child's feelings and providing comfort for the child are important for the development of empathy.

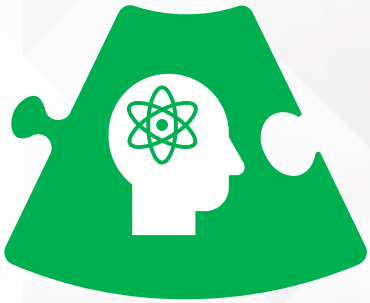
Dr. Karyn Purvis has described how children develop their own capacity to cope with emotions from their parents. They do this first through external regulation of emotion, then with the support of their parents (co-regulation) and finally achieve self-regulation. External regulation of emotion by caregivers and co-regulation coupled with accurate attunement provide the model for a child's future empathy for others. This process is not as easy as one might think. Parents sometimes struggle themselves, meaning that they often model dysregulation.

TO HAVE EMPATHY, ONE MUST *EXPERIENCE* EMPATHY

There are three primary ways that parents and caregivers can support the development of empathy in children: modeling, perspective taking and practicing communication skills. Modeling of empathy can be achieved by showing complete support for and acceptance of a child without placing conditions on this acceptance (sometimes referred to as "unconditional positive regard"). Parents and caregivers who validate difficult emotions rather than dismiss them -- and who talk about how other people might be feeling -- are demonstrating empathy. Feelings and emotions play an important role in how one thinks and behaves. Emotions can be short-lived (such as a flash of annoyance at a sibling for taking a favorite toy) or long-lasting (such as sadness over the loss of a relationship). Parents and caregivers need the ability to identify a child's feelings and emotions as well as the context and the reasons for them. Parents with this understanding more likely will be able to provide the necessary comfort that their child needs. Perspective taking can take modeling to another level. It may include activities such as reading stories about feelings, suggesting ways that the child can demonstrate empathy toward others or role-playing to practice taking others' perspectives. Rather than forcing a child to apologize, it is often more impactful to pull the child aside to talk about how the person that the child has hurt might be feeling and how the child might help this friend to feel better. When parents can connect their child to an instance when the child might have felt the same way as the friend, the child has a better chance of understanding and empathizing with the friend. Practicing communication skills such as the use of "I" messages and sharing with the child how certain events are impacting the parents themselves also can be helpful in building empathy.

Older children can participate in school and community activities that let them practice empathy-building skills in a natural environment. Groups focusing on specialized social skills and groups designed for children with specific diagnoses such as autism or other developmental disabilities also may be helpful.

Executive Functions Domain



Problem Solving and Other Executive Functions

Problem-solving and Other Executive Functions

Executive Functions (EFs) originate in the frontal lobes of the brain and are the highest order of cognitive functions. They do not develop completely until ages in the 20s and often develop more quickly in girls. EFs include skills such as organization, time management and planning. These are the same skills needed for logical decision-making and problem-solving. Executive functioning is what allows one to shift perspective or to "reset" one's mindset, which can help to deal calmly and in a planful way with transitions and changes.

EFs are critical for the development of social skills because they allow self-monitoring of behavior, including inhibiting impulsive behaviors as well as allowing self-regulation and more flexibility with emotional responses. EFs help one to take the perspective of another rather than remaining egocentric, to predict the consequences of one's actions and to understand how "fairness" works. When EFs are not fully developed, a child frequently may become angry about "unfair treatment." EFs also support the ability to understand the differentiation of roles in relationships and the authority associated with roles (for example, child vs. parent and student vs. teacher). Youths who have EF challenges often don't recognize differences in authority based on age or role. As a result, they may join conversations or give (or resist) directives in an adultlike manner.

EFs support academic success because they include functions such as the ability to initiate and to stay motivated to complete tasks, the ability to retain and to use information in multiple steps (working memory), the ability to filter out extraneous stimuli in the environment in order to pay attention to instruction, and the ability to think in abstract ways. In fact, families often seek services as a result of their children's challenges in the school setting because this is where executive functioning difficulties are spotlighted. Before children enter school, their problems associated with executive functioning can be overlooked or tolerated. Families that have adopted or obtained guardianship report that school challenges are among the most stressful they encounter. As executive functioning issues become more problematic, parents can feel blamed or somehow responsible for the difficulties of their child.

Executive dysfunction disorder is a term for the range of cognitive, emotional and behavioral difficulties caused by traumatic stress or traumatic brain injury. Many elements can contribute to executive dysfunction. Trauma can cause "arrested development" of the frontal lobes. High stress levels and loneliness also can slow development.

Psychiatric disorders such as Obsessive-Compulsive Disorder (OCD), Tourette syndrome, Schizophrenia and other psychoses, Autism Spectrum Disorder (ASD) and depression can impact EFs. Attention-Deficit/Hyperactivity Disorder (ADHD) impacts EF in part due to "wiring" and in part due to the effects of an immature brain. Frontal lobe dysfunction and other injuries to the brain also can contribute to executive dysfunction. Medications (anesthesia and antipsychotics, among others), drugs and alcohol can impact EF as well. Congenital heart defects and many other genetic syndromes also are associated with executive dysfunction.

Emotional regulation problems also can cause executive dysfunction. If a person's brain senses danger or is otherwise triggered, blood flow to the frontal lobes "turns off"; and the person defaults into downstairs brain functioning. This may explain "situational stupidity," a condition in which emotional distress can cause an otherwise rational individual to make irrational choices and to behave in irrational ways.

Improving Executive Function

Motivation

For children who have underdeveloped EFs, motivation often has to be external and frequent. Often it doesn't last long. A child will be more likely to cooperate if able to see a personal advantage, such as earning a reward, break time or preferred activity time. Offering a child a rotating reward "menu" from which to choose can be helpful because what is rewarding at any given time may change depending on the child's whim or mood. Start with frequent reinforcement, and provide the child with verbal or visual reminders of the steps involved in completing the task at hand and of the reward that will follow its completion.

Organization

Children with executive dysfunction often struggle to organize materials, to set schedules and to stick with tasks. To support a child's organizational skills, develop a simple system that can be used across both school and home settings. Systems that use color coding or that include other visual prompts tend to work well. For example, use a red folder and a red notebook for math-related work and a green folder and a green notebook for English. Designate a special folder for papers that need to go home for a parent's review and then to be returned to school.

Social Skills

Children with executive functioning issues can benefit from practicing key social skills, such as:[49]

- communication (e.g., using eye contact and pleasantries such as “please” in conversation),
- cooperation (e.g., sticking to rules and going about activities without disturbing others),
- assertion (e.g., letting someone know when needing help),
- responsibility (e.g., good behavior in the absence of supervision),
- empathy (e.g., resonating with the feelings of others and trying to make others feel better),
- engagement (e.g., making friends and actively including others in activities), and
- self-control (e.g., regulating emotions in difficult or upsetting social situations).

