



Trauma-informed parenting

A guide for families



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Important note: The following publication is research-based. However, this guide does not replace consultation with a clinical professional. It's not a replacement for therapeutic or medical advice.

The content of this guide includes general descriptions of traumatic events. This guide is intended to avoid triggering details. However, there is mention of self-harm, violence, sexual abuse, intergenerational trauma, suicide, and loss. Some of the information or examples may be triggering for some readers.



Introduction

Chances are, you or someone you know has experienced trauma. Almost two-thirds of Canadians report that they've experienced a potentially traumatic event. All adopted and foster children have experienced at least one potentially traumatic event: the removal from, or loss of, their first family. Many have experienced other traumas, too. That's why it's essential for all caregivers to understand trauma, its impacts on children, and the behaviours it can cause. This knowledge will empower you to respond to the child or youth with sensitivity and respect.

As your child's caregiver, you play a significant role in their healing journey. You can help them work through their trauma and grow into a happy, healthy adult. How? Through persistent love and patience and by teaching them healthy ways to self-regulate, express themselves, and cope with challenges.

A NOTE ON TERMS: As you read this guide, you will notice that some words are bolded. That means there's a definition of that word in the Terminology section on page 50. Flip back and forth as needed, and check out the Resources section on page 49 for even more info.

This guide is for you!

We chose to use the term "**caregivers**" because this guide is not just for adoptive parents—it's also for grandparents, aunts, uncles, siblings, guardians, foster parents, biological parents, and any adult who takes care of a child. If you want to learn about trauma-informed parenting strategies and the impact of trauma on children, this guide is for you.



Learning about trauma

What is trauma?

Trauma is an emotional response to one or many distressing experiences that exceeds one's ability to cope. It's important to understand that trauma can be different for everyone. An event that may not be traumatic to one child may be very traumatic to another child.

Trauma can be **single-incident** or **complex**. Single-incident trauma is related to a one-time event, such as witnessing an act of violence, a single occurrence of abuse, or a natural disaster. Complex trauma refers to the impact of chronic exposure to trauma, such as ongoing abuse by a parent or multiple foster care placements. Complex trauma is more common than single-incident trauma, especially in children in care.

Some people think that if a child is too young to remember the trauma they experienced, it won't affect them. However, research shows that even if a child can't remember what happened to them, their body will still experience the impacts of the trauma.

The types of trauma most relevant to children in the adoption context are **developmental** and **intergenerational** trauma.

Examples of common trauma causes:

- Neglect
- Physical, sexual, or emotional abuse
- Death, loss, or separation from family members
- Prenatal, birth, and perinatal experiences (poor prenatal care, maternal stress, exposure to drugs or alcohol, etc.)
- Family, community, or school violence
- Serious parental illness
- Bullying
- Extreme poverty
- War and displacement
- Life-threatening accidents or illness

This list is not extensive; trauma can be caused by many things.

Trauma responses

The most common trauma responses are fight, flight, freeze, and fawn. These responses are ingrained in the body and the brain. They help keep people safe in dangerous situations. These responses can vary from person to person. One person might become speechless when confronted (freeze). Another might resort to physical aggression (fight). Some choose to befriend the threat, hoping that will keep them safe (fawn). Others flee the situation entirely (flight).



“We have learned that trauma is not just an event that took place sometime in the past; it’s also the imprint left by that experience on mind, brain, and body. This imprint has ongoing consequences for how the human organism manages to survive in the present. Trauma results in a fundamental reorganization of the way the mind and brain manage perceptions. It changes not only how we think and what we think about, but also our very capacity to think.”—Bessel A. van der Kolk, *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*





A child's developing brain

The brain develops more rapidly in infancy and early childhood than at any other stage of life. As a child grows, their brain forms and strengthens connections, each creating a different pathway. The more often a pathway gets used, the stronger it becomes. Unused or infrequently used pathways get discarded (this is called **pruning**).

Children without trauma usually develop healthy response pathways that guide them through everyday situations. When a child experiences and responds to trauma, their brain focuses on reinforcing trauma-related pathways, discarding other pathways. Trauma responses become part of their brain “wiring.”

Learn more about how trauma impacts a child's brain [here](#).

Trauma triggers

Due to their history of trauma, your child's “smoke detector” (Amygdala) is extra sensitive. Their “smoke detector” can be triggered anywhere, at any time. A trigger is something that occurs outside of your child's trauma but reminds them of it. Sometimes a child is aware that they have become triggered, and other times, they may not know

what is happening to them.

