

# Adoption Guardianship Training and Preparation



## Trainer's Manual

2026 Edition



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# Welcome Message

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Welcome to the Adoption Guardianship Preparation Training trainer's manual. I'm so excited that your organization has chosen this curriculum to prepare prospective adoptive and guardian parents for their journey. The role of the training facilitator is crucial in shaping the experiences and outcomes for these families, and I sincerely appreciate your commitment and expertise.

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

This training will lead participants through materials that may challenge their current ways of thinking. Topics such as understanding the emotional and psychological needs of children with trauma histories and parenting in new and sometimes very different ways provide opportunities for families to explore new ways to engage their children. The facilitator's ability to create a supportive and inclusive atmosphere will encourage open discussion and deeper understanding among participants.

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

Best,  
Allison Cooke Douglas, M.S., IECMH-E®  
Resource Center Director  
Harmony Family Center  
Technical Assistance  
National Center for Enhanced Post Adoption Support



**Allison Cooke Douglas,  
M.S., IECMH-E®**

# Trainer Connection

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Dear Reader,

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

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

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

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

# Trainer Connection

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

Sincerely,

Sinéad Love, CMHC  
Post Permanency Technical Assistance, National Center for Enhanced Post  
Adoption Support  
Family Therapist  
Harmony Family Center

# Training Best Practices Guidance

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## Setting the Stage

Adult learners need to feel safe and comfortable in any training environment in order to truly engage with the material. Trainings that talk down to participants or imply that parents are not already doing their best for their children are often met with resistance. Trainers should approach their work with knowledgeable professionalism while also bringing a warm, relational style that conveys openness and connection.

Because much of this material may challenge traditional parenting beliefs, the trainer's tone and approach are vital to creating meaningful change in families. This training was designed to be co-facilitated by two trainers, including at least one with lived experience. Foster and adoptive parents frequently report feeling isolated, and a trainer who has shared similar experiences, both challenges and victories, can build trust and connection in ways that even the most skilled professional speaker cannot.

The Taking Root: Forever Families training incorporates a variety of interactive and reflective activities to promote engagement. Trainers should remain mindful of time constraints while also fostering meaningful connection. This balance ensures that parents are active participants in the training process rather than passive observers, and that facilitators effectively manage their time.

Trainers set the tone for the learning experience. Effective trainers use a strengths-based approach, recognizing that parents come to the training with valuable skills and a genuine desire to do what is best for their children. At the same time, trainers should not shy away from sharing hard truths or challenging misconceptions when needed. A pragmatic, non-argumentative stance helps parents feel respected, even when the material may be difficult to hear. Trainers must have a solid grasp of the research and be able to explain clearly why certain practices work, answering questions thoroughly without getting lost in unnecessary detail. Above all, trainers should maintain a positive attitude, foster connection, and create an environment where parents feel supported, capable, and motivated to apply what they learn.

# Trainer Information

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In order to maintain fidelity to the source material, facilitators must do one of the following:

- Attend an official T4T
- Participate in all sessions of the training facilitated by a trainer who has completed the T4T, or has presented the curriculum for at least 1 year.

A two-trainer team is recommended, with at least one trainer having lived experience with adoption or SPC. This combination provides both professional expertise and authentic, personal perspective. Successful co-facilitation requires intentional preplanning, clear role division, and ongoing communication throughout the training.

Trainers should discuss in advance how they will share responsibilities, such as who will open and close the session, who will lead specific content areas, and how they will handle participant questions. While one trainer facilitates content delivery, the co-trainer can manage the chat, monitor time, track attendance, and respond to technical or participant needs. When both trainers are actively engaged, they can build on one another's experiences, model respectful collaboration, and create an engaging and supportive learning environment for parents.

## Tips for Effective Co-Training

- Hold a brief planning meeting before each session to confirm timing, hand-offs, and key messages.
- Use nonverbal signals (chat, notes, or gestures) to support each other without interrupting the flow.
- Share personal examples or insights that complement, rather than repeat, one another's points.
- Debrief after each session to reflect on what went well and identify adjustments for next time.
- Present as a unified team, avoid contradicting one another in front of participants.

# Content Delivery

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Trainers should be deeply familiar with the curriculum content and prepare in advance by personalizing material with relevant professional or personal examples. This brings the content to life and increases the relatability and impact for participants.

Thorough knowledge of the following will support trainers' ability to convey high-level concepts as well as practical support strategies:

- Bruce D. Perry , M.D., Ph.D.– What Happened to You?
- Dr. Karyn Purvis – The Connected Child
- Dr. Karyn Purvis & Lisa Qualls – The Connected Parent
- Sharon Roszia & Allison Davis Maxon – Seven Core Issues in Adoption and Permanency

Key points of each session are as follows:



## Session One

- Introduction of Post-Permanency Supports
- Motivations for Adoption/SPC
- Grief and Loss in Permanency
- Common Fears about Adoption/SPC
- Common Times Adoptive Families Need Assistance

### Introduction of Post-Permanency Supports

Trainer focus: Be clear, concise, and welcoming. This section sets the tone for participant's understanding of post permanency supports.

Key point: Parents will come with mixed feelings about remaining engaged in the child welfare system's services. Acknowledge this, and frame post permanency services as supports, not as compliance based or punitive programs.

Tip: Share examples of how services have helped families to make the information more relatable.

# Content Delivery (cont.)

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## Motivations for Adoption/Guardianship

**Trainer focus:** Normalize the wide range of motivations and the common challenges of these motivations without judgment.

**Key point:** Parents may feel nervous about sharing their reasons. Emphasize that motivations can be complex and change over time.

**Tip:** Use reflective questions to invite honesty and connection while maintaining safety. Remind participants that self-reflection and understanding personal motivations allows for insight.

## Grief and Loss in Permanency

**Trainer focus:** Handle with sensitivity, this section often brings up strong emotions.

**Key point:** Children, parents, and birth families all experience grief and loss, adoption is born from loss even when it leads to stability and permanency.

**Tip:** Encourage reflection without forcing disclosure. Acknowledge discomfort and normalize it.

## Common Fears about Adoption/Guardianship

**Trainer focus:** Create space for honesty; fears are normal and do not mean parents are not ready for the task of adoption or SPC.

**Key point:** Parents may be worried about bonding, managing behaviors, or long-term stability. Normalize these fears while highlighting the number of strategies and supports available in the community.

**Tip:** Avoid minimizing fears or using toxic positivity, respond with validation, then point to tools and resources that can help.

# Content Delivery (cont.)

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## Common Times Adoptive Families Need Assistance

**Trainer focus:** Present this information as preparation, not prediction of the future.

**Key point:** Transitions (e.g., adolescence, identity exploration, trauma triggers) are common stress points. Families often need extra support at these times.

**Tip:** Reinforce the message that reaching out for help is a sign of strength, not weakness. Share examples of how early intervention and ongoing support can prevent crisis.



## Session Two

- Trauma vs. Complex Trauma
- 7 Core Issues in Permanency (Loss, rejection, shame, grief, identity, intimacy, mastery/control)
- Positive Childhood Experiences (PCEs)

## Trauma vs. Complex Trauma

**Trainer focus:** Clarify the difference without overwhelming families with clinical jargon.

**Key point:** Single-event trauma can have lasting impact, but complex trauma, repeated, chronic exposure, often in very early relationships, has different effects on the brain, body, and behavior.

**Tip:** Use practical, family-friendly examples (e.g., “a one-time car accident” vs. “daily experiences of neglect or abuse”) to make the distinction clear. Normalize that many children in foster/adoptive care have complex trauma, which shapes how they respond to stress, attachment, and sense of safety often into adulthood.