You can provide parents with the following tips for navigating challenges with executive functioning skills:

- Practice social skills when the child is calm because, when dysregulated, the child will not be able to access the cognitive capacities needed to learn a new skill.
- Try to validate the child’s attempts at expressing feelings calmly, even if the emotion is not something that you understand or if it does not appear to fit the circumstances as you perceive them.
- Frame “time-in” or “time-out” as a time to calm down, not as a punishment; this will reinforce the benefits of taking the time needed to become regulated.
- Limit commands and directives by setting expectations based on routines that are followed by preferred experiences (e.g., homework followed by free time doing something that the child likes to do).
- Avoid lecturing the child about the reasons why the preferred behavior is desired because this often will elicit angry, argumentative or defiant responses from the child.
- Don’t emphasize that you are “the boss.” Avoid focusing on who or what is “right” or “wrong.” Avoid using words and phrases such as “no” or “you can’t.” These will tend to start arguments that you never will win.

Problem-solving training and practice can help youth to strengthen executive functioning skills. The typical problem-solving model involves steps that include identifying the problem, using brainstorming to explore alternative solutions, evaluating each option and then implementing the

option selected. A trauma-sensitive adaptation to this approach adds one step after identifying the problem. That is asking the question, “How does my trauma history relate to this problem?”

Healthy Thinking Domain

- Rational Thinking
- Mindfulness

Attention and Concentration Problems

Trauma survivors are likely to have attention and concentration problems, partly from frontal lobe issues and other interruptions in brain development and partly due to the brain's focus on "survival." When the brain is engaged in a short-term, survival focus, a youth can appear to have no motivation to pay attention in the classroom (Teachers may be interpreted as safe enough to be ignored.). In other cases, intrusive thoughts and memories can interfere with focus and can cause dissociation. Trauma survivors can be expected to have problems paying attention, using language (especially when upset) and recalling information. These issues need to be viewed as skill deficits, not deliberate or purposeful behaviors. Commands, demands and explanations have a decent chance of working only if the youth isn't very far into hyperarousal. Otherwise, the only focus in the moment should be on safety. Only after everyone is calm can discussions occur or can consequences be implemented.

Problems with Memory

Childhood trauma can affect the way that the brain processes and stores information (the main functions of memory).[50] For example, trauma or severe stress can result in dissociative amnesia, causing a person to forget key elements of the person's life. The individual may forget a specific event or may not remember friends, family members or others with whom the person has spent time.[51] The experience of trauma also can cause certain events to be remembered forever when the brain has determined that the memory is important for survival. These types of memories often are stored in an unconscious way and are associated with intense arousal so that they can be accessed quickly in future situations that are stressful or threatening. This is referred to as "implicit memory." It allows a person to have an instant response to danger.[52]

Cognitive Distortions

Trauma survivors are likely to be hypervigilant (which can look like paranoia), causing "neutral" others to be viewed as threats. The experience of interpersonal trauma can create deep-seated beliefs that others aren't safe or that they will hurt or take advantage of oneself. This can result in a need for control in relationships. Distorted thoughts such as those based on guilt or blame ("I made them do it to me" or "I caused it" or "If only I had . . .") and those that are maladaptive about self or others ("I'm worthless" or "Nobody loves me" or "Nobody can be trusted"

or “I have to meet my own needs”) also can affect relationships. Psychoeducation can help parents to understand how their children develop beliefs about themselves and their world, based on the children’s experiences, as well as how physiological states can impact thinking negatively and positively.

Rational, Healthy Thinking and Mindfulness

Rational thinking is promoted by mindfulness. Mindfulness is a calm awareness of one’s body, feelings and mental activities that allows a person to experience the present moment fully. Mindfulness is not about “emptying your brain.” In fact, the idea that this is the goal can deter people from practicing mindfulness. As a practice, mindfulness means that one regularly spends time attending to the present happenings in one’s mind, body or surroundings or a combination of those. In simple terms, it means staying in one’s frontal lobes: *observing* one’s own thoughts, feelings and physical sensations *without reacting significantly* to them. Mindfulness practices help a person to stay focused on what is happening in the present moment without multitasking or being distracted by other things.

Modeling Mindfulness

As an adoption professional, you can increase your understanding of mindfulness by developing your own mindfulness skills and practices, which will allow you to model mindfulness effectively in interactions with the families with whom you are working. Actively practicing various techniques allows families to have a variety of skills from which to choose; it also can provide ideas about which tactic to use in the moment to assist in dealing with difficult times. Many excellent protocols are available for all ages (although mindfulness practice may be limited for younger or lower-functioning youth). Mindfulness skills can be incorporated easily into the beginning or end of each of your visits with a child and the child’s family.

Help to Create a Realistic, Daily Mindfulness Plan

After teaching the child and family about mindfulness and helping them to learn and to practice mindfulness strategies, it is important that you help them to develop a daily mindfulness plan to create habits that they will enjoy and can practice regularly. Strategies in the plan may include the following:

- Breathing exercises, such as Heart Rate Variability, Star, Mountain and Square, to strengthen regulation by synchronizing breathing and heart rate

Benefits of Mindfulness[53]

- Emotion regulation
- Decreased “negative” emotional states (such as anger, frustration, inadequacy, helplessness, fear, guilt and loneliness)
- Greater working memory and cognitive function
- Better immune function
- Quicker healing from medical procedures
- Reduced suffering from chronic pain
- Increased empathy
- Increased social connection

- Short bursts of physical exercise such as those found on www.gonoodle.com, which includes a series of web-based videos, games and activities focused on introducing short bursts of physical exercise. Although designed for classroom use, these activities can be integrated into the home environment.
- Mind-body movement such as yoga (achieving a posture and maintaining it for a period of time) or Tai Chi (performing continuous, fluid motion). These practices also focus on breathing and have many mental and physical health benefits.
- Prayer, a spiritual practice that can create a sense of feeling protected and can provide a way to center one's experiences in a higher power, providing relief from daily pressures

Identity and Future Talents Domain

The Identity and Future Talents domain has to do with the ways in which a child develops a coherent and positive identity, fostering talent and the capacity to plan for the future. Putting the puzzle of one's identity together is a developmental task of all children, but it can be much more complicated for children who have been adopted or are living in families that have obtained guardianship for them. These children often have spent so much time in survival mode that they have not had opportunities to explore their own identity.

- Coherent, Positive Identity
- Talents and Future Planning

Coherent, Positive Identity

Identity development is closely rooted in one's family of origin. The separation of a child from the family of origin is a loss like no other, whether it occurs at birth or at an older age. Losses can include not only the loss of birth parents but also of extended family members, neighborhoods, schools and other important connections. The experiences of these losses impact the way that the child understands the world and affect the development of the child's self-identity. Children who have been adopted or are living with guardians who are not their biological parents can have a variety of identity-related questions, such as:

- Why was I adopted?
- What do my birth parents look like?
- Why didn't my parents want me?
- Where do I belong?

Historical knowledge is critical for the development of self-identity and self-understanding. In the absence of information -- which sometimes is the case when a family that has adopted doesn't want to discuss the child's experiences in the birth family or when information is not available -- the child naturally will fill in those life details for oneself with distorted or misinterpreted memories.

For children who are adopted transracially, an added layer of losses and questions can arise. Transracial adoption experiences often include loss of culture. Parents of some belief systems and cultures may not celebrate the same holidays or even have the same values as the child whom they have adopted. A parent or caregiver's understanding of the nuances of the child's culture of origin, environment and cultural historical perspective is foundational to supporting this aspect of the child's development. A good place for parents to start is to incorporate

their child's culture into the home. This will send the child the message that honoring the child's culture is a priority in the family. Parents also need to consider ways to build into their family life appropriate racial and cultural socialization to ensure that their child is connected to others of the child's own race and culture.