Even when a child is completely safe, a smell, word, facial expression, song, or even posture can bring them back to their traumatic experience. When a child gets triggered, they will return to their trauma response (fight, flight, freeze, or fawn).

The best way to handle

triggers is to develop some “standard operating procedures” for when they occur.

1. Recognize the trigger
2. Check and verify safety
3. Self-soothe/ground
4. If possible, create distance from the trigger
5. Acknowledge the difference between then (trauma) and now (safety)



Developmental trauma

Developmental trauma applies to traumatic events that occur in utero or during infancy, childhood, and youth. Developmental trauma refers to both the traumatic event and the impact on body and brain development. Young children are often the most vulnerable to this type of trauma and the most impacted by its effects.

Intergenerational trauma

Intergenerational trauma refers to a phenomenon where the effects of trauma on one generation impact following generations. The lasting impact of trauma on a parent can influence their behaviour, communication style, parenting, and connection with their children, who in turn are affected by the trauma experienced by their parent.



Indigenous communities and intergenerational trauma

Systemic violence and discrimination, residential schools, the 60s Scoop, the pass system, and other forms of oppression have traumatized generations of Indigenous people. The trauma of racism and colonization continues to this day. Indigenous children are overrepresented in the child welfare system, which is both a cause and an effect of this intergenerational trauma.

“In the case of Aboriginal mothers, stories of government involvement in family life often go back generations. The legacy of removing children from their families and communities, first through the residential schools, and then through the child protection system, continues to impact the lives of these mothers, their children, and their grandchildren.”—Pivot Legal Society, *Broken Promises*

If you are a caregiver to an Indigenous child, it's important to understand that working through intergenerational trauma can't happen without their culture and community. To help your child begin their healing journey, educate yourself first. Learn as much as possible about your child's specific Indigenous nation and culture. Reach out to their extended birth family and community for guidance, if you can. Visit your local Friendship Centre for services, programs, information, and support. Help your child build relationships with elders and mentors. Nurturing these connections at every opportunity will strengthen your child's sense of identity and significantly benefit them in their healing journey.

“Reconciliation begins with recognizing that children have an inherent right to maintain connections to their families, extended families, and their culture in order to develop a strong identity and a healthy sense of belonging in this world.”—Indigenous Perspectives Society staff

Resources

Watch the following videos by Dr. Michael Yellow Bird, PhD, a professor at the Faculty of Social Work at the University of Manitoba, to better understand the impacts of colonization and neuroplasticity:

- [Colonization, Decolonization, and the Medicine Wheel](#)
- [Decolonizing the Mind: Traditional Healing Contemplative Practices](#)



Trauma impacts

The symptoms and effects of trauma can appear in many ways. Here are some common examples:

Physical:

- Heightened **cortisol** levels
- Fatigue
- Headaches
- Pain
- Eating and sleeping disorders
- Weak immune functioning
- Worsening of existing health issues

Emotional:

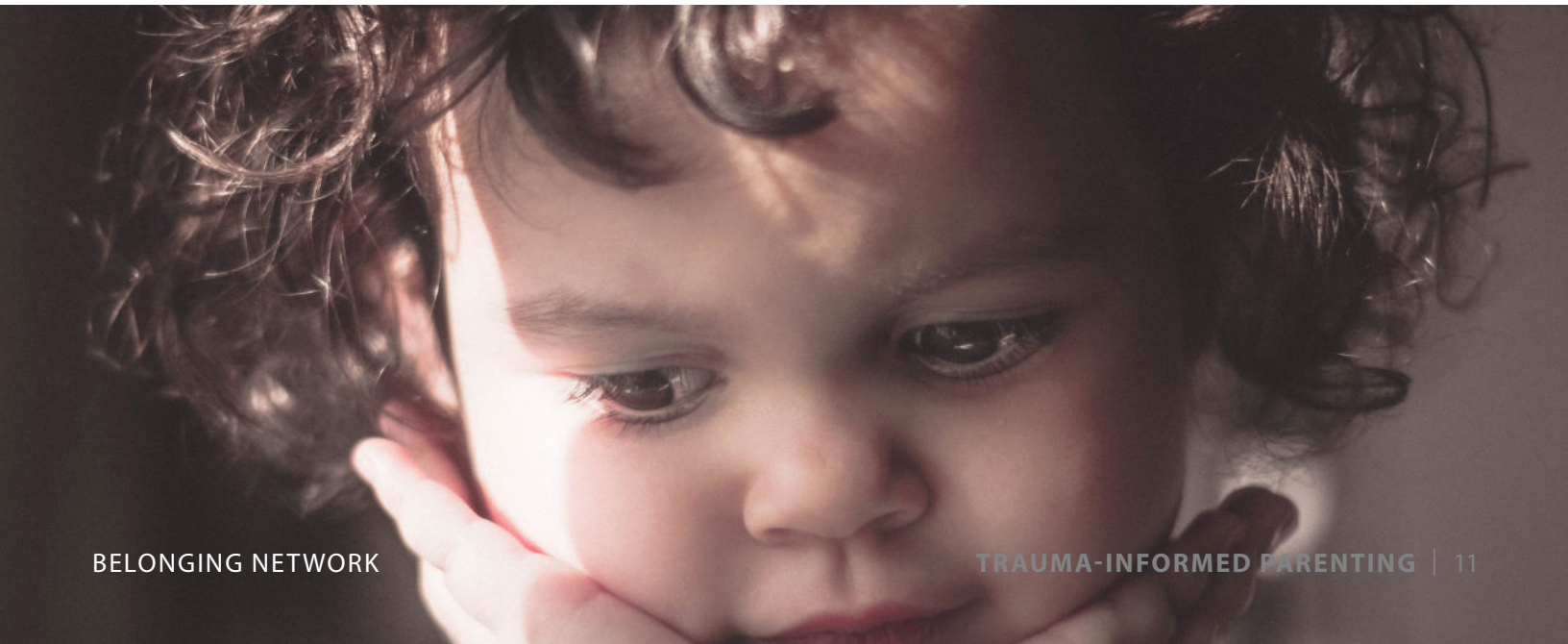
- Unpredictable/explosive reactions
- Higher rates of mental illness
- Anxiety and increased sensitivity to stress
- Fear
- Feelings of helplessness and shame
- Withdrawal

Behavioural:

- Highly reactive or **dysregulated** behaviour
- Poor impulse control
- Difficulty making and keeping friends
- Risk-taking behaviour
- Challenges with attachment

Cognitive:

- Difficulty with problem-solving
- Language delays
- Difficulty recognizing emotions
- Concentration challenges
- Poor memory
- Challenges understanding and recognizing social cues





Adverse Childhood Experiences (ACEs)

Research studying ACEs shows the linkage between potentially traumatic early adverse childhood experiences and heightened risk of long-term health issues. If a child has experienced one or many of the following events before turning 18, they have experienced ACEs:

- Experienced or witnessed violence
- Experienced abuse or neglect
- Had a family member attempt or die by suicide
- Grew up in a house with substance use problems, mental health problems, or instability due to separation or family members being incarcerated

Many children have experienced one or more ACEs. As the number of ACEs increases, their risk of chronic health problems, difficulty with employment, mental illness, and substance use increases. Building awareness of ACEs, fostering loving relationships, and a safe environment are all important steps to help protect children from further traumatization and the consequences of ACEs.

Learn more about ACEs here: [Adverse Childhood Experiences \(ACEs\): Impact on brain, body and behaviour](#)

Is it possible to recover from trauma?

Yes! Both adults and children can heal from trauma. With persistent, nurturing, safe relationships, support to learn strategies to regulate, and the education and time to work through experiences and pain, a child can grow beyond trauma and live a long, healthy, happy life.