# Content Delivery (cont.)

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## **7 Core Issues in Permanency (loss, rejection, shame, grief, identity, intimacy, mastery/control)**

Trainer focus: Present as a framework to understand common issues, not a checklist to diagnose.

Key point: These issues may surface at different times across the lifespan, for both children and parents. They are not problems to “fix” but realities to recognize and respond to.

Tip: Use simple, relatable language (think, “questions of identity may show up strongly in adolescence”) and invite participants to reflect on how these issues might appear in their family. Be sensitive, some parents may feel overwhelmed by this list. Reassure them that awareness is the first step to supporting their children. As Fred Rogers stated, “What’s mentionable is manageable”.

## **Positive Childhood Experiences (PCEs)**

Trainer focus: Balance the focus on trauma with hope and resilience.

Key point: Just as adverse childhood experiences (ACEs) shape development, positive experiences buffer stress, promote healing, and build resilience.

Tip: Encourage parents to recognize and create PCEs in everyday life. Most families already hope to promote stable relationships, feeling safe at home, having fun together, and belonging to a community. This section should empower. Remind families that they can actively build protective factors for their children.

# Content Delivery (cont.)

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## Session Three

- Attachment is a Spectrum
- Attachment Styles and Characteristics
- Impact of Attachment Injury
- Connections to Birth Family
- Adoption Disclosure
- How Parenting/Caregiving Impacts Adult Emotions/Attachments

### Attachment is a Spectrum

Trainer focus: Attachment is fluid, not fixed.

Key point: Children's ability to trust and connect varies based on past experiences and current supports. Parents should understand that attachment can grow and shift over time.

Tip: Normalize that attachment may not look the same in every family and that progress may be slow but is possible.

### Attachment Styles and Characteristics

Trainer focus: Use plain language to explain the four main styles (secure, avoidant, ambivalent, disorganized).

Key point: Parents may recognize traits in their child, or themselves, that align with certain styles. This can be eye-opening but also emotional.

Tip: Emphasize that attachment styles are adaptive responses, not "bad behaviors." Offer examples of how caregivers can respond to support healing.

# Content Delivery (cont.)

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## Impact of Attachment Injury

**Trainer focus:** Highlight how disruptions in early caregiving relationships shape behavior and relationships later.

**Key point:** Behaviors often labeled as defiance or indifference may be rooted in fear and mistrust

**Tip:** Encourage parents to see behavior as communication of unmet needs. Avoid language that blames the child or the caregiver.

## Connections to Birth Family

**Trainer focus:** Acknowledge that maintaining or honoring birth family connections can be complex and emotional.

**Key point:** Children often carry deep curiosity, loyalty, and grief related to birth family, even if contact is limited or unsafe.

**Tip:** Encourage openness and age-appropriate honesty. Avoid framing birth families as inherently dangerous or erasing their significance.

## Adoption Disclosure

**Trainer focus:** Stress the importance of ongoing, honest communication with children about their adoption story.

**Key point:** Secrets can damage trust, disclosure should be truthful, age-appropriate, and ongoing.

**Tip:** Provide scripts or examples to help parents navigate difficult conversations. Normalize discomfort and stress the long-term importance of openness and honesty.

# Content Delivery (cont.)

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## How Parenting/Caregiving Impacts Adult Emotions and Attachments

**Trainer focus:** Help caregivers reflect on their own attachment history and how it shapes their parenting.

**Key point:** Parenting a child with trauma may activate unresolved issues or stress in the caregiver. Self-awareness is critical.

**Tip:** Encourage reflective practice and self-care. Normalize that challenges are common, and seeking support is a strength.



## Session Four

- Therapeutic Parenting vs. Traditional Parental Roles
- Physical Discipline and Adoption/SPC
- Therapeutic Parenting Lens Shift
- Building Felt Safety
- Regulate, Relate, Reason (from the work of Bruce D. Perry, M.D., Ph.D.)
- Need for Support and Therapeutic Web (from the work of Bruce D. Perry, M.D., Ph.D)

## Therapeutic Parenting vs. Traditional Parental Roles

**Trainer focus:** Help participants understand that parenting a child who has experienced trauma requires a different role, not just more effort. This section is about shifting expectations from “raising a child” to helping a child feel safe, regulated, and connected.

**Key point:** Therapeutic parenting is not just a more patient version of traditional parenting, it is a different way of parenting. It puts safety, regulation, and connection first because many children in adoption and guardianship are still healing.

**Tip:** Use a simple real-life example (like mornings before school or a family outing) and ask what a traditional parent might focus on versus a therapeutic parent. This helps families see that the goals are the same, but the order of priorities is different.

# Content Delivery (cont.)

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## Physical Discipline and Adoption/Guardianship

**Trainer focus:** Be clear and firm that physical discipline is not recommended for children with trauma backgrounds.

**Key point:** Many families may come from cultural or personal traditions where physical discipline is common. Approach the topic without shame or judgement.

**Tip:** Present the material clearly and without judgment. Your role is to share research and best practices, not to convince every participant to change their personal views in the moment. If someone disagrees, there is no need to debate, simply acknowledge their perspective and state, “Research and best practices show that physical discipline is not effective and does not strengthen attachment for children with trauma histories.” This keeps the discussion respectful and shifts the focus on evidence-based information.

## Therapeutic Parenting Lens Shift

**Trainer focus:** Stress the importance of reframing behavior through a trauma-informed lens.

**Key point:** This shift can be difficult, especially for parents who expected traditional strategies to work or were raised in compliance focused environments.

**Tip:** Encourage curiosity over control (“What is my child’s behavior trying to tell me?”), reinforcing that change takes time for both parent and child.

## Building Felt Safety

**Trainer focus:** Explain that felt safety is different from physical safety, it’s the child’s internal sense of being safe.

**Key point:** Children with trauma often perceive threat even in safe environments. Parents need to show consistency, predictability, and calm responses.

**Tip:** Provide concrete examples, like predictable routines or tone of voice, that help build felt safety.

# Content Delivery (cont.)

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## **Regulate, Relate, Reason (from the work of Bruce D. Perry, M.D., Ph.D.)**

Trainer focus: Teach the sequence as a practical tool for de-escalation and connection.

Key point: A child must first regulate their body, then feel relational connection, before they can use logic and reasoning.

Tip: Reinforce that trying to reason before regulation usually leads to frustration.

## **Need for Support and Therapeutic Web (from the work of Bruce D. Perry, M.D., Ph.D.)**

Trainer focus: Stress that no family should do this alone, community and professional supports are necessary.

Key point: A therapeutic web includes multiple supportive adults and services who collectively help meet the child's needs.

Tip: Encourage parents to build their web intentionally, identify safe people, services, and resources. Share success stories where webs help stabilize families or provide positive outcomes.

# Participant Engagement Strategies

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Creating an environment that encourages active participation is key to meaningful learning. Trainers should use a mix of discussion prompts, small group breakout rooms, reflective questions, and interactive tools to maintain energy and connection.

Trainers should be prepared to use their agency's preferred interactive applications, such as Mentimeter, Word Wall, breakout rooms or Zoom polls and apps to promote active participation. While the training manual provides suggested tools and activities, trainers are encouraged to select platforms that they are comfortable using and that best fit the needs of their audience to reinforce the reflections included in the trainer's manual.