The Hidden Trauma of Racism and Discrimination

Racism (a belief system of superiority that is based on how people look and behave) and discrimination (unfairly treating others based on those beliefs) can impact the development of a healthy sense of self-identity. Awareness and acknowledgement of historical racism and discrimination --plus the overt and systemic ways that our current culture minimizes the experiences of persons of color, nondominant cultures and those who identify as part of the LGBTQ community -- are critical for those who are parenting or working with children of a different race, culture or ethnicity from themselves.

Microaggressions are hostile, derogatory, negative or invalidating messages, whether intentional or unintentional, about one's racial, ethnic or cultural characteristics. Microaggressions communicate a sentiment that says, "You don't belong with us" or "Your culture is different, and that is bad." Microaggressions can be verbal (making a hurtful, offensive or stigmatizing comment), behavioral (actions that are hurtful or discriminatory) or environmental (lack of minority representation and diversity).

Microaggressions create and maintain historic, racial trauma from one generation to the next. Silence can be shaming and can support systemic racism. Shutting down discussion of race creates "privilege" for white persons so they do not have to talk about it. Persons of color do not have the privilege of ignoring race. If a caregiver of a child is of a different race than the child and does not address this, then the child may try to become the race of the caregiver or later might reject a primary caregiver of another race.

Examples of verbal microaggressions include:

describing a person who is visibly a minority as "very articulate" and telling a person who is LGBTQ that the person doesn't "seem gay."

Examples of behavioral microaggressions include:

crossing to the other side of the street to avoid someone (out of fear) because of that person's outward appearance and using "racial cues" to prioritize the résumés of job applicants.

Examples of environmental microaggressions include:

all of the photos in a doctor's office being of people of the dominant race, with no representation of individuals who look like the minority;

reading materials such as books and magazines that do not reflect or represent a variety of cultures;

lack of teachers and staff in a school who reflect persons in the minority; and

TV shows and movies that do not have persons representing the color, family dynamic, beliefs or culture of the minority.

Parents of cultures different from their child's culture can struggle to understand the experiences of a child who may be treated differently by others. Some parents may not even acknowledge the privilege of the dominant culture. When a parent has not been socialized to discuss these issues, the child loses critical, parental support for dealing with discrimination and racism. Parents need to build their knowledge about the impact of discrimination and systemic racism and to learn how to discuss these issues with their child. The family also needs to have a sense of ease and comfort with the child's racial, ethnic and cultural identity and to develop skills that will help the child to navigate situations that the child may face when others deny this identity.

For you as a professional, increasing your awareness of systemic practices, examining their impact, asking questions and understanding the experiences and perspectives of the youth and families with whom you work are all parts of how you can ensure that your day-to-day practices are supportive of individuals of various cultures. Reflective supervision is a good tool for self-development in observing your own biases; but first, you need to have an awareness that this is a matter requiring your reflection. Your supervisor also needs the awareness to ask those questions of you as a professional.

Supporting Identity Development

To support the development of a positive, coherent identity, parents need to work at providing an atmosphere of empathy, caring and unconditional positive regard. Having curiosity about their child's history and openly sharing information with the child are important. Lifebooks, time lines, baby books, photos and stories are all important to give the child accurate information and an accurate understanding of why events in the child's life may have occurred. The child otherwise will fill in the information from an egocentric perspective that often may result in guilt, shame and blaming oneself.

Psychoeducation can help parents to understand that their interest in learning about their child's culture is a key element of supporting the development of their child's self-esteem. Understanding the impact of racism and discrimination requires ongoing education. As a professional, you can put together a library of resources that are current and relevant to the needs of the children and families you are serving. Also consider ways to create ongoing conversations with colleagues, parents who have adopted and children who have been adopted to discover ways to support healthy connection to and pride in one's cultural background and identity.

Talents and Future Planning

Trauma survivors often have a negative self-concept, fragmented experiences and a lack of interest in "exploring the self." To help, you can identify activities that a child who has been traumatized is *potentially good at* and can pursue those, increasing the likelihood that the child will master these activities and will build experiences of success. Working on Lifebooks can be helpful in this process. Lifebooks are designed to explore the lingering questions that children who have been adopted or in foster care have about their life journeys and to establish a positive sense of self. A Lifebook records the life of a child by using words, photos, graphics, the child's artwork and memorabilia. A Lifebook contains a host of information, including information about the child's birth parents and the reason for separation. It tells more than just a life story. It is an opportunity for parents to honor all aspects of their child's life. For more information about Lifebooks, refer to the following link: https://adoptioncouncil.org/publications/adoption-advocate-no-114/.

A simple Google search will show that there are many other resources on the market that can assist children who have been adopted in understanding and working on their self-concept. Two excellent resources to recommend to the families you are serving are:

- *Born In June Raised In April: What Adoption Can Teach the World on Apple Podcasts* This multi-episode series of podcasts is hosted by April Dinwoodie, who was herself adopted. In the podcasts she explores her adoption experience, examining her efforts to find love, identity, family and connection. Each month, April produces a new podcast (73 at this writing) that candidly discusses and unravels all matters surrounding adoption.
- *Journey of the Adopted Self: A Quest for Wholeness*[54] In this book, Betty Jean Lifton, herself adopted, explores the inner world of the adopted person. Lifton introduces the concept of "cumulative adoption trauma" to help explain many troubling, adoption-related questions. She does an excellent job tracing an adopted child's lifelong struggle to form an authentic sense of self.

Making Sense of Trauma

Those who have experienced trauma may need support to re-establish a world view that says, "The world is basically a safe place where lots of good things happen, and most people are trustworthy." Where possible, youth should be encouraged to focus on how they can "use" their trauma to help themselves and others. A significant amount of research indicates that using one's own story to help others produces great benefits.[55] [56] [57] [58] [59] This process often includes addressing spiritual or religious concerns while the individual works to reconnect with one's faith. Because faith is a deeply personal belief and choice, it is recommended that any conversations about this be referred to a lay leader in the individual's denomination of choice.

Reconnection and Future Safety

Helping those who have experienced trauma to establish a meaningful reconnection to activities in their school, with their peers and with community programs and resources is important.[60] However, to ensure success, it is paramount that caregivers make sure that the child's relationships are healthy and satisfying. It is equally important to take action to prepare children for their own future safety through learning about their own triggers and how they can mitigate the impact of these triggers.

Educating families about protective factors frameworks can be an excellent way of helping them to help themselves. Protective factors are the strengths, conditions and attributes in individuals, families and communities that promote the health and well-being of children and families. By using a protective factors approach, professionals and

others can help parents to find resources and supports that emphasize the parents' strengths while also identifying areas where they need assistance. The following six factors are included in the Children's Bureau's framework: (see https://www.childwelfare.gov/topics/preventing/promoting/protectfactors/ for definitions and examples of each factor.)