Impact of trauma on children in care

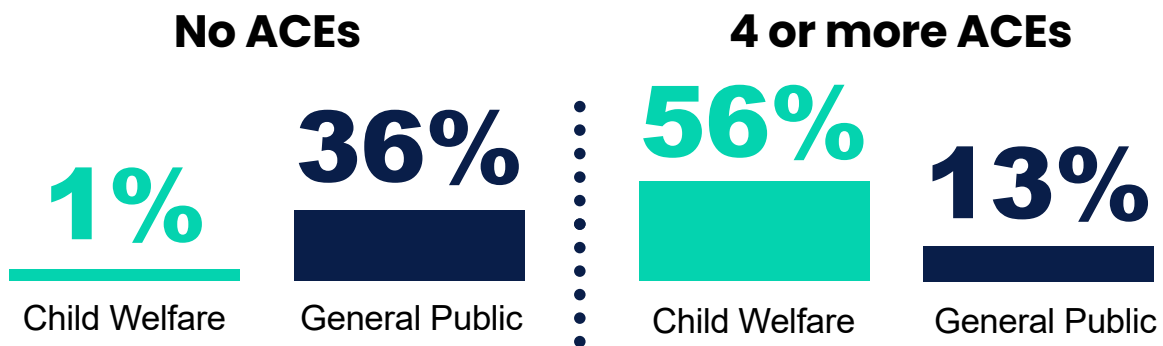
Adverse Childhood Experiences (ACEs) is the term used to describe all types of abuse, neglect, and other potentially traumatic experiences that occur to people under the age of 18.



Children who experience 4 or more ACEs are **12X** more likely to have negative health outcomes in adulthood



Children in care experience more ACEs than those who have never been in care.



Children in care are **5X** more likely to have anxiety, depression and/or behavioural problems than children not in foster care

38% of children under 3 in the child welfare system have 4 or more ACEs

Information sourced from [Centers for Disease Control and Prevention](#) [Generations United](#)



Trauma-informed parenting

What is trauma-informed parenting?

Trauma-informed parenting is about understanding, recognizing, and responding to your child's trauma. It can be challenging. Sometimes, it may go against your instincts, differ from what the media teaches about parenting, or contradict the strategies that your parents used with you when you were a child. It's okay to make mistakes!

Being a trauma-informed parent does not necessarily require disclosure of trauma. The important thing is the emphasis on safety and relationship. A trauma-informed parent creates an environment where their child can recover safely and free from **re-traumatization**.

- Guiding principles of trauma-informed care**
1. Trauma awareness
 2. Safety and trust
 3. Choice, collaboration, and connection
 4. Strengths-based and skill-building

Recognizing, understanding, and responding to trauma

Recognizing the signs and symptoms of trauma will help you respond appropriately. Trauma presents itself in a variety of different ways. It can look like a child is misbehaving, rebelling, aggressive, or purposely disrespecting you. These are common behaviours for a child who has experienced trauma. Try your best not to take it personally.

If you can, speak to your child's previous caregivers, social workers, and support team to learn as much as possible about your child's story. However, while information is important, you don't need to know everything to be able to help your child. Responding to trauma allows the caregiver to teach the child they are safe. When your child feels safe, their healing process can begin.

How can I teach my child that they are safe?

Safety is predictability

A consistent routine is vital for children with trauma backgrounds. Surprises can be stressful and alarming. Try to keep your family on a regular schedule, and ensure your child knows how their days and weeks will look. Use a calendar or a **visual schedule** your child can access and understand.

Safety is choice and accessibility

Age-appropriate choices are crucial to help your child gain a sense of control and learn that they are trusted and valued. Simple daily choices can make the difference (for example, let them choose which book to read at night, which colour apple for a snack, which PJs to wear to bed). If the child can't make a choice, try collaboration instead.

Easy access to things they need is also a critical part of safety. Ensure that your child has easy access to water and snacks. Remind them they can get a glass of water or a granola bar anytime they want. Make sure they know they can grab a sweater if they're cold or change their shirt if it's itchy. A child who has experienced neglect, poverty, or abuse may not know they have these options.

Safety is kindness

Give your child lots of verbal reminders that you love them and that they are safe. Avoid sarcasm and pranks in your family while your child is healing. These playful habits could be easily misinterpreted as aggression or an attack. The primary goal should be building relationships and attachment. It might take time, but it's something to work towards daily.

Communicate that what happened to your child is not their fault. Reassure them that their brain chooses how to respond to trauma, not them. Let them know that the brain is repairable and that they don't need to go through this alone.

“One thing I have learned is that you eat a lot of humble pie as a parent. Despite our professional backgrounds, previous experience in parenting and fostering, you just can't know what to expect until you go through it; every kid is so different, and every reaction/action will be different again depending on the mix of siblings at the time.”—Kelly Brinton, adoptive mother of five



Ask the expert: The nature of healing

Gordon Neufeld, Ph.D. clinical psychologist and founder of the Neufeld Institute

I will try to summarize my experience from a half-century of working with parents and professionals regarding their special needs kids, traumatized kids, foster kids, drug-exposed kids, and adoptive kids. My contribution is more in the sense of providing some perspective. It's easy to lose the forest for the trees when there are daunting challenges and when the adults in charge have lost their confidence.