For web-based trainings, interactivity is essential to maintaining participant attention and involvement. Incorporating elements such as polls, games, breakout discussions, or word clouds helps parents stay engaged and prevents the session from feeling like a lecture. These interactive components not only make learning more enjoyable but also create opportunities for reflection, connection, and shared experience among families.

Acknowledging and validating participant input, especially when discussing sensitive and complex topics, builds trust. Trainers should also be ready to navigate silence or hesitation, offering encouragement and gently inviting voices into the space while allowing space for those who may need more time to reflect.

## Notes and Reflections:

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# Facilitation with a Trauma-Informed and Adoption Competent Lens

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Given the sensitive nature of adoption and SPC, trainers must approach facilitation with empathy and trauma-awareness. This includes setting clear expectations for psychological safety, offering grounding exercises when needed, and modeling respectful, attuned responses.

If a participant becomes emotionally activated or shares a difficult experience, trainers should respond with compassion and, when necessary, offer follow-up support or resources. Trauma-informed facilitation fosters trust and allows participants to engage more deeply with the material.

Adoption Competency includes a deep understanding of the lifelong nature of adoption and SPC, the core issues of adoption (loss, rejection, guilt/shame, grief, intimacy, control / mastery, and identity) and how they affect children and families, the typical challenges adoptive or SPC families may face. Adoption competent trainers should be aware of the impact of language and avoid using phrases such as “your own children” to refer to children born into a family or “real parents” to refer to a child’s family of origin.

## Notes and Reflections:

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# Trainer Support and Debriefing

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Co-trainers should set aside time after each session to debrief. These conversations provide a space to reflect on what went well, identify participant needs or concerns, and adjust strategies for future sessions.

Trainers with lived experience may need additional support due to the personal nature of the content. Agencies should encourage a culture of care by offering space for reflection, peer consultation, and strong supervision to prevent burnout.



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

Suggested citation:

Douglas, A., Kulesz, K., Love, S. (2024). AGPT (Adoption and SPC Preparation) Training. Harmony Family Center. Knoxville, TN

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



# Expectations & Motivations Session 1

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

## Slide 1

Welcome and Facilitator Introductions

Group Introductions

Housekeeping

## Slide 2

AGPT is designed to help deepen awareness and understanding about yourself and your child and to help build a strong foundation and lasting commitment for families who pursue adoption. We want you to know that you are not alone in this journey. There are many resources available as you navigate your life as a family

## Slide 3

Introduce the post-perm services in your jurisdiction.

Notes re: local services:

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## Slide 4

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

## Slide 5

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

## Slide 6

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

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

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

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



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

## Slide 7



**Participant guide  
page 3 linkage**

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

## Slide 8

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

## Slide 8 (cont.)

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

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

## Slide 9

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

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

## Slide 10



Facilitate group discussion regarding participant motives for adoption. Allow participants to share their experiences, focusing on adoption motives. Example question, "What brought you to adoption or guardianship?"



**Participant guide link**  
**page 3**

## Slide 11

Three common motivations for adoption include:

- Altruism, which means you are adopting to benefit the community or to be a "good" person or give back to the community
- To share your love with children and youth
- To grow your family

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

## Slide 12

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

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

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

## Slide 13



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

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



**Participant guide link  
pages 4-5**

## Slide 14

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

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

## Slide 15

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

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

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

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

## Slide 16

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

## Slide 17

We're going to explore 3 of these differences.

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

## Slide 18

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

## **Slide 18 ( cont.)**

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

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

Adoptees often deal with losses that are less straight-forward than this as well.

## **Slide 19**

Ambiguous loss happens when someone important to a child is either:

- Not with them physically, but still on their mind (like a birth parent in adoption), or
- There physically, but not present emotionally or mentally (like someone with drug or alcohol issues).

(Kor et al., 2023, p.239)

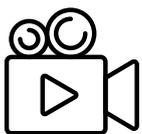
This kind of loss is especially challenging because the person isn't completely gone, and they are also not there either. Ambiguous loss creates a complicated kind of grief because there is no possibility of resolution for the hurting child.” (Boss & Yeats, 2014, p.64)

## **Slide 20**

Disenfranchised grief can also be described a “hidden grief”, because it describes losses that most people don't easily recognize or mention. Disenfranchised grief describes losses that aren't acknowledged by most of society, recognized publicly, or are not validated by the broader culture.

Many adoptees are told how lucky they are to be parented by their adoptive families. Messages like this often conflict with the adoptee's sense of sadness and loss, creating complicated feelings of invalidation, isolation, and depression.

## **Slide 21**



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

[https://www.youtube.com/watch?v=M\\_o4MAcvfc](https://www.youtube.com/watch?v=M_o4MAcvfc)



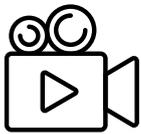
**Trainer Note:** After watching the video, process thoughts, feelings, and reflections with the group.

## Slide 22

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

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

## Slide 23



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

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



**Participant guide link  
pages 7-8**

## Slide 24

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

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

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

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

## Slide 25

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

## Slide 26



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

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

## Slide 27

While it's very typical to have fears and uncertainty around adoption or guardianship , you aren't alone. There are supports available for your family.

Know that you don;t need to wait until things feel overwhelming to ask to help. It's better for you to engage these supports before you reach a crisis point.

Research highlights several developmental points where adoptive/guardianship families are likely to need or seek additional support. When we can identify and name these common ly challenging times, it's easier to reach out for support when you need it.

## Slide 28

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

- A 2022 study reports, “One consistent finding in the literature is that adopted youth are recommended for and receive special education services at higher rates than do their non-adopted peers of the same age.” (Anderman et al., 2022, p.6)
- Children with Neonatal Abstinence Syndrome (NAS) sand substance exposure core lower academically than their peers across all testing domains. (Rees et al., 2020)
- “Children with NAS or substance exposure were significantly more likely to be referred for a disability evaluation, to meet criteria for a disability, and to require classroom therapies or services” (Conradt et al., 2019, table 1)

## Slide 29

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

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

Attachment and other relational challenges often surface during this stage. Normal sexual development can also trigger unresolved trauma, particularly for those who experienced early sexual abuse—even if they have no conscious memory of it.

Preverbal abuse can be especially confusing because it lacks explicit memory but is still held in the body and emotional responses.

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

## Slide 30

Many families find that they need resources many years after their adoption is finalized. Research suggests that most adoption that break down do so approximately 10–12 years after finalization.

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

## Slide 31

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

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

## Slide 32

Thank you for being here today and for the time and care you're giving to your family.

We know that adoption and guardianship can bring both joy and challenges, and you don't have to face those challenges alone.

We want your family to be successful and is here to offer support that's helpful, not judgmental. Our goal is to walk beside you as you build and strengthen your family.

You're not alone, and we're really glad you're here.



### Optional Virtual Closing

“What’s one expectation you realized might need to change as you continue this process?”

Type your answer into the chat before logging off

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# The Impact of Trauma

## Session 2

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



Participant Handout:

- Sensory Activities to Try

## Slide 1

Welcome and Facilitator Introductions

Group Introductions and house keeping



**Participant guide link  
pages 9**

## Slide 2

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

## Slide 3

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

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

## Slide 4

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

- Challenges during pregnancy, like exposure to drugs, alcohol or other chemicals before birth, moms who were exposed to high levels of stress or violence and mom's whose medical and other needs weren't being met.
- Trauma around birth like NICU stays or painful medical procedures
- Relational based trauma or loss like inconsistent caregiving or having a caregiver leave or die
- Physical or sexual abuse, household chaos, exposure to domestic or community violence, natural disasters

## Slide 5

Trauma happens when a child goes through something that makes them feel really scared, like they might get hurt or die.