- Nurturing and attachment
- Knowledge of parenting for child and youth development
- Parental resilience
- Social connections
- Concrete supports for parents
- Social and emotional competence of children

"Protective factors approaches also help children, youth, and families build resilience and develop skills, characteristics, knowledge, and relationships that offset risk exposure and contribute to both short- and long-term positive outcomes" (Child Welfare Information Gateway, 2020, p 2).[61]

Tying It All Together: Using a Trauma-Informed Parenting Approach

Over the last two decades, the impact of separation, grief, loss and trauma has become much clearer and better understood. The most effective ways to support children who have had these experiences have emerged during those decades. Now they provide the basis for many preparation programs for parents who are fostering or adopting children. The collection of these strategies has become known as Trauma-Informed Parenting. In the most basic sense, trauma-informed parenting is a deliberate parenting approach that recognizes the impact of trauma on the child and responds in a way that supports the child without further traumatization. The National Child Traumatic Stress Network (NCTSN) has described nine "Essential Elements of Trauma-Informed Parenting." [62] They are:

- Recognize the impact that trauma has had on the child.
- Help the child to feel safe.
- Help the child to understand and to manage overwhelming emotions.
- Help the child to understand and to manage difficult behaviors.
- Respect and support the positive, stable and enduring relationships in the child's life.
- Help the child to develop a strength-based understanding of the child's own life story.
- Be an advocate for the child.
- Promote and support trauma-focused assessment and treatment for the child.
- Ensure that caregivers are taking good care of themselves.

Complete descriptions of these nine essential elements can be found in Appendix G.

The START 24/7 framework describes a comprehensive approach to creating the environment necessary for children to heal from the experiences of separation, grief, loss and trauma. The framework aligns well with the essentials of trauma-informed parenting. This manual has provided detailed descriptions of the impact of trauma on a child's

behavior. It has outlined many of the important strategies for understanding the origin of a child's challenging behaviors that result from the child's experiences. This manual also has outlined strategies for responding effectively to a child who has a trauma history. However, parents and professionals need to continue their learning about these topics. Suggested resources include the following:

- The National Child Traumatic Stress Network was established to raise the standard of care and to increase access to services for children and families who have experienced or have witnessed traumatic events. The NCTSN provides free online training on demand, webinars and other resources, such as tip sheets and resource guides. These resources are searchable by audience type (caseworkers, parents, clinicians, teachers, physicians and others), language and trauma types (e.g., Historical Trauma, Early Childhood Trauma, Traumatic Grief and others). They can be accessed at https://www.nctsn.org/.
- *Seven Core Issues in Adoption and Permanency: A Comprehensive Guide to Promoting Understanding and Healing in Adoption, Foster Care, Kinship Families and Third Party Reproduction* (Roszia and Maxon, 2019) is a book that can help parents and the professionals working with families to understand the issues experienced by members of the adoption constellation and can enhance their ability to support families navigating the journey of adoption or guardianship.
- Trust-Based Relational Intervention (TBRI®) is an attachment-focused, trauma-informed intervention designed to meet the complex needs of vulnerable children. TBRI® uses empowering principles to address physical needs, connecting principles to meet attachment needs and correcting principles to disarm fear-based behaviors. Though the intervention is based on years of attachment, sensory processing and neuroscience research, the heartbeat of TBRI® is connection. TBRI® offers practical tools for parents, families, caregivers, teachers and anyone else who works with children to help them see the whole child in their care and to help that child reach the child's own highest potential. These resources can be accessed at https://child.tcu.edu/.
- Attachment, Regulation and Competency (ARC) is a sequential, developmentally appropriate framework to address trauma with both the child (or adolescent) and the caregiver system and to create a supportive environment for healthy development and healing of complex trauma. ARC is organized around three primary domains of intervention (attachment, regulation and competency). The framework identifies eight key treatment targets. These resources can be accessed at https://arcframework.org/what-is-arc/.

The Annotated Website Recommendations list (Appendix D) also provides resources for parents and professionals to continue their learning.

As the study of permanency for children and youth who have been adopted or placed in the homes of guardians continues – and as field experience adds to the practical knowledge of professionals working with these young people and their families -- more resources undoubtedly will become available. Therefore, the START 24/7 framework is not the final word on this important subject in child welfare; but it is *a start*.

Appendices

Appendix A: START Toolbox

The following resources, referred to as the START 24/7 Toolbox, can help parents and professionals with the work of strengthening the domains of the START 24/7 framework.

- Amen, D. (2017). Captain snout and the super power questions: Don't let the ants steal your happiness. ZonderKidz.
- Bath, H. & Seita, J. (2018). The three pillars of transforming care. UW Faculty of Education Publishing.
- Blaustein, M. E. & Kinniburgh, K. M. (2018). Treating traumatic stress in children and adolescents, 2nd Ed.: How to foster resilience through attachment, self-regulation, and competency. Guilford Press.
- Frank, F. & Frank. K. (2003). The handbook for helping kids with anxiety and stress. Youthlight.
- Karyn Purvis Institute of Child Development. (n.d.) TBRI® Healing Family Series. Karyn Purvis Institute of Child Development.
- Kuypers, L. (2011). Zones of regulation: A framework to foster self-regulation and emotional control. Think Social Publishing.
- Lozier, C. (2020). DBT therapeutic activity ideas for kids and caregivers. Author.
- Moore, K. (2005). The sensory connection program: Activities for mental health treatment. Therapro, Inc.
- Norris, V. & Rodwell, H. (2017). Parenting with Theraplay®: understanding attachment and how to nurture a closer relationship with your child. Jessica Kingsley Publishers.
- Purvis, K., Cross, D., & Sunshine, W. (2007). The connected child. McGraw Hill.
- Rice, K.F., & Groves, B.M. (2005). Hope And Healing: A Caregiver's Guide to Helping Young Children Affected by Trauma. Zero to Three.
- Riley, D. (2005). Beneath the mask: Understanding adopted teens. C.A.S.E. Publications.
- Roszia, S. K., & Maxon, A. D. (2019). Seven core issues in adoption and permanency: A comprehensive guide to promoting understanding and healing in adoption, foster care, kinship families and third-party reproduction. Jessica Kingsley Publishers.
- Siegel, D. (2014). Brainstorm: The power and purpose of the teenage brain. Penguin Publishing Group.
- Siegel, D. J., & Bryson, T. P. (2012). The whole-brain child. Random House.
- Siegel, D. & Bryson, T.P. (2015). The whole brain child workbook. PESI Publishing & Media.

- Spinazzola, J., Habib, M., Blaustein, M., Knoverek, A., Kisiel, C., Stolbach, B., Abramovitz, R., Kagan, R., Lanktree, C., and Maze, J. (2017). What is complex trauma? A resource guide for youth and those who care about them. National Center for Child Traumatic Stress.
- Teen Thrive. (2021). The DBT skills workbook for teens: a fun guide to manage anxiety and stress, understand your emotions and learn effective communication. Author.
- van der Kolk, B. A. (2014). The body keeps the score: Brain, mind, and body in the healing of trauma. Viking.
- Wesselmann, D., Schweitzer, C. & Armstrong, S. (2014). Integrative parenting: strategies for raising children affected by attachment trauma. W. W. Norton & Company.
- Williams, M. S., & Shellenberger, S. (1996). How does your engine run?: A leader's guide to the alert program for self-regulation (Rev.). TherapyWorks.