To distill it to the essence, I would say that there are two keys to dealing effectively with such children; two things to remember when coming up against challenging problems or suspected dysfunction. These would be true for any child but are more imperative with the traumatized or dysfunctional child, as we tend to lose our intuitions when up against problems that are outside of our expectations.

First Key

The first key is to always retreat to relationship. Attachment is our preeminent need, even trumping survival. The reason for this is that it's through attachment that our survival needs are most likely to be met. When there is anything wrong in the brain or in the body, the wired-in response in the brain is to retreat to the foundational dynamic of attachment. This is thus the answer then for anyone dealing with traumatized

children: to always retreat to matters of relationship. This means lots of playful collecting, bridging anything that could come between, focusing on the continuity of connection, and refraining from any separation-based discipline, including using what a child cares about against them. It also means cultivating attachments between the child and anyone involved in their care or education.

The bottom line is to increase the child's attachment to you and to reduce the separation they face. Since some children with difficult attachment histories are reticent to form new attachments, it also involves using play as a primer for attachment. If you can find what is playful for the child, they will become engaged in the activity and, by default, become engaged with you.

So, the first mantra when dealing with a traumatized or dysfunctional child is to retreat to matters of relationship. This is even more important than knowing what happened to the child, or the nature of the particular

dysfunction. One needn't become an expert in the effects of severe stress or the impact of maternal substance abuse on the child. The bottom line is that one must be willing to reduce expectations on behaviour and to recreate the needed external 'womb' through cultivating the attachment between the child and the adults responsible for them.

Second Key

The second key is to resort to play and to playfulness, when up against challenging problems. Play is one of three basic human drives (the other two being attachment and achievement). Play is a form of active rest, and it's the state of rest in which all growth, recovery and rehabilitation take place. Rest is also the state from which the brain can find work-arounds for the



disabilities and dysfunctions that exist, regardless of where they originate from. So, when in doubt, resort to play and playfulness, trusting in nature to do what only it can do. It may take a bit of trial and error to discover the play that engages the child.

Injecting playfulness into an activity is also the main way to manage a child's behaviour, especially where there is not sufficient attachment power coming from the child to evoke within them the desire to be good. In fact, the use of play, along with ritual and routine, should always be the main ways of managing behaviour when challenging problems exist.

The last thing we want to do is increase the level of frustration or push their face into separation through time-outs and use what they care about against them. So, given the increased likelihood of problem behaviour in children who have experienced adversity, and

the counter productiveness of conventional discipline, play should become our go-to instrument to elicit the compliance we need in order to take care of these children.

While there can be hundreds of things wrong in the brain or its functioning, we don't need to know the details of the dysfunction or the history of the child in our care in order to help.

The human brain is remarkably resilient if the conducive conditions exist so that nature can do its work. Regardless of what is wrong, these two conditions are always the same: safe relationships with caring adults to recreate the womb of attachment and plenty of play in which the brain can recover and reset.



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Understanding attachment

Attachment patterns are all about connection. A child first starts to develop attachment patterns when they are a baby. Infancy is when they first learn how to relate to their caregiver. Some infants learn that their caregiver will be responsive and available to meet their needs if they cry. Others learn that when they cry, they will be met with nothing.

Click [here](#) to learn more about Attachment Theory and the four types of attachment.

“For years mental health professionals taught people that they could be psychologically healthy without social support, that ‘unless you love yourself, no one else will love you.’ The truth is, you cannot love yourself unless you have been loved and are loved. The capacity to love cannot be built in isolation.”—Bruce D. Perry, *The Boy Who Was Raised as a Dog: And Other Stories from a Child Psychiatrist’s Notebook*

The good news is that you can change your child’s attachment style and related behaviours. Consistent interaction with a responsive caregiver can help a child with insecure attachment develop secure attachment.

Strengthening attachment

Strengthening attachment is an ongoing task that takes place every single day. You strengthen the child-caregiver attachment every time you respond to your child's needs, take care of them, and interact with them.

Strengthening attachment is fun! Share laughter and silliness with your child as much as possible. Playtime is when your child can escape their state of alarm and just be a kid. Playing is restful for your child's brain. Playing with toys, sports, or even video games with your child are great ways to start to grow that attachment. Spending time together outside is great for burning off energy while building connections. Cooking, building things, drawing together, and even driving in the car are activities that allow you to be together without the pressure of direct interaction or eye contact.



