



BUILDING A THERAPEUTIC WEB

Creating Connections for Growth



The Importance of Creating Connections

Among children in adoptive and guardianship families the importance of relationships in mitigating early childhood trauma and compromised attachments cannot be overstated. Children learn their most critical developmental skills in the context of their relationships. Children with histories of maltreatment, neglect, chaotic caregiving or attachment breaches can struggle to feel safe, to trust others and to participate in healthy social relationships. Consequently, adults who care for or work with children who have experienced trauma need to prioritize relationships. Only when children feel safe and connected can they learn new skills, grow and recover from their trauma.

Although they are vital, adoptive parents and guardians cannot be the only stable relational supports in a child's life. Rearing a child truly takes a community of committed, traumaresponsive adults. Post-permanency programs can play a pivotal role of assisting families in expanding their children's "therapeutic webs." The therapeutic web framework has been defined and described by Bruce D. Perry, MD, PhD, a child psychiatrist, neuroscientist and developer of the Neurosequential Model of Therapeutics (NMT) (Neurosequential Network, n.d.). It emphasizes the creation of a network of interconnected supports that surround and uplift children and their families as they navigate the journey toward recovery and well-being (Perry, 2009).

THE THERAPEUTIC WEB COMPRISES A DIVERSE ARRAY OF RELATIONSHIPS AND RESOURCES THAT FOSTER:

- Safety: Many children who have experienced adversity and trauma have a sensitized stress response system and lack an inherent sense of feeling safe. Children with trauma histories need to develop feelings of belonging and being comfortable with their peers and with adults.
- Stability: Many youths in adoption and guardianship families are dysregulated by change and transition. Predictability and repetition within positive relational experiences enhance their self-regulation and enable them to have rich developmental experiences.
- Connection: Humans long to be seen, heard and understood. Many youths with behavioral and emotional challenges have higher than average rates of negative or punitive interactions with adults and peers. Focusing on their relational connections produces a sense of alliance and belonging in these young people, ultimately supporting their behavioral change.



Perry's concept of the therapeutic web underscores the interconnectedness of healthy development and the importance of collective support in overcoming adversity. Relational support may include family members, friends, therapists, educators, mentors and community organizations. Each component of the therapeutic web serves as a thread in the fabric of support that reinforces resilience and facilitates growth. In a 2018 presentation, Perry stated that the "therapeutic web, or relational milieu, matters. It can be regulating and rewarding, or it can be a source of distress" (Renick, 2018). By harnessing the power of relationships and resources, strong post-permanency programs support families in creating a nurturing environment that empowers children to grow, to thrive and to reclaim their sense of agency in the face of trauma and loss.

Therapeutic web connections

Resources that assist families in identifying and extending their therapeutic webs may be described broadly in three categories:

- Primary Resources: These are composed of extended family, friends, neighbors and part-time caregivers such as babysitters. Primary resources often are the "first responders" who meet typical family needs such as giving support when children are sick, serving as sitters on date nights and providing social supports (e.g., hosting a neighborhood block party or a holiday-themed event). Many adoption and guardianship families report that due to their children's needs for therapeutic parenting, trauma-responsive care or increased supervision, they frequently lack support or obtain insufficient support from their primary resources.
- Community Resources: These are composed of educational systems, childcare providers, faith community members, cultural supports, sports programs and coaches, clubs (Scouts, Boys & Girls Clubs, etc.) and other community enrichment programs.

Community resources provide children and their families with much needed opportunities for recreation, social and emotional skills building, enhancement of individual competencies, and identity exploration and expression. Research findings make clear the negative impact of early childhood trauma and of adoption or guardianship status on healthy child development. Many adoption and guardianship families report that community resources are neither knowledgeable about nor prepared to meet the specific needs of children who have experienced trauma, grief or loss.