Appendix B: START Toolbox by Domain

	Supports	Physiology	Parenting	Emotional Regulation and Empathy	Executive Functions	Healthy Thinking	Identity and Talents
Beneath the Mask: Understanding Adopted Teens						✓	✓
The Body Keeps the Score		✓		✓			
Brainstorm: The Power and Purpose of the Teenage Brain		✓	✓			✓	✓
Captain Snout and the Super Power Questions						✓	
The Connected Child	✓	✓	✓	✓		✓	
The DBT Skills Workbook for Teens				✓		✓	
DBT Therapeutic Activity Ideas for Kids and Caregivers				✓		✓	
The Handbook for Helping Kids with Anxiety and Stress				✓		✓	
Hope & Healing	✓		✓				
How Does Your Engine Run?		✓		✓	✓	✓	
Integrative Parenting	✓		✓	✓	✓	✓	
Parenting with Theraplay®	✓	✓	✓	✓		✓	
The *Sensory Connection Program Manual and Handbook*		✓		✓		✓	
Seven Core Issues of Adoption and Permanency	✓		✓			✓	✓
TBRI® Healing Family Series		✓	✓	✓		✓	
The Three Pillars of Transforming Care	✓		✓			✓	
Treating Traumatic Stress in Children and Adolescents	✓		✓	✓		✓	✓
What is Complex Trauma?	✓	✓	✓	✓			
The Whole Brain Child and The Whole Brain Child Workbook		✓	✓	✓	✓	✓	
Zones of Regulation		✓		✓	✓	✓	

Appendix C: START 24/7 Assessment

Instructions

The START 24/7 Assessment is a tool that provides a series of prompts to guide discussions with the family and to gather information about strengths and needs in each domain. When using the tool, explain to the family that there are 7 areas, called domains, that can help determine areas of focus for services and supports. Review each domain, describing the domain to the family and then reviewing a series of questions that relate to that area. For the most complete assessment, no area of the assessment should be skipped or left incomplete. The comments box can be used to note any important information related to each item as needed.

When all domain areas are assessed, the scoring box can be used to help prioritize areas of need as well as to provide a mechanism for measuring change between the initial assessment period and the post service period. To prioritize needs, calculate a score of 1, 2, or 3 based on the number of need areas identified and the strengths that exist. The person completing the tool will also need to use their assessment skills when selecting the most appropriate score. When developing plans for supports and services, consider goals that relate to domains that have higher scores. When using the tool to understand change between the initial assessment period and the post service period, review each domain at the end of service delivery and calculate an updated score for the Post Service Score column. Use the comments box if needed to note any important information that relates to the scores assigned.

Post Service Scores can be used to identify areas that may require after care services/referrals. For example, if the parenting domain was initially identified as an area of need and at the end of service provision the score dropped from a 3 to a 1, a parent support group, parenting class, or reading material on parenting strategies may be recommended.

START Assessment Tool

Date of Assessment:
Name of Family:
Names of Children:
Date of Adoption/Guardianship:

1. POSITIVE SUPPORTS

Natural Supports: People who naturally enter your life as circumstances occur- birth, marriage, adoption, neighbors, friends, colleagues; Community Supports such as: concrete supports, medical, mental/ or behavioral health professionals, educational (does the child have an IEP or 504 plan, are their school needs being met), school relationship satisfaction, daycare professionals, respite providers, etc.

DOMAIN AREA	STRENGTH	NEED	COMMENTS
Natural supports available	☐	☐	
Concrete supports available	☐	☐	
Medical care available for identified issues	☐	☐	
Mental and/or behavioral health care available for identified issues	☐	☐	
Educational supports available	☐	☐	
Parents actively participate in school functions, parent/teacher meetings, IEP/504 meetings, etc	☐	☐	
Relationship with school is mutually supportive	☐	☐	
Medical, Mental Health, and School staff interact with parent and child in a trauma based or informed manner	☐	☐	
Child care / respite needs met	☐	☐	
Parents demonstrate level of comfort in serving as an advocate for their child in the positive support domains	☐	☐	

2. PHYSIOLOGY

Parents and child attend to needs of sleep, nutrition & hydration, exercise, sensory needs & interventions, understand their diagnoses and medications & alternative approaches, (as well as potential side effects) and manage them appropriately.

DOMAIN AREA	STRENGTH	NEED	COMMENTS
Sleep	☐	☐	
Nutrition and hydration	☐	☐	
Exercise	☐	☐	
Sensory needs and interventions	☐	☐	
Parent and child (age appropriate) have an understanding about diagnoses	☐	☐	
Understanding of medication and alternative approaches	☐	☐	
Understanding of and management of medication side effects	☐	☐	
Parent and child have an adequate understanding of overall medical and behavioral health plans and the purposes thereof	☐	☐	

3. PARENTING

Parent(s) demonstrate coping & control; attunement to needs, understanding of developmental needs of their child, including the child's trauma history and the impacts; skills in building secure attachment, providing nurture, and parenting interventions which heal relational trauma; positive discipline; structure & routines; ability to Mentalize (has knowledge of child's history and needs and applies this when parenting to support the child); child is responsive to the parent's attentions and parenting practices; Is a formal attachment assessment indicated?

DOMAIN AREA	STRENGTH	NEED	COMMENTS
Parent demonstrates coping and control; attunement to needs	☐	☐	
Understanding of developmental needs of their child, including the child's trauma history and the impacts thereof	☐	☐	
Demonstrates skills in building secure attachment and providing appropriate nurturing and support	☐	☐	

Parent(s) has been educated on trauma based or informed parenting techniques	☐	☐	
Uses trauma based or informed parenting interventions which heal relational trauma	☐	☐	
Use of positive discipline, including structure and routines	☐	☐	
Parents have knowledge of child's history and needs and applies this when parenting	☐	☐	
Child is responsive in a positive manner to the parent's attention and parenting practices	☐	☐	
Parent(s) feel competent in their ability to respond to and parent child	☐	☐	
Formal attachment assessment indicated	Yes ☐	No ☐	

4. EMOTIONAL REGULATION AND EMPATHY

Identifying Feelings, Communicating Feelings, Grounding & Coping Strategies; Empathy Training; Parents appropriately use feelings vocabulary and own coping strategies around the child to support learning through modeling; is child responsive to parent modeling or is therapy indicated?

DOMAIN AREA	STRENGTH	NEED	COMMENTS
Child can identify age-appropriate feelings	☐	☐	
Child can communicate feelings in an appropriate manner	☐	☐	
Child knows and uses grounding and coping strategies	☐	☐	
Child shows empathy	☐	☐	
Parent(s) and child understand child's triggers and how to effectively deescalate child when triggered	☐	☐	
Parents appropriately use feelings vocabulary and their own coping strategies around the child to support learning through modeling	☐	☐	
Child shows age-appropriate responsiveness to parent modeling	☐	☐	

Therapy services are indicated	Yes ☐	No ☐	

5. RATIONAL HEALTHY THINKING AND MINDFULNESS

Parent(s) use metacognitive strategies and can model healthy thinking, develop skills within their child for emotional problem solving; child exhibits healthy interactions related to perceptions, peer relationships, healthy view of the world, family, teachers, peers, etc.; Is a formal trauma assessment indicated?