A parent's story: Attachment is a thousand little moments

By Alison Wagler

I remember when our three children first came home. Not only were we trying to survive some pretty chaotic moods and behaviours as we adjusted to living together, but it also felt like the race to attach was on.

During our AEP (Adoption Education Program), we had heard about how most kids coming from foster care would struggle with attachment issues. We listened intently to all the suggestions for how we could create bonds with our children. I took notes with all kinds of ideas of how I could make sure our kids would attach to us.

Once our kids were placed, I worried daily what would happen if our kids didn't attach to us. I planned all kinds of fun outings to create family bonding... which often went sideways as we didn't know our kids well enough yet to predict their triggers!

I worried that they wouldn't attach to us as well as their foster parents. I was anxious if my kids seemed to warm up to new people too much. If I didn't handle a situation well, I worried it would affect how our kids

attached. I felt so much pressure. So, I kept on trying to make attachment happen.

Six years later, I know that attachment is a thousand little moments that happen along the way. Attachment often happens when you aren't looking.

Attachment is when you get up with your kids when they are sick in the middle of the night and joke that you are "Puke Patrol" instead of "Paw Patrol". Attachment is a thousand bedtime hugs, kisses, and tickles. It's when your teenager comes home late at night and tells you about his day sitting on the end of your bed. It's finally figuring out their favourite meals or creating your family signature dessert (ours is "Wagler Mud Pie").

It's going sledding with the neighbours when you get your first snow day. It's family movie night when you

laugh at the same scene. It's that time you broke the tent trailer (yup, that happened). It's all the times you show up to pick them up after school or day-care every day. It's when they let you hold them close after bandaging up their scraped knees. It's audiobooks in the car (we like How to Train your Dragon) or singing along to a favourite song. It's campfires and s'mores in the summer and forts in the living room in the fall.

Attachment is a thousand little moments good and bad, that weave together to form a family. It's the



everyday moments that happen all the time when you are there, day after long day, for your kids.

So, if you are a new family and feeling the pressure to attach, it's okay to relax. There is so much going on! Your moments will

happen... maybe even when you least expect them. Just keep showing up. When they do happen, celebrate them, no matter how small they may seem.

If you've been a family for a while now, stop for a minute and look back on your

thousand little moments. There have been some highs and lows, haven't there? But you haven't given up. Be thankful for how far you've come. You are doing an amazing job.

Understanding behaviours

“You can't handle me.”

A child who has experienced trauma, especially related to shifting from caregiver to caregiver, will often feel untrusting of their caregivers. The child may have been removed in the past because of behaviours that caregivers couldn't handle. They may try everything they can to push their caregiver away to “prove” that they will be rejected again.

Difficult behaviours can be a way of unconsciously testing whether their caregiver will stick with them.

“It was our eldest son who precipitated a crisis in our family. I felt like this child set out to drive me crazy. It was as if he were saying, ‘I'm gonna be so bad you'll have to send me back. You say you love me, but I'll prove you wrong.’ He discovered my buttons and learned how to push every single one of them.”

—Kelly Brinton



Behaviour as communication

Often, children who have experienced trauma display challenging behaviours. While these behaviours can be distressing, it's essential to view the behaviour as a form of communication. Behaviours are the child's way of communicating when they don't know how else to express themselves. The caregiver's job is to translate this behaviour into the message the child is trying to send.

There are various ways to categorize behaviours. The most common two categories of behaviours for children with trauma are comfort-seeking and protecting. When trying to understand your child's behaviour, ask yourself: Is this comfort-seeking or protecting behaviour? Most behaviours fall into one or both categories. There is detailed information on both types of behaviours, including lots of examples, later in the guide.

It's in the moments of severe, frustrating, and overwhelming behaviours that a caregiver must meet their child with strong expressions of compassion, acceptance, and love. Through the caregiver's persistence and patience, the child can slowly learn to replace challenging behaviours with healthy communication. They can begin to understand that despite their past, they are safe now, and they are heard.

Understandably, caregivers often find this to be extremely challenging. It's difficult to be patient and loving with a child who seems to be working overtime to push you away. You won't always respond perfectly. Forgive yourself for your mistakes and keep trying.