Professional Resources: These include medical practitioners such as pediatricians; mental and behavioral health professionals; occupational, physical and speech therapists; child welfare staffers and other professionals who engage with children and their families. Professional resources often are sought out directly by a family. In other cases, they become part of a child's holistic treatment team through referral. Information regarding the effects of early trauma and attachment breaches is becoming more widespread. However, many pediatricians, other medical professionals, and mental and behavioral health practitioners may not have a strong understanding of the negative developmental impacts of maltreatment. They may lack adoption competence as well. These knowledge gaps can lead to ineffective and potentially harmful treatment for children.



Post-permanency programs can assist families in expanding their therapeutic webs to improve the relational health of children and to increase family stability in various ways. Recruiting primary resources can be particularly challenging for adoption and guardianship families due to several factors, including:

- a sense of estrangement from formerly close family members and friends due to higher needs, behaviors or safety issues of children;
- changes in social dynamics due to children's increased need for supervision;
- · inability of family members, friends and neighbors to understand and to meet the needs of children who have experienced trauma, grief or loss;
- · feelings of stigma and shame about a child's diagnoses, behaviors or needs; and
- primary resources' lack of buy-in to therapeutic parenting or trauma-responsive engagement.

One successful approach to increasing a family's pool of primary resources is the process of building a relief team. Relief team building begins with brainstorming by family members and post-permanency staffers about people and organizations that have supported the family in the past or that may be willing and ready to provide support. Through this discussion, staff members acknowledge a family's need for ongoing support and explain that this need is normal for adoption and guardianship families. They help family members to process feelings that may have arisen regarding relational losses or obstacles to accessing support, and they assist the family in thinking creatively about forming new support systems. Questions to guide this process may include:

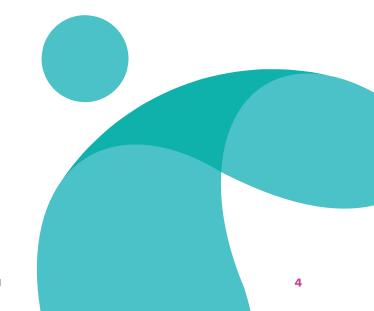
- With whom does the child already feel connected? In which ways can a favorite childcare worker, a grandparent, a neighbor or a retired couple in the family's faith community provide more support for the child?
- How can current supports use their talents and interests to support the family better?
 Can a next-door neighbor accompany a youth on a daily walk? Can a former favorite teacher provide after-school tutoring? Is a safe and responsible teenager available to engage a tween in a basketball game or an afternoon of video gaming while the tween's parents complete necessary tasks, relax and refresh themselves?
- In which local resources can the family find supports? (For example, students from nearby schools of education or social work or interns at child welfare agencies may be more skilled than a neighborhood babysitter in behavioral management techniques for children who exhibit trauma-based behaviors.)
- Who may be potential sources of support that family members are overlooking?

- Which resources might the family be unaware are available to help?
- Does the child's therapeutic web provide cultural or racial mirrors and validate the child's self-identity?

After the brainstorming session, relief team building staffers make themselves available to coach identified supports and to provide them with insights and information or to train them directly. They also may facilitate challenging conversations intended to enhance the support system's ability to provide healthy relational interactions with the child and the child's family.

Other helpful strategies for increasing primary resources include:

- mentoring programs for adoption and guardianship families (AdoptUSKids, 2019);
- support groups and social gatherings for adoption and guardianship families;
- curated directories of babysitters, mentors for youth and trained respite providers;
- trainings and adoption competency events open to friends, family members and other support persons; and
- introductions to help families connect with potential sources for recruiting supports, such as schools of social work, education and other fields that engage in traumaresponsive work.





Community Resources

Interactions with community resources can cause significant stress and challenges for adoption and guardianship families. According to Paine et al. (2021), "There is consistent evidence showing that adopted children experience more psychological and behavioral difficulties" than their peers who have not been adopted (p. 922). In many cases, these issues interfere with participation and success in school, sports and community activities even though these highly relational tasks are often therapeutic in nature. Perry states, "... some of the most therapeutic experiences do not take place in 'therapy,' but in naturally occurring healthy relationships" (Perry & Szalavitz, 2017, p. 85). Robust postpermanency programs partner with families and community resources to provide services such as:

- Community Education: This consists of providing information about trauma and its effects on children's behavior and development. It can include organizing webinars and trainings, distributing educational materials and inviting experts to speak about trauma-informed care.
- Family Advocacy and Community Liaison: Family advocates and community liaisons provide families with resources and support to facilitate open communication about their

children's needs and triggers with teachers, coaches, Scout leaders, etc. They help community members to develop realistic expectations of children, to implement therapeutic strategies and to understand how their words and actions can support children's well-being.