## Slide 5 (cont.)

The key to this definition is the word "feel" What feels scary or dangerous to me, may not feel that way to someone else since our feelings and perceptions are based on our backgrounds, prior experiences, cultures, and skills.

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



### Group Discussion Activity:

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

Typical participant answers may include

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

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



**Participant guide link**  
**page 10**

## Slide 6

Complex trauma happens when a child experiences multiple painful or harmful events, and often the people causing the harm are the ones who are supposed to care for and protect them.

## Slide 7

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

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

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

## Slide 7 (cont.)

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

## Slide 8

Complex trauma impacts every domain of the developing child, becoming a part of the child's brain and body as they grow, we call these the 5 B's.

These B's impact how children

- think
- feel
- grow
- relate to others

## Slide 9

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

Children may display a variety of difficulties, including:

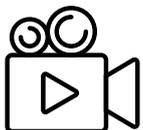
- Easily upset or stressed
- Problems with staying organized, planning and finishing tasks
- Poor memory



Give examples from your own work or lived experience.

## Slide 10

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



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

## Slide 11

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

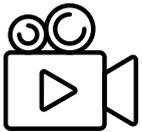
## Slide 11 (cont.)

Children with complex trauma often struggle with:

- Trouble falling asleep or staying asleep
  - Changes in how the body uses food and energy
  - Long-term changes in how the body and brain work, caused by stress and passed on to children, grandchildren and future generations, called epigenetic changes.
- A 2024 study reveals a correlation between early life stress in biological mothers and behavior challenges at ages 7 and 11 in their children. It's important to note that these mothers did not raise their children, as the test subjects were all adopted. (Leve, et al., 2024)

## Slide 12

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



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

## Slide 13

Children who have developed in survival mode and struggle with the impact of trauma may demonstrate behaviors that appear challenging or confusing.

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

- Has trouble thinking before acting
- Often feels out of control or overwhelmed
- Feels anxious, worried, or sad a lot
- Struggles to follow directions from adults
- Acts out with anger or aggression

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

## Slide 14

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

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

- The experience of trauma in childhood also increases the risk for many future health concerns like: stomach problems, like pain or digestion issues
- Unusual reactions to sound, touch, or other senses
- Heart that beats too fast or too slow
- Higher chance of serious health problems like cancer, liver disease, or broken bones

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

o

## Slide 15

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



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

## Slide 16

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

- Feeling good about themselves
- Trusting people
- Feeling like the world is a scary, bad, or unsafe place

These beliefs can be present whether a child has explicit memories of their harmful past experiences or not. In fact not having concrete memories often make these beliefs more confusing or distressing.

Many of the underlying beliefs and assumptions your child may have about themselves and the world can be understood by exploring the 7 Core Beliefs in Permanency.

## Slide 17

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



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



**Participant guide link  
pages 11-13**

## Slide 18

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

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

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



**Optional Reflection Questions:**

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

## Slide 19

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

## **Slide 19 (cont.)**

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

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

## **Slide 20**

Adoptees and other children who join permanent families through means other than birth may experience feelings of rejection at different stages of their lives. These feelings can be triggered by real or perceived experiences of being left out, different, or unwanted.

**Infancy:** Rejection may appear as difficulty forming attachments, resisting comfort, or showing intense distress when separated from caregivers. These responses can reflect early disruptions in connection or loss.

**Early Childhood:** Children may show rejection themes through big reactions to feeling left out, strong efforts to please adults, or becoming the “good kid” to avoid disapproval or conflict. These behaviors often come from a deep wish to belong and feel secure.

**Adolescence:** Teens may experience a powerful need to fit in and may change how they act depending on who they are with. Romantic relationships can be particularly complex, as fears of abandonment or rejection often surface more strongly during this stage.

Recognizing these patterns helps adults respond with empathy and support rather than frustration or judgment, reinforcing a sense of safety and belonging for the child.

## **Slide 21**

Families may sometimes feel hurt or rejected when their child pulls away from affection, shows strong attachment to their family of origin, or expresses interest in finding or learning more about their birth family and identity. These feelings are completely normal and understandable.

## Slide 21 (cont.)

However, it's important for parents and caregivers to take responsibility for managing their own emotions rather than expecting the child to change their behavior. Children's curiosity and connections to their past are healthy parts of identity development. Caregivers should seek support, through peers, professionals, or support groups, to process their feelings so they can stay present and supportive for their child.

## Slide 22

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

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

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

## Slide 23

Children may experience shame and guilt in different ways as they grow.

- **Infancy:** Some infants may not express their needs because they have learned to mistrust themselves and the adults who are supposed to care for them. These babies are sometimes described as "good babies" because they rarely cry or fuss, even when they need something. In reality, this can be a sign that they've learned not to expect their needs to be met.
- **Childhood:** As children grow, shame can look like self-blame. A child may believe they were removed from their family because of something they did wrong, or that they must be perfect to be loved and accepted. They may work hard to please others and avoid disappointing their adoptive family.
- **Adolescence:** For teens, shame often shows up as anger, defiance, or withdrawal. They may act like they don't care, or they might turn to self-harm or substance use to manage emotional pain.

Understanding these patterns helps caregivers respond with empathy and connection instead of punishment or frustration, reinforcing the child's sense of safety and worth.

## Slide 24

Parents may also carry feelings of shame or guilt when they realize they cannot undo or fix the impact that trauma has had on their child's life. They may feel heartbroken that their love isn't enough to take away their child's pain. These feelings are normal and often come from a deep desire to help and protect their child.

It's important for caregivers to recognize these emotions and seek support for themselves. Processing their own guilt and grief allows them to stay grounded, patient, and emotionally available to support their child,

## Slide 25

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

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

## Slide 26

Grief can appear in many different ways throughout a child's development.

- **Infancy:** Infants may show grief through increased irritability, anxiety, or changes in basic needs such as eating and sleeping. A lack of interest in comfort or interaction can also be a sign of distress.
- **Childhood:** In younger children, grief may look like hyperactivity, heightened anxiety, or acting out in ways that seem attention-seeking. Some children may show sadness or depression, while others express emotional pain through physical symptoms like headaches or stomach aches.
- **Adolescence:** Teens often experience grief such as irritability, anger, or depression. They may try to avoid painful feelings by staying busy, distracted, or absorbed in activities that keep them from processing their emotions. For older children and teens, special occasions, such as birthdays, holidays, or Mother's and Father's Day, can trigger intense waves of grief and loss.

Recognizing these signs helps caregivers respond with patience and understanding, offering connection and comfort rather than correction.

## Slide 27

Adoptive and guardianship families may also experience grief in different ways throughout their journey. They may grieve when the child they have loved and cared for expresses a desire to learn more about their family of origin. Families may also grieve the impact that trauma, loss, or prenatal substance exposure has had on their child's development.

It can be especially difficult when a child's longing for their birth family surfaces during holidays, birthdays, or special moments the family has worked hard to make meaningful. For some caregivers, unresolved feelings about infertility or the loss of the dream of a biological child may also reemerge over time.

These experiences of grief are normal. Recognizing and processing them can help families stay compassionate and emotionally present for their child, even when those feelings are painful.

## Slide 28

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

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

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

## Slide 29

Because the developmental goal of adolescence is to understand who you are and how you fit into the world, many teens in adoptive or guardian families struggle deeply with identity. Even in late childhood or the tween years, children may feel a constant sense of being different or out of place. They may believe that no one truly understands them or that they were not genuinely wanted.