DOMAIN AREA	STRENGTH	NEED	COMMENTS
Parent(s) use metacognitive (process used to plan, monitor, and assess one's understanding and performance) strategies and can model healthy thinking	☐	☐	
Parent(s) demonstrate skills to support their child for emotional problem solving	☐	☐	
Child exhibits healthy interactions related to perceptions	☐	☐	
Child has positive peer relationships	☐	☐	
Child has a healthy view of the world	☐	☐	
Child sees family, teachers, peers as helpful	☐	☐	
Formal trauma assessment indicated	Yes ☐	No ☐	

6. EXECUTIVE FUNCTIONS

*Executive functions (EF) are the cognitive abilities needed to control ones thoughts, emotions, and actions. Children are **NOT** born with these skills – they are born with the potential to develop them but trauma can greatly hinder development. Parents must be educated in regards to executive functioning development, specifically as related to skills in problem solving, practical solutions, and following multi-step instructions. Is child responsive to learning and making progress in these areas?*

DOMAIN AREA	STRENGTH	NEED	COMMENTS
Parent(s) is/are educated on the role of executive functioning, how stress and trauma negatively affect EF, and activities used in developing EF in children	☐	☐	
Parent(s) have the understanding and ability to present challenges in a developmentally appropriate way	☐	☐	

Parent is able to support child's skills in problem solving and developing practical solutions	☐	☐	
Child can follow age appropriate multi-step instructions	☐	☐	
Child is able to demonstrate self-control and resist impulsive actions or responses	☐	☐	
Parent(s) understands the need for "scaffolding" with their child, practicing age appropriate skills before they perform them alone, keeping in mind the child's chronological age may not directly relate to their mental age or state	☐	☐	

7. POSITIVE IDENTITY, FUTURE PLANNING, AND USE OF TALENTS

Parent(s) values the culture and identity of the child and seeks to provide an environment that supports growth and development in this area. Family/child has started and maintained a life book, has knowledge of history, positive sense of the future, future plans, current engagement in activities revolving around talents and interests?

DOMAIN AREA	STRENGTH	NEED	COMMENTS
Parent(s) values the culture and identity of the child and seeks to provide an environment that supports the child's identity	☐	☐	
Family/child has started and maintained a life book	☐	☐	
Child has age appropriate knowledge of their history and story	☐	☐	
Child is engaged in activities revolving around their talents and interests	☐	☐	
Child shows a positive sense of the future and interest in future plans	☐	☐	

START ASSESSMENT

PRE AND POST SERVICE SCORING

Use the following guidelines to score each domain and add for total score in box below:

1 = No more than two needs exist and there are strengths that support success in this domain.

2 = Three or more needs exist, and there are strengths that help to mitigate concerns in this domain.

3 = The number of needs exceed the number of strengths and/or needs create high levels of stress for caregivers in this domain.

	INITIAL ASSESSMENT SCORE	POST SERVICE SCORE	COMMENTS
Positive Supports			
Physiology			
Parenting			
Emotional Regulation and Empathy			
Thinking and Mindfulness			
Executive Functions			
Identity, Planning, Talents			
TOTAL SCORE			

Appendix D: Annotated Website Recommendations

Source	Web Address	Summary
Adverse Childhood Experiences Study	www.acestoohigh.com	Lists the adverse childhood experiences used in a number of longitudinal studies; allows you to calculate an ACE score for individuals; has a number of downloadable studies about the impact of ACEs.
Canadian Foundation for Trauma Research & Education	www.cftre.com	Contains many very good articles about understanding trauma.
Center for Traumatic Stress in Children & Adolescents	www.pittsburghchildtrauma.org	Excellent information on child traumatic grief.
Child Trauma Academy	www.childtrauma.org	Excellent information on the effects of trauma on brain development and developmentally informed treatment.
David Baldwin's Trauma Information Pages	www.trauma-pages.com	Contains a number of excellent articles on trauma effects and treatment by Dr. Allan Schore and others.
Echo	https://www.echotraining.org	Excellent information and handouts regarding trauma-informed care.
Medical University of South Carolina	https://tfcbt2.musc.edu	Outstanding site for information and training modules related to Trauma-Focused Cognitive Behavioral Therapy.
Psychological First Aid Manual	https://www.ptsd.va.gov/professional/treat/type/psych_firstaid_manual.asp	Evidence-informed modular approach for assisting people in the immediate aftermath of disaster and terrorism: to reduce initial distress, and to foster short- and long-term adaptive functioning. Developed jointly with the National Child Traumatic Stress Network.
Substance Abuse and Mental Health Services Administration Resources for Child Trauma-Informed Care	https://www.samhsa.gov/childrens-awareness-day/past-events/2018/child-traumatic-stress-resources	Resources focused on transforming the children's mental health, child welfare, and public health systems to become trauma-informed.

ASK ABOUT ADOPTION

WHAT PEDIATRIC HEALTH PROVIDERS SHOULD KNOW ABOUT ADOPTION

WHY PEDIATRIC HEALTH PROVIDERS SHOULD KNOW ABOUT ADOPTION

Every child needs a loving home, and for children who are not able to be raised by their birth parents, adoption can provide a positive outcome. While most adoptees are physically and emotionally healthy, adopted children are more likely than non-adopted children to have significant physical health problems as well as difficulties with emotions, concentration and, behaviors. This increased risk is most often due to adoptees having been exposed to adverse experiences before coming to their adoptive families. Among others, examples of these adverse experiences include prenatal substance exposure; malnutrition; institutional living; and exposure to family dysfunction, parental substance abuse, mental health disorders, and violence. Research has shown that the greater number of ***adverse childhood experiences (ACEs)*** children are exposed to, the greater the likelihood that they will have chronic physical, emotional, and developmental conditions.

Pediatric health providers have the opportunity to identify ACEs early and to intervene by providing the family with referrals to appropriate services and supports. The earlier the intervention, the greater likelihood the child will achieve long-term health and well-being.

SUPPORTING ADOPTIVE FAMILIES

The physical, emotional, and developmental needs of adopted children can sometimes test the coping abilities of parents and stress the adoptive family unit. Early experiences of significant trauma can cause children to behave and react in ways that seem unusual, exaggerated, or irrational to those who do not understand the impact of early ACEs. Adoptive families may struggle to understand and support them.

DID YOU KNOW

- Children of all ages are adopted. The median age of children adopted through the public child welfare system is 5 years.
- In 2014, an estimated 116,360 children were adopted in the United States, of which 75,337 were unrelated (non-kin) adoptions. The U.S. has more than 1.5 million adoptees younger than 18 years.
- Adoption can occur in a variety of ways: 1) private domestic adoptions; 2) public adoptions (from foster care); 3) intercountry adoptions; and 4) step-parent or family member adoption that does not involve a private agency.
- In 2015 approximately 440,000 children received Title IV-E adoption subsidies, which means they were most likely adopted from the public child welfare system. These children are more likely to have a history of ACEs exposure.