A parent's story: Survival, learning, and healing

Anonymous adoptive parent

First, let me start by saying I had no idea how naive I was. We adopted an 8-year-old and a 10-year-old. We were taught that there would be trauma with kids in the foster system and going through adoption. I understood this intellectually. I didn't grasp it emotionally or cognitively until I myself was diagnosed with post-traumatic stress disorder.

How kids behave when trauma is involved is very different. One thing that drove me crazy was the lying. It was so bad that it became a very hot spot in our home. Our values of truthfulness and honesty were not at all respected. We didn't understand until years later that what it meant to our kids was nothing like what it meant to us. They were in survival mode. That switch to this day has not turned off in either one of them, and I don't think it will. So, in learning this discrepancy in a core value, we had to work to find a solution that allowed everyone in the family to feel safe. That was challenging.

I wish I knew when we first adopted that the most fundamental thing our kids from trauma needed was to feel safe. Our kids were older, and with the help of a

counsellor (with an adoption specialty) who witnessed and corrected my wording, the kids' interpretation, and gave other pieces of input, I learned what they needed specifically to feel safe. This came up from time to time and would change depending on what else was going on. A specific example is that our oldest wanted a copy of their new birth certificate and signed adoption papers. Once they got those, we saw a huge difference in behaviours.

One of the biggest things I have learned from my own experience and the healing process is that the brain works so differently during times of trauma. Also, how we are triggered and how to manage those triggers. As an adult, it wasn't easy to learn. Then, realizing what it was like for the kids. It was almost impossible for them to put it into words, as they didn't understand cognitively what was going on.

So, we learned to look for signs. Our youngest would go into a catatonic state; fetal position, feral breathing, and non-verbal. When we learned

more about this, we would just sit there and not say anything or touch them until they came to us. Slowly, it would happen less and less. Part of the triggered behaviour would be the freeze. They would not say a word and just stand or sit like a statue. Our older child would fawn. They'd try to make everyone else happy. They'd do things to deflect the behaviour they had. The older child was also very good at being a chameleon.

Again, with big triggers, the freeze would come into play. These are responses from our nervous systems. And as parents, we can miss these clues and think our kids are being difficult or defiant by not answering. Then, we may give them trouble for just trying to survive.



Common behaviours: Why and what next

Note: Examples below include behaviours that could be caused by various things. They do not always indicate trauma. Neurological differences (such as ADHD, Autism, etc.), mental illness, health conditions, and psychiatric conditions unrelated to trauma can be linked to many of these behaviours.

Behaviours in the comfort-seeking category:

A) *Self-harm*

Self-harm can take many forms, such as cutting, burning, hair pulling, or hitting. It's often used as a tool for soothing or as an outlet for relief. Self-inflicted injuries can also be a way to distract from emotional pain. The self-harm is often followed by feelings of shame, causing the cycle to continue. Self-harm affects the brain similarly to addiction, in that the more the child self-harms, the more severe the harm will need to be to bring the same feelings of relief.

Self-harm is concerning due to the safety risk it poses to the child. Seek professional help if your child is self-harming.

What to do:

- Don't ignore it; address self-harm before it escalates.
- Seek outside help. Professionals are well equipped to help address self-harm.
- Find a time when your child is relaxed and have an open conversation. Be supportive, be empathetic, and listen. Don't contribute to the **stigma** of self-harm. Your child is likely already experiencing shame and guilt.
- Steer clear of punitive consequences, rules, and ultimatums.
- Brainstorm alternative coping techniques (for example, distractions, putting ice on the skin, painting in red, hot shower, etc.) and identify triggers.
- Create a safety plan together. Talk about first aid and how your child can care for their injuries if you're not home. List trusted people they can go to for help. Provide a list of numbers to call in case of a medical emergency.





B) Laying on the floor, laying across tables or desks, fidgeting, and hiding

These behaviours are often related to sensory needs. Some behaviours are **sensory seeking**, while others are **sensory avoidant**. When a child is lying on the floor or hiding in a dark area, they may feel overwhelmed or threatened by noises and visual stimulation. This behaviour is sensory avoidant and is the child's attempt to meet their sensory needs. If they are sensory seeking, they may use **vestibular stimulating behaviours** (spinning, rocking, twirling) or seek out particular textures and scents. Or they may seek bodily support by leaning on or spreading their body over furniture.