Some teens experience body dysmorphia or feel that their inner sense of self doesn't match how they look on the outside. Older children and teens often express curiosity or longing to know more about their birth family, personal history, culture, or ethnicity, especially in transracial adoptions.

## **Slide 29 (cont.)**

These identity struggles are normal and can show up as anger, agitation, withdrawal, or isolation from their permanent family. Recognizing these behaviors as part of healthy identity development – not rejection – helps caregivers respond with empathy, curiosity, and openness rather than fear or frustration.

## **Slide 30**

Adoptive and guardianship families may also face their own identity challenges. These can arise when there is a consistent lack of privacy surrounding the adoption, for example, in transracial adoptions where differences are visible, and strangers ask intrusive questions about the family.

Parents may also struggle with feelings of inadequacy or self-doubt when they believe they are not enough to meet their child's needs. This can lead to guilt, shame, or a sense of being a “bad parent.” When children express that they don't feel like they belong in the family, or when they identify more strongly with their racial or cultural background than with their adoptive family, it can bring up powerful emotions for everyone involved.

These experiences are common and do not mean something is wrong with the family. Recognizing and talking about them can help parents respond with empathy, openness, and curiosity – creating space for the child's full identity to be seen and honored.

## **Slide 31**

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

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

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

## Slide 32

Issues related to intimacy can arise at any stage of a child's development.

- **Early Years:** Young children who have experienced trauma or inconsistent care may find it difficult to trust adults. They might resist comfort, avoid closeness, or struggle to form secure attachments.
- **Childhood:** As they grow, some children continue to have challenges forming and maintaining healthy relationships with peers, teachers, and other adults. They may misread social cues or struggle with boundaries.
- **Adolescence:** During the teen years, intimacy challenges often become more visible. Because forming close friendships and romantic relationships is a normal part of this stage, difficulties with trust and attachment can lead to patterns such as abruptly ending relationships, moving quickly from one intense connection to another, or seeking out unsafe or inappropriate forms of closeness, including sexual relationships.

Helping caregivers understand that these behaviors stem from early attachment wounds – not defiance – allows them to guide their teens toward safer, more stable, and emotionally healthy relationships.



### Optional Discussion Activity

#### Caregiver Response: Supporting Teens Struggling with Intimacy

- **Stay calm and curious.** When relationships become intense or chaotic, avoid judgment. Ask gentle questions to help your teen reflect on what they're feeling and needing.
- **Focus on safety.** Help your teen think about what safe, healthy connection looks like – emotionally, physically, and online.
- **Model healthy relationships.** Show what trust, repair, and respect look like in your own interactions. Teens learn more from what they see than what they're told.
- **Encourage supportive adults.** Make sure your teen has access to other trusted adults or mentors who can reinforce healthy relationship patterns.
- **Seek support.** If patterns of risky or self-destructive relationships continue, reach out for professional help. Therapists with adoption and trauma training can guide both the teen and family.

## Slide 33

Adoptive and guardianship caregivers may also face their own challenges in relationships. It can be very difficult to parent a child who avoids showing emotion, resists comfort, or does not return affection. These behaviors can feel painful and confusing, especially when caregivers are offering love and stability.

## Slide 33 (cont.)

Some parents may also feel overwhelmed or unsure how to respond to their child's intense emotions and relational needs. These reactions are normal and understandable. When caregivers seek support, reflect on their own emotional responses, and learn new ways to connect, they strengthen their ability to provide the consistent, nurturing relationships children need to heal.

## Slide 34

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

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

## Slide 35

Children who have experienced early trauma or disrupted care may struggle with learning, behavior, and emotional regulation as they grow, often due to challenges with mastery and control.

- **Infancy:** Even in infancy, these struggles can emerge as difficulty exploring or trusting new experiences. Infants may resist being soothed or show frustration when things feel unpredictable.
- **Childhood:** As children grow, they may show an intense and sometimes defiant need for independence. They might struggle with cause-and-effect thinking, become rigid or inflexible, fear change, or attempt to control adults and situations around them to feel safe.
- **Adolescence:** In the teen years, this can show up as perfectionism, a strong need to be right, or an ongoing sense of needing to be "one step ahead." Teens may also feel that life happens to them rather than believing they have any control or agency in shaping their experiences.

These behaviors often stem from early experiences where children felt powerless or unsafe. Helping caregivers recognize this underlying need for control allows them to respond with empathy and structure rather than power struggles.

## Slide 36

The core issue of mastery and control can also surface for adoptive and guardianship parents. Many caregivers struggle to feel confident in how to parent their child or meet their complex needs. Parenting may feel very different from what they imagined, leading to frustration, confusion, or self-doubt.

## Slide 36 (cont.)

Parents may also feel a deep sense of helplessness about the lasting effects of trauma or early experiences on their child's development. These feelings are normal and understandable. Recognizing them – and seeking support rather than trying to “fix” everything – helps caregivers regain a sense of balance, build confidence, and focus on connection instead of control.

## Slide 37

It's important for families to remember that struggles related to a child's brain, body, biology, behavior, and beliefs, as well as the need to address the seven core issues in adoption and permanency, are completely normal. These experiences are not signs of failure; they are part of the lifelong process of raising a child who is not biologically your own.

You cannot assume that love alone will overcome all challenges. Families need to be proactive, seeking out services and support to help our kids thrive and practice parenting strategies that help to form healthy attachments and heal trauma. Understanding this helps families approach challenges with compassion, patience, and curiosity, rather than shame or frustration.

 **Participant guide link  
page 14**

## Slide 38

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

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

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

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

## Slide 40

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

## Slide 41

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

## Slide 42



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

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

## Slide 43

Introduce families to the post-perm services landing page. Relate to the need for adoptive and guardianship parents needing to remain open to seeking help and support!



### Optional Virtual Closing

“What’s one positive childhood experience you can help create for your child this month?”

Type your answer in the chat before logging off.

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# Relational Health & Attachment Session 3

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

## Slide 1

Welcome and Facilitator Introductions

Group Introductions and housekeeping

## Slide 2

In today's session, we will explore attachment, also referred to as relational health, and talk about how strong relationships help children grow and develop. We will also talk about maintaining connections with children's birth families and how to share adoption stories in healthy ways. And we will close the session with the idea of “shark music”, or moments in parenting when fear or past experiences make us react strongly.

## Slide 3

Attachment is a strong emotional and physical bond between a parent and child. It lasts over time and helps shape how a child builds close and trusting relationships in the future.



**Participant guide link**  
**page 15**

## Slide 4

Strong attachment forms when a caregiver and baby interact in caring ways, especially when the baby needs comfort or support. Some time in a child's life are especially important for building health attachment, like when the baby is sick.

## Slide 5

physically hurt,

## Slide 6

emotionally upset,

## Slide 7

and especially when the child is scared or frightened. (Benoit, 2004)

## Slide 7 (cont.)



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

## Slide 8

The attachment system protects the child by regulating the stress response system. This is why many researchers describe attachment as a biological imperative.

While attachment appears to be universal, attachment behaviors vary cross-culturally. What is vital for all children, is the safety found in relationship and how that relationship impacts the nervous system.

## Slide 9

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



**Participant guide link  
page 16**

## Slide 10

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

## Slide 11

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

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

## Slide 12

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

## Slide 13

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

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

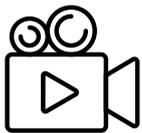
The avoidantly attached child might appear more like a cactus, prickly with spikes that keep adults at arm's length. This child may resist affection, nurture, or even having their basic needs met by caregivers. The Cactus Child is often incorrectly described as highly independent. However, this independence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

## Slide 14

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

## Slide 15

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



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

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



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

Did this information surprise you? Why or why not?