Pediatric health providers are in a unique position to support adopted children and their families beginning with asking about adoption. Knowing if adoption is part of the family story can be a critical piece of information in assessing and meeting the needs of adopted children and their families. Pediatric health providers can learn this information by designing intake questions that are inclusive of all types of families and that normalize adoption by providing space to acknowledge that adoption is a part of the child's history. The Child Trauma Academy Intake Form. (http://qic-ag.org/wp-content/uploads/2017/06/FamilySectionOfCAHxForm.pdf) provides some examples of family history questions regarding adoption. Because families disclose adoption to their children at different ages, pediatric health providers should ensure that questions about adoption are asked away from the child so that the provider can determine if the child is aware he/she is adopted.

When caring for a child who has been adopted, pediatric health providers have an opportunity to support adopted children and their families by

- screening for and identifying trauma;
- helping families understand the various ways in which a child's early adverse experiences might create unique physical, mental, and developmental health challenges;
- empowering families to respond to their children in ways that acknowledge their past trauma while helping children to learn new, adaptive reactions to stress; and
- helping families understand that children who are adopted (even at birth) can experience issues that affect them across their lifespan.

IDENTIFY TRAUMA

Trauma's influence on the brain results in changes in bodily functions which can be assessed by ensuring a thorough patient history includes a review of ACEs and a standardized review of systems. These reviews should be included in the history taking for ALL children, but they are particularly important for children who have been adopted. Some of these discussions can be sensitive and might need to take place over time or out of earshot of the child.

Pediatric health providers can probe for information about exposure to adverse experiences and toxic stressors in a non-threatening, but trauma-informed manner by using open-ended and directed questions. An example of a question that can be used to ask about trauma is:

> *"Do you know of any difficult, frightening, or upsetting things that happened to your child either before or after he/she came to live with you?"*

The use of a formal screening tool is helpful if trauma exposure is suspected, reported by the parent or child during history taking, or if symptoms are identified by history or review of systems. Suggested tools for history taking, standardized review of systems, and trauma surveillance and screening can be found in Helping Foster and Adoptive Families Cope With Trauma: A Guide for Pediatricians (https://www.aap.org/en-us/Documents/hfca_foster_trauma_guide.pdf).

GUIDE, ADVISE, AND ASSIST

Parenting a child who has experienced trauma can be challenging. Adoptive parents can become frustrated and exhausted as they try to manage their child's reactive behaviors. Yet, a parent's calm and consistent responses to the child are what offer the traumatized child the chance to stabilize and heal. Therefore, it is critically important to explain to adoptive parents and families that as challenging as their child's behavior might be, such behaviors represent a normal reaction to experiencing unhealthy threats that resulted in healthy and unhealthy coping strategies. Pediatric health providers can help adoptive parents to make the connection between early ACEs/childhood trauma and the impact of trauma on the child's current functioning, and then work with the parents to find effective strategies to address their child's behaviors. Information about how to help families and how to offer trauma-specific anticipatory guidance can be found in Helping Foster and Adoptive Families Cope With Trauma: A Guide for Pediatricians (https://www.aap.org/en-us/Documents/hfca_foster_trauma_guide.pdf).

When working with adoptive families, there are some practices that pediatric health providers might want to consider:

- Be aware that the family might have limited family medical history or information of the child's medical needs before joining their family; for some parents, this lack of medical information can be a stressor.
- Refrain from using terms such as "real," or "natural" when referring to the biological parent; refrain from referring to the parent's biological children as "your own children."
- Recognize that adoptive parents might have higher needs for communication and information. Pediatric health providers can play a critical role in helping parents not only understand adoption-related health issues but also determine what benchmarks are considered as routine development.

Additional information can be found at Let's Talk Respectful Adoption Language and Behavior (https://www.aap.org/en-us/about-the-aap/Committees-Councils-Sections/Council-on-Foster-Care-Adoption-Kinship/Documents/COFCKAC-LetsTalkRespectfulAdoptionLanguageBehavior.pdf).

REFER

Adoptive parents might not be connected with a mental health provider. Many adoptive parents might come to the pediatric health provider either seeking reassurance about their child's behaviors or seeking assistance. Thus, it is critical for pediatric health providers to be aware of and have a working knowledge of the services and supports available within their community. The referral form included in Helping Foster and Adoptive Families Cope With Trauma: A Guide for Pediatricians (https://www.aap.org/en-us/Documents/hfca_foster_trauma_guide.pdf) can be a useful tool in communicating with mental health specialists and can serve as a summary for family members and medical records.

RESOURCES

Healthy Foster Care America is an initiative of the American Academy of Pediatrics and its partners to improve the health and well-being outcomes of children and teens in foster care. More information is available at https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Pages/default.aspx

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ASK ABOUT ADOPTION

WHAT TEACHERS SHOULD KNOW ABOUT ADOPTION

WHY IT IS IMPORTANT FOR TEACHERS TO KNOW ABOUT ADOPTION

Adoption can be a wonderful outcome for children who are not able to live with their birth parents. However, when adopted children join their new family, they bring life experiences that might include maltreatment and/or trauma. As a result, during the time leading into adoption and after the adoption is finalized, these children might exhibit some unique behaviors in the classroom. Therefore, it is important for educators to understand the reasons underlying the behaviors versus solely focusing on the behaviors. Common emotions and issues among children who have been adopted include the following:

- grappling with issues related to identity, belonging, or attachment;
- managing complex and/or non-traditional relationships and roles with their birth family;
- experiencing loss and grief; and
- figuring out how to be in a family of a different culture or ethnic group.

Outside of the family network, teachers and other school personnel play the largest role in children's development. Because children spend a great deal of their daily lives in school settings, it is important for teachers to be aware of adoption and the behaviors that some children — both pre- and post-adoption — might exhibit in the classroom. Many teachers have found it extremely beneficial to develop a relationship with the adoptive parents and work with them to determine a classroom routine that works well for their child.

DID YOU KNOW

- Children & youth are adopted at all ages; median age of children adopted through the public child welfare system is 5 years old.
- The U.S. has more than 1.5 million adoptees younger than 18 years.
- In 2014, 116,360 children were adopted in the U.S., of whom 75,337 were adopted by non-relatives.
- Adoption can occur in a variety of ways: 1) private domestic adoptions; 2) public adoptions (from foster care); 3) intercountry adoptions; and 4) stepparent or family member adoption that does not involve a private agency.
- In 2015, about 440,000 children received Title IV-E adoption subsidies, which means they were most likely adopted from the public child welfare system.

INFORMATION *For more information about the QIC-AG visit* ***www.qic-ag.org***

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CREATING AN ADOPTION SENSITIVE CLASSROOM

Teachers can help create a classroom that is sensitive to adoption by viewing assignments through the eyes of a child who has been adopted. Without intention, school assignments, classroom decorations, and even the selection of information to share about a country of heritage can potentially cause stress to a child who is adopted. The list below suggests some small changes teachers can make to ensure their classroom is inclusive for families formed through adoption:

ASSIGNMENTS

- Be sensitive about developing assignments that require knowledge of birth history.
  - » Family trees can be a difficult, stressful activity for children who do not know the details of their birth history.
  - » Assignments that study a child's biological traits can be difficult if children do not know one or both of their birth parents.
  - » Assignments that require bringing in baby pictures can be difficult if the child does not have any pictures.