Partnership with Community Resources:
 Post-permanency programs can partner with systems, agencies and community groups to create, to enhance and to promote traumaresponsive services or activities such as sports teams, dance classes, arts activities and after-school programs that are steeped in trauma-responsiveness and adoption competency.

Professional Resources

Studies indicate that being adopted almost doubles the likelihood that one will engage in mental health treatment (Keyes et al., 2008). Significant childhood traumas -- including the loss of a caregiver, physical and sexual abuse, and parental drug and alcohol misuse -- are well-documented to have negative impacts on physical and behavioral health and well-being, even into adulthood. Post-permanency programs provide opportunities to increase the effectiveness of professional resources for adoption and guardianship families through strategies such as:

- Education: Post-permanency staff can conduct comprehensive training and other educational activities for medical and mental health professionals regarding trauma-informed care and adoption competency. This can include conferences, workshops, seminars and online courses, such as the free, web-based National Adoption Competency Mental Health Training Initiative (NTI) (Center for Adoption Support and Education, n.d.).
- Collaboration, Networking, Community Outreach and Awareness: Cross-systems work is vital to expanding the therapeutic web. Collaboration is necessary between agencies, organizations and community partners to share resources, best practices and knowledge about traumaresponsive and adoption-competent care.
- **Resource Linkage:** Development of a directory of trauma-responsive, adoption-competent professionals in the community is paramount for connecting families with appropriate treatment resources.
- Forming Multidisciplinary Teams within Post-Permanency Programs: Post-permanency program staff need to consider convening multidisciplinary teams to address the holistic needs of children and their families. Directly engaging with professionals from a wide variety of fields in post-permanency work provides a comprehensive view of each child and the child's family while avoiding siloed thinking that often leads to limited treatment options.

To delve further into this topic, check out the Post-Adoption Center Resource Library: www.postadoptioncenter.org/resource-library





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REFERENCES:

- AdoptUSKids. (2019, March). Providing peer support for foster, adoptive, and kinship families. Peer Support for Families, 1-5.

 https://adoptuskids.org/_assets/files/AUSK/Publications/Peer-support-for-families-web508.pdf
- Keyes, M. A., Sharma, A., Elkins, I. J., Iacono, W. G., & McGue, M. (2008). The mental health of U.S. adolescents adopted in infancy. Archives of Pediatrics & Adolescent Medicine, 162(5), 419-425. https://doi.org: 10.1001/archpedi.162.5.419
- National Adoption Competency Mental Health
 Training Initiative (NTI). (n.d.). Center
 for Adoption Support and Education.
 Retrieved March 23, 2024, from https://adoptionsupport.org/nti/aboutnti/
- Neurosequential Network. (n.d.).

 Neurosequential Model of Therapeutics
 (NMT). https://www.neurosequential.com/nmt

- Paine, A. L., Perra, O., Anthony, R., & Shelton, K. H. (2021). Charting the trajectories of adopted children's emotional and behavioral problems: The impact of early adversity and postadoptive parental warmth. Development and Psychopathology, 33(3), 922–936. https://doi.org/10.1017/S0954579420000231
- Perry, B. D. (2009). Examining child maltreatment through a neurodevelopmental lens: Clinical applications of the neurosequential model of therapeutics. Journal of Loss & Trauma, 14(4), 240–255. https://doi.org/10.1080/15325020903004350
- Perry, B. D., & Szalavitz, M. (2017). The boy who was raised as a dog (3rd ed.). Basic Books.
- Renick, C. (2018, May 23). Inside the Bruce Perry Show. The Imprint Youth & Family News. https://imprintnews.org/news-2/ inside-the-bruce-perry-show/30963