## Slide 16

As Dr. Perry described in the video clip, the lack of early attachment experiences damages healthy development.

Like physical injury, attachment injuries may range from very minor to extremely severe, with the impact on quality of life and future activity varying greatly



## **Slide 16 (cont.)**

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

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

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

## **Slide 17**

You may notice that children with poor relational experiences display delayed emotional skills. Many adoptive and guardianship parents report that their children behave in ways that are appropriate for children at around half their chronological age.

Other delayed emotional skills may show up as youth who are demanding and rejecting at the same time, become disproportionately angry or upset, are controlling of others, and have unpredictable outbursts of meltdowns.

## **Slide 18**

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

When children lack healthy attachment experiences, they often live in a pervasive state of dysregulation and distress, often very close to the edge of stress overload.

## **Slide 19**



### **Reflection Activity:**

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

## Slide 19 (cont.)



“Yes! Exactly.”

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

Many children who are adopted or in guardianship did not experience this early coregulation. Sometimes, this was because the caregiver did not offer it, and at other times, because the child was too physically ill or emotionally dysregulated to receive and internalize coregulation.

Adoptive and guardianship parents have an incredible opportunity to help their child heal and grow through coregulation in the present moment. By consistently offering calm, nurturing responses, parents help their child “catch up” and gradually develop the ability to self-regulate.

However, children who have experienced trauma or loss often need this type of coregulation much longer than children raised in their family of origin. This can leave caregivers feeling frustrated, drained, or believing that their child is being manipulative or immature. In reality, this extended need for coregulation is part of the healing process

## Slide 20

Some children who have been hurt in relationships only need a little support to heal and form safe, strong attachments.

## Slide 21

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

## Slide 22

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



### **Slide 23**

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

### **Slide 24**

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

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

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

### **Slide 25**

That contact with the child’s first family strengthens the child’s understanding of their cultural, racial, and ethnic identity.

This is particularly important for interracial adoptees. (Child Welfare Information Gateway, 2019)

### **Slide 26**

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

### **Slide 27**

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

### **Slide 28**

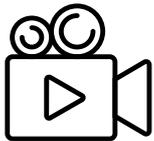
And finally, ongoing contact promotes and supports the child's attachment to their adoptive parents. (Riley & Singer, 2019) In fact, youth with access to information regarding their birth families report better communication with their adoptive parents. (Farr, Grant-Marsney, Musante, Grotevant, & Wrobel,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

## Slide 28 (cont.)

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

## Slide 29

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



Connections with Birth Families After Adoption – Birth Family Connections: (stop at 4:21)  
<https://www.youtube.com/watch?v=7m9RSyjsx0bY>



Allow families to process or express thoughts and feelings, this is a good place for trainers with lived experience to share their experiences, particularly the importance and practical understanding of maintaining connection.

## Slide 30

For children adopted before they can remember, it's important to disclose.

Disclosure means parents talk to their child about being adopted from an early age, so it's always been part of their story.

## Slide 31

Nondisclosure means the child isn't told they were adopted until they find out on their own or hear it from someone else.

For instance, an extended family member tells the child, or a teenager discovers their adoption decree when searching for another legal document. (MacIntyre, 1990)

## Slide 32

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

A 2019 study states that adoptees Kids who learned about their adoption before age 3, feel like they have always known and report better long term outcomes. (Baden et al., 2019, p. 1160)

### Slide 33

Many parents feel that they should wait until their child is older or they can understand the complexities of adoption, but research tells us that youth who found out they were adopted between ages 11 and 20 actually reported the lowest quality of life. (Baden, et al., 2019)

### Slide 34

And finally, adopted people said that finding out about their adoption later in life, rather than in childhood, caused problems with their feelings, relationships, and even their physical health. (Baden et al., 2019, p. 1169)



**Participant guide link  
page 19**

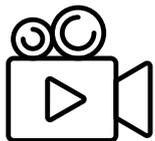
### Slide 35

Being honest about adoption, the complexities of maintaining birth family relationships and communicating with kids about their stories and histories can feel overwhelming to many adoptive and guardianship families.

Simply being a parent presents many challenges, and parenting children with attachment wounds requires extra time, attention, and patience. Often, adoptive and SPC families find themselves struggling internally.

### Slide 36

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



Being With and Shark Music Circle of Security International (4:34):  
<https://www.youtube.com/watch?v=78NarHOi7RQ>

### Slide 37

In the movie Jaws, there are peaceful scenes of people swimming at the beach. The water looks calm, the sun is shining and everything is fine. But then, the music changes. That creepy, low "dun-dun dun-dun." starts playing, and suddenly you feel nervous, even though nothing bad is going on in the moment. The "shark music" makes you feel like something terrible is about to happen.

In parenting, shark music is when your child does something normal like crying over something silly, pulling away, or saying no to you, but it brings up discomfort, painful memories or just pushes your buttons. Maybe big feelings weren't ok in your childhood, or maybe you were taught to be obedient at all times. So when your child isn't responding quickly or is expressing their big feelings, your "shark music" starts playing. You might feel angry, anxious, or even panicky, not because of what your child is doing, but because of what it brings up inside you.

## Slide 37 (cont.)

Understanding shark music helps us to pause and say, “This feeling is about me. My child isn’t the real problem. I need to calm myself so that I can respond in a way that solves problems rather than creating more.”

## Slide 38



Reflection and Discussion:

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



**Participant guide link**  
**page 20-21**

## Slide 39

All children with trauma histories, and their families, will experience shark music: those moments when something in the present stirs up fear, anxiety, or painful memories from the past. Recognizing shark music early helps families respond with understanding instead of reacting from fear or frustration.

The state provides a number of resources to help you recognize and manage shark music when it shows up. Remember, seeking support and using strategies early, before things feel overwhelming, is always best.

## Slide 40

Thank you for being here today and for the care and commitment you bring to your family.

We appreciate your openness and the time you’ve taken to learn and reflect. You’re not alone on this journey.

Support is available, and every step you take to understand and connect with your child makes a difference.



### Optional Virtual Closing

“What’s one insight from today that helps you see your child’s attachment needs differently?”

Type your answer into the chat before logging off

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# Therapeutic Parenting Session 4

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

## **Slide 1**

Welcome and Facilitator Introductions

Group Introductions

Housekeeping

## **Slide 2**

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

## **Slide 3**

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

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

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

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

For many families, this can feel challenging or overwhelming.

## Slide 4

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

Therapeutic parenting is a type of parenting that gives kids both strong boundaries and lots of care and nurturing. It helps children who've been through trauma feel safe and connected so they can start to heal.



**Participant guide link**  
**page 23**

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

While therapeutic parents have strong boundaries, they also have to be highly caring and nurturing. This means that the focus on care and connection is just as important as the focus on rules, expectations, and oversight. Nurturing parents value relationship with the child. They are empathetic and kind, even when holding a firm boundary; they are quick to comfort, assist with regulation, and show unconditional positive regard for their child, even when the child has misbehaved.



**Optional Reflection Questions:**

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



**Participant guide link**  
**page 24**

## Slide 5

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

**Focus on What the Child Doing Wrong vs. Strengths-Based Model:**

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

## Slide 5 (cont.)

- Eight-year-old Maya throws her homework across the room and yells, “I’m stupid!”