HOLIDAYS

- Be aware that holidays can be difficult times for some children and try to tweak these celebrations to be inclusive of all children.
  - » Birthdays, Mother's Day, and Father's Day might bring up a wide range of emotions in children who are not living with their birth parents.
  - » Adopted children might celebrate an "adoption day" or "coming home" day that is just as important as a birthday.
  - » Mother's or Father's Day celebrations can be changed to Parent Day celebrations

LESSONS

- Recognize that, before being adopted, some children might have experienced one or more forms of trauma that will require some variation in the teaching process or accommodation in classroom routines.
  - » Be aware that isolating punishments such as time out or separation from the class might trigger a negative or unexpected response in some children.
  - » If a child exhibits a negative, unexpected response, remain calm and help to get the child regulated before discussing discipline or consequences for the behavior.
  - » Allow extra time for transitions between activities.
  - » Write out a schedule that enables the child to visually follow the schedule structure and organization.
  - » Inform the child when there is going to be a change in routine.

ADOPTION STATUS

- Recognize that children might be sensitive about their adoption status.
  - » Maintain confidentiality: refrain from referring to a child's adoption within the classroom or in conversations with other school personnel unless the child has disclosed the information himself or herself.
  - » Intervene if classmates are making comments or asking questions about a child's family composition.
  - » Do not assume that a child of a particular nationality speaks the country's language or knows about the country's culture.

The Child Welfare Information Gateway includes a list of Adoption Resources for Teachers (https://www.childwelfare.gov/topics/adoption/adopt-parenting/school/teachers/), including information about possible assignments and additional ideas for creating a sensitive classroom. One "low-touch" suggestion for creating a sensitive classroom is to simply include adoption-sensitive books in your classroom and learning stations; some suggested titles are listed below. Additional ideas for adoption-sensitive books and movies are available on the Center for Adoption Support and Education (http://adoptionsupport.org/education-resources/for-parents-families/free-resources-links/) website.

- *We're Different, We're the Same* (Sesame Street) by Bobbi Jane Kates (ages 2-6)
- *How I Was Adopted* (Mulberry Books) by Joanna Cole (ages 4-8)
- *Lucy's Family Tree* (Tilbury House) by Karen Halvorsen Schreck (ages 8-11)
- *How It Feels to Be Adopted* (Knopf) by Jill Krementz (ages 12 and older)
- *Three Little Words: A Memoir* (Atheneum) by Ashley Rhodes-Courter (juvenile)

In some instances, before joining their adoptive family, children might have experienced maltreatment. This maltreatment may have led to trauma that impacts the child's behaviors. Parents can be a great resource for helping teachers understand their child's needs and how small adaptations can be made throughout the day to help their child succeed in school. The list below highlights resources to help teachers manage classroom behavior of children who may be grappling with the after effects of traumatic experiences:

- Department of Education, Training and Employment. (2013). *Calmer classrooms: A guide to working with traumatized children.* Retrieved from http://education.qld.gov.au/schools/healthy/pdfs/calmer-classrooms-guide.pdf
- Massachusetts Advocates for Children and Harvard Law School. (n.d.). *Helping traumatized children learn.* Retrieved from https://traumasensitiveschools.org/
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The Essential Elements of Trauma-Informed Parenting

1. Recognize the effect trauma has had on your child.

Children who have survived trauma can present incredible challenges. But when you view children's behaviors and reactions through the "lens" of their traumatic experience, many of these behaviors and reactions begin to make sense.

Using an understanding of trauma as a foundation, you can work with other members of your child's team to come up with effective strategies to address challenging behaviors and help your child develop new, more positive coping skills.

2. Help your child to feel safe.

Safety is critical for children who have experienced trauma. Many have not felt safe or protected in their own homes and are in a constant state of alert for the next threat to their well-being.

Children who have been through trauma may be physically safe but still not feel psychologically safe. By keeping your child's trauma history in mind, you can establish an environment that is physically safe and work with your child to understand how to create psychological safety.

3. Help your child to understand and manage overwhelming emotions.

Trauma can cause such intense fear, anger, shame, and helplessness that children are overwhelmed by their feelings. In addition, trauma can derail development so that children fail to learn how to identify, express, or manage their emotional states.

For example, babies learn to regulate and tolerate their shifting feelings by interacting with caring adults. Older children who did not develop these skills during infancy may seem more like babies emotionally. By providing calm, consistent, and loving care, you can set an example for your children and teach them how to define, express, and manage their emotions.

4. Help your child to understand and manage difficult behaviors.

Overwhelming emotion can have a very negative effect on behavior, particularly if children cannot make the connection between feelings and behaviors. Because trauma can derail development, children who have experienced trauma may display problem behaviors more typical of younger children.

For example, during the school-age years, children learn how to think before acting. Adolescents who have never learned this skill may be especially impulsive and apt to get into trouble. As a trauma-informed parent, you can help your children to understand the links between their thoughts, feelings, and behaviors, and to take control of their behavioral responses.

5. Respect and support the positive, stable, and enduring relationships in the life of your child.

Children learn who they are and what the world is like through the connections they make, including relationships with other people. These connections help children define themselves and their place in the world. Positive, stable relationships play a vital role in helping children heal from trauma.

Children who have been abused or neglected often have insecure attachments to other people.

Nevertheless, they may cling to these attachments, which are disrupted or even destroyed when they come into care.

As a trauma-informed parent, you can help your child to hold on to the things that were good about these connections, reshape them, make new meaning from them, and build new, healthier relationships with you and others.

6. Help your child to develop a strength-based understanding of his or her life story.

In order to heal from trauma, children need to develop a strong sense of self, to put their trauma histories in perspective, and to recognize that they are worthwhile and valued individuals.

Unfortunately, many children who have experienced trauma live by an unwritten rule of "Don't tell anyone anything." They may believe that what happened to them is somehow their fault because they are bad, damaged, or did something wrong.

You can help children to overcome these beliefs by being a safe listener when children share, working with children to build bridges across the disruptions in their lives, and helping children to develop a strength-based understanding of their life stories.

7. Be an advocate for your child.

Trauma can affect so many aspects of a child's life that it takes a team of people and agencies to facilitate recovery. As the one most intimately and consistently connected with your child, you are a critical part of this team. As a trauma-informed parent, you can help ensure that efforts are coordinated and help others to view your children though a trauma lens.

8. Promote and support trauma-focused assessment and treatment for your child.

Children who have experienced trauma often need specialized assessment and treatment in order to heal. Clinicians who are not trauma experts may misunderstand or even misdiagnose the effects of trauma. For example, they may misdiagnose the nervousness and inability to pay attention that comes with trauma as ADHD or moodiness and irritability as bipolar disorder. Fortunately, there are trauma-focused treatments whose effectiveness has been established. You can use your understanding of trauma and its effects to advocate for the appropriate treatment for your child.

9. Take care of yourself.

Caring for children who have experienced trauma can be very difficult, and can leave resource families feeling drained and exhausted. In order to be effective, we need to take care of ourselves and take action to get the support we need when caring for traumatized children.

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