Traditional parenting response: Dad says, “That’s enough! You need to calm down and act your age,” sending her to her room for misbehavior.

Therapeutic response: Dad takes a breath, kneels beside her, and says, “I can tell you really care about your school work . Let’s take a break together and then figure out what’s feeling hard.”

## Slide 6

### **Control Based vs. Cooperative:**

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

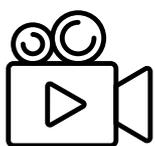
- 14 year old Jamir is asked to load the dishwasher but ignores the reminder and keeps watching TV.

Traditional response: The parent says, “You never listen! If you don’t get up right now, you’re grounded. I’m tired of asking you to do the same thing every day.”

Therapeutic response: The parent sets a clear boundary while offering choice and shared control: “Would you rather load the dishwasher now and knock it out early, or do it when you’re done with your show? I don’t have a preference – it just needs to be done before I start dinner at 5:30.”

## Slide 7

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



Sharing Power with Your Child (4:29):

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

## Slide 8

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

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

2 year old Michael throws food on the floor during dinner after becoming frustrated.

Traditional response: Mom says, "That's it , no more dinner for you! You're being bad," she smacks the child's hand and angrily cleans up the mess alone.

Skill Building response: The parent waits until the child has calmed down, then gently says, "Let's clean this up together," offering a towel and helping the child wipe the floor. Afterward, the parent reassures, "It's okay to feel mad, we can clean up and try again at breakfast."

 **Participant guide link  
bottom of page 24**

## Slide 9

Parenting can be compared to building a house.

In traditional parenting, the focus is often on higher-level goals like solidifying age appropriate behaviors, teaching values, building character, and helping children discover their interests. This is like decorating a home: choosing colors, adding furniture, and planning future improvements.

## Slide 10

However, therapeutic parenting starts with the foundation. Before you can focus on the "decorations," you must ensure the base of the house is strong.

In therapeutic parenting, the foundation is built on safety, connection, and emotional regulation, skills that typically develop early in life but may not have been firmly established for children who join your family through adoption or guardianship.

Therapeutic parents return to these basics, helping their child build or rebuild the foundation needed for healthy growth and relationships. Without a solid foundation, all the decorations parents hope to add will not hold up over time

## Slide 11

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

Let's look at some of this research:

Spanking is linked to higher levels of aggression, so this form of discipline may actually reinforce the very behaviors it is intended to reduce. (Finkelhor, Turner, Wormuth, Vanderminden, & Hamby, 2019, p.1991)

Teens subjected to corporal discipline in their childhood show increased activation of anxiety when they perceive they are making a mistake. (Burani, et al., 2023) This finding highlights why therapeutic parenting is so important, when parents focus on safety, connection, and regulation instead of punishment, children learn that mistakes are opportunities to grow, not threats to their worth or security

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

Spanking and other physical discipline, even after adoption, can create the same internal responses as previous abuse or maltreatment. Through calm, connected, and consistent responses, we help reduce fear and build the safety their brains and bodies need to heal.



Present the material clearly and without judgment. Your role is to share research and best practices, not to convince every participant to change their personal views in the moment. If someone disagrees, there is no need to debate, simply acknowledge their perspective and state, “Research and best practices show that physical discipline is not effective and does not strengthen attachment for children with trauma histories.” This keeps the discussion respectful and shifts the focus on evidence-based information.

## Slide 12

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

## Slide 13

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

## Slide 13 (cont.)

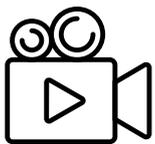
Therapeutic parents must be willing to discover the need beneath the behavior and then help their children meet those needs.

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

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

## Slide 14

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



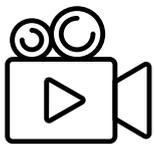
Dr. Stuart Ablon: Kids Lack Skills, Not Will...(1:19) video:  
<https://www.youtube.com/watch?v=Txzml1-yZn4>

## Slide 15

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



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



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

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

## Slide 16

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

## Slide 17

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

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

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

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

## Slide 18

Outside. This involves the child’s environment as perceived through:

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

## Slide 19

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

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

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

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

## Slide 20

Strategies to create felt safety include:

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

## Slide 21

Therapeutic parents use a brain-wise parenting approach.

## **Slide 21 (cont.)**

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

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

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

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

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

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

## **Slide 22**

Regulate means being able to adjust your energy and actions to fit what’s happening around you.

## **Slide 23**

As therapeutic parents, we play a big role in helping to teach our kids to manage their trauma-based feelings, like wanting to fight, run away, freeze, or shut down, by using tools that help them feel safer and in control.

## **Slide 24**

Being regulated doesn’t always mean being calm. It just means your child’s body and brain are working together in a way that’s not over or under-responding to the situation.

## Slide 25

Before our children can make behavior changes, there has to be a focus on regulation through the body and the senses. Engaging with kids through sensory activities like:

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

Anytime children are struggling we first start with regulation.



### Reflection and Discussion:

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

## Slide 26

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

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

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

## Slide 27

You can relate to your child by, showing empathy, staying in control of our own reactions, even when a child's behavior is challenging and using a kind tone and facial expression



### Reflection and Discussion:

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

## Slide 28

Only after regulation and relationship can one begin to reason. This means youth and caregivers must be calm, regulated, and feel safe before they can start learning from or reflecting on their behavior.

Only when children are in this state can they think about what they did, attempt to understand why they did it, repair their mistakes, and determine how to avoid these situations in the future. (Perry & Winfrey, *What happened to you?: Conversations on trauma, resilience, and healing*, 2021)

## Slide 29

Once children are calm enough to reason, which may take time, sometimes hours or even until the next day, they can begin to reflect on what happened.

At that point, they're able to talk about what went wrong, understand why they made the choice they did, think about how to handle similar feelings in the future, and make repairs or amends to anyone who was affected by their behavior.



### Optional Reflection and Discussion:

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

## Slide 30



Ask participants to take a moment to look at the image of the dysregulated child. Then invite them, if they feel comfortable, to close their eyes or lower their gaze while you read the story of an adoptive mother reflecting on her experience.

When my son was a preschooler, he had a particularly ugly meltdown in the grocery store.

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

Nothing worked and I was fuming. I finally picked him up, angry and agitated, and left the store in huff, fussing at him and feeling shamed and overwhelmed by the other shoppers watching us.

## Slide 30 (cont.)

“...As I described the situation to his therapist, complaining that my 4-year-old child with a history of neglect and food insecurity, ”Just didn’t respond to reason,” the wise clinician placed her hand on top of mine and replied, “Yes, that’s true, but remember, you can’t teach a drowning child how to swim.”

She explained that what I saw as a defiant meltdown after being told no to sugary cereal in the grocery store was my son’s sensitized stress response system reacting to the fear of not getting his needs met.

I realized that my lectures, well-thought-out explanations, and attempts to convince him through the threat of consequences would never work. To have full access to the logical, rational parts of the brain, the low brain must be regulated.”



### Reflection and Discussion:

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

## Slide 31

This session is only a starting point. Developing therapeutic parenting skills is a lifelong process, it takes time, patience, and continued learning, often over many years. Actively seeking out education, support networks, and resources is essential to sustaining your growth and meeting your child’s complex needs.

Surround yourself with people, tools, and communities that help you stay grounded and supported as you continue this important work. Several are listed on the slide.

## Slide 32

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

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

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

## Slide 33

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

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

## Slide 34

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

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

## Slide 35

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

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



**Trainer's Note:** please provide information about and referral to adoption-competent local services.

## Slide 36



### Reflection and Discussion Activity :

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

## Slide 37

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

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

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

## Slide 37 (cont.)



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

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

## Slide 38

There are many therapeutic parenting resources available for you right here in Kentucky. Scan the QR code to explore trainings, support groups, and materials designed to help you continue building your therapeutic parenting skills.

## Slide 39

Thanks so much for being part of the session, I appreciate your attention and willingness to think about parenting in a new way.



### Optional Virtual Closing

“What’s one idea from today that changes how you think about your child’s behavior?”

Type your answer into the chat before logging off

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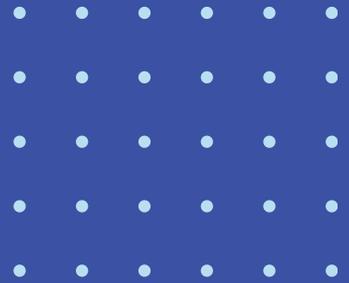
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# Supplemental Materials & Participant Handouts

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



# Sensory Integration Activities



# Child Appears Slow, Tired, or Under-Responsive



## Sensory Activities that Increase Alertness

### Proprioception: Body Activities

- Give myself a hug
- Hand massage (self or therapist)
- Seat push-ups
- Wall push
- Animal walks
- Climbing, hanging, or swinging
- Games with resistance bands / “Push me, pull you”
- Draping body over yoga ball or bolster to do floor or written work
- Sitting or bouncing on yoga ball



### Vestibular: Movement Activities

- Crossing midline exercises (Superman pose, army crawl, windmills)
- Music and movement games



### Tactile Activities

- Textured, firm fidget (spiky ball, racquet ball)
- Finding small objects in Theraputty or sensory bin
- Playing with clay or Playdough (squishing or using rolling pins to flatten)



### Oral Processing Activities

- Drinking water through a straw
- Mints or minty gum
- Crunchy snacks (carrots, pretzels, celery)
- Sour or spicy snacks
- Chewing on rubber bracelet (LiveStrong or Chewelry)
- Frozen snacks



### Temperature/Sensory Play Activities

- Play or game using freezer pack

# Child Appears Fast, Wiggly, Unfocused

Sensory Activities to Promote Calm and Focus



## Proprioception: Body Activities

- Weighted objects, weighted blanket, wearing ankle weights
- Deep pressure activities (kid taco: wrapping child in blanket, steamrolling with body roller or yoga ball)
- Playing catch or rolling with a heavier ball
- Joint compression exercises (jumping, bouncing on yoga or peanut ball, jumping jacks, pushing palms/soles of feet together)
- “Heavy work” activities (carrying loaded backpack, moving full laundry baskets, adding wrist weights while playing games)
- Give myself a hug
- Wall pushes
- Finger pulls
- Wheelbarrow walks
- Pull heavy items around on a sheet
- Swinging slowly
- Placing hands on child’s shoulders or head with safe, firm pressure
- Brain Gym Exercises



## Tactile Activities

- Rocking activities (rocking chair, rocking on yoga ball)
- Manipulatives such as stress balls, tangles, stretchy animals, textured balls
- Sitting on “wobble seat” or Dynadisc
- Stretching inside Body Sock
- Balance board



## Oral Processing Activities

- Deep breathing exercises
- Blowing pompoms or cotton balls with a straw (follow lines on paper as a game)
- Blowing bubbles

## Calming Environment & Sensory Regulation

- Reduce light and noise levels (headphones if needed)
- Calming olfactory experiences (smelling lavender, vanilla, etc.; can add scents to weighted object)



# Child Appears Self-Harming, Head Banging, Skin Picking, etc.



Sensory Activities that Create Safe Alternatives

## Proprioception: Body Activities

- Deep pressure in general area of harm or weighted item (e.g., weighted hat or compression headband for head banging)
- In crawling position, have child push head into soft object such as a pillow or beanbag

## Tactile Activities

- Highly textured manipulatives
- Temperature play (ice sensory bin, playing with warm rice sachet)

## Sensory Regulation Activities

- Vibrating objects



# Child Appears Anxious & Nervous

## Sensory Activities to Promote Emotional Regulation



### Proprioception: Body Activities

- Weighted object or blanket
- Hanging (head toward floor) over yoga ball or edge of sofa, chair, bed, etc.
- Deep breathing
- Metronome games, clapping to a slow steady beat



### Tactile Activities

- Ripping paper (junk mail or newspaper – see who can make the biggest pile)
- Soft tactile objects (stuffed animals, baby blankets, etc.)
- Play with vibrating toy or object



### Visual Activities

- Kaleidoscopes or I-Spy tubes
- Visual calendar of session activities
- Yoga prompt cards



### Oral Processing Activities

- Blowing bubbles
- Blowing up balloons
- Blowing through a straw
- Games with party blowers (remove whistles if necessary)

### Auditory Activities

- Noise machine (especially heartbeat sound)



# Child Appears Hitting, Kicking, & Throwing Objects



Sensory Activities that Help Redirect Energy & Frustration

## Vestibular: Movement Activities

- Walking or running
- Stomp on rubber stress balls
- Change the environment (go outdoors and throw balls or kick rocks)
- Add large motor activity to daily sensory diet / engage in activity before session begins



## Deep Pressure Activities

- Add heavy work to daily sensory diet / engage in activity before session begins
- Add shoulder, hip, and ankle compressions to daily sensory diet / engage in activity before session begins
- Massage shoulders, hips, ankles



## Safe Throwing and Kicking Activities

- Provide appropriate objects to throw or kick (wadded paper, beanbags, ping pong, foam or rubber balls for throwing, foam blocks, beanbags, or floppy stuffed toys such as Beanie Babies for kicking; use targets to create games)
- Play with splat balls
- Play with water balloons



## Tactile Activities

- Digging in sensory bins or sandbox



# Child Appears Seeking Environmental Input



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

## Tactile

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

## Auditory

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

## Visual

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

# Child Appears Seeking Environmental Input



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

## Oral Processing & Taste

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

## Olfactory

- Scented lotions, hand sanitizers
- Scent matching
- Incorporating scent into other sensory activities: (warm lavender glow stick bath, cedarwood scented rice bin)

## Visual

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

## Vestibular: Movement & Balance

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

# Child Appears Seeking Environmental Input



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

## Proprioception: Body in Space/Heavy Work

- Hanging
- Joint compressions Create sensory “hideaway” with cushions, under a table, between objects, etc. for environmental compression
- Compression garments: Under Armor, Target has an in-store brand
- Body sock
- Weighted objects- vest, blanket, stuffed animal, scarf, hat
- Incline sitters, Dyna-Disc
- Heavy work- push, pull, carry heavy objects such as items in a wagon, books in a backpack, creating heavy work games
- Push on large therapy ball with someone else giving resistance from the other side.
- Have child hold therapy ball with arms and legs while lying on his/her back. Try to take the ball away and tell the child to hold on to the ball as hard as he can
- Blankets: burrito games, swaddle (with child consent and arms outside)
- Yoga ball: steam roller, back bends, sitting
- Trampoline, Bosu Ball
- Crawl Tunnel
- Bikes, scooters, Plasma Car
- Theraband activities



# Child Appears Avoiding Environmental Input



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

## Tactile

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

## Auditory

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

## Visual

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

## Oral Processing & Taste

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

## Olfactory

- Avoid scented household products and personal care products

## Vestibular: Movement & Balance

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

# Child Appears Avoiding Environmental Input



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

## Proprioception: Body in Space/Heavy Work

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