What to do:

- Try to identify their sensory needs. Ask for their input. Think about what happened before, during, and after their behaviour that may have caused it. Then try to meet those needs more appropriately.
- Try sensory tools/ strategies such as noise-cancelling headphones, fidget toys, and weighted vests or blankets.
- Avoid strongly scented products until you know which ones are preferred (candles, essential oils, perfume, hair products).
- In situations you anticipate will be challenging for your child, you may need to reduce expectations to meet their needs. For example, you may decide to let them sit on the ground while waiting in a long line-up.



Behaviours in the protective category:

A) *Shutting down or “Laziness”*

When a child gets quiet, ignores you, avoids eye contact, or walks away, they may be retreating to their freeze/flee trauma response. They may be overwhelmed or feel threatened. What may look like laziness could be the result of learned helplessness. Children who have suffered neglect or abuse may have learned that nothing they can do will change things.

What to do:

- Remind the child that they are safe and protected, then give them space.
- Do an activity near them. For example, play with Lego. Make sure it’s an activity they could enjoy with you. Don’t go on your phone or do work on your laptop. Don’t invite or push them to join you. Be quietly present. They may choose to join you.
- Give them opportunities to use their power often; show them that their effort can produce results.

B) *Saying “I hate you,” slamming doors, and swearing*

When a child tells their caregiver they hate them, it’s not an attack on the caregiver. Although it can feel very personal, it’s more likely that the child feels self-hate and is directing it outward. The child could also be anticipating rejection from their caregiver. They may be attempting to prepare themselves or trying to quicken the process.

Sometimes, these behaviours are a form of attention-seeking or a way to cope with feeling unheard or ignored. Some children may swear to evoke a response from their caregiver.

What to do:

- Give lots of positive attention throughout the day.
- Reassure your child that you love them—no need to dwell on it or overcorrect. Instead, say, “Well, I love you a lot. Want to help me feed the dog?.” Or whatever activity was already planned.
- Don’t take it personally or hold grudges. Avoid telling the child that their words are hurting your feelings. They probably aren’t ready to understand that.
- Come up with a standard response to say when these behaviours arise. Avoid making it personal, like saying, “Slamming the door hurts my ears.” Instead, say something more neutral, like “Let’s not break the door.” Or ignore it.
- Create a routine of undivided attention time for the two of you. For example, every day dance at 7 a.m., play Lego at 4 p.m. for 30 minutes, and read stories at 8:30 p.m. For some children, a visual reminder of this schedule can be helpful (put it on the calendar). This routine must not be dependent on behaviour. Don’t take that special time away as a punishment for mistakes or misbehaviour.
- In response to attention-seeking behaviour, don’t increase or decrease the amount of attention you were already giving your child. Instead, remind them how excited you are to spend time with them. For example, “Well, let’s not break the door. By the way, I am super excited to play Lego with you today at 4”.





C) Aggression

An aggressive child is usually responding to feelings of fear triggering their fight response.

Aggression at school is common and is usually caused by an overwhelming level of stimulation. Work with the school team to identify triggers and implement preventative measures to ensure the child feels safer and more comfortable at school.

If a child is aggressive toward their sibling, they may be trying to attract parental attention. If a child feels that their sibling is a threat to their relationship with their parent, they may act violently toward them.

What to do:

- Try the FLIP-IT strategy to respond to aggression. (See p. 32)
- Reassure your child of their safety.
- Identify fear triggers.
- Prioritize safety.
- Prepare options for activities ahead of time (keep a coat accessible to go for a walk when needed, keep a soccer ball nearby for spontaneous games). This will make it easier to transition to a safe activity.
- Help your child develop regulation and coping strategies to replace the aggression. Don't try to teach techniques while the child is in a state of alarm. Only teach when they are calm.

Sibling-specific aggression

- Reassure your child of their importance in your life.
- Dedicate one-on-one time with each child individually.

It's important to implement boundaries to ensure your safety. It's essential to keep yourself safe to prevent injury and burnout. You can't be an effective parent if you are physically hurt or afraid of your child. Others in the house also need to know how to protect themselves and who to go to for help. If your situation becomes severe or dangerous, it's time to access outside support.

D) *Laughing at inappropriate times*

Just like adults, children often demonstrate their anxiety by laughing. If your child laughs at an inappropriate time—say they hit another child and then laugh or giggle when someone else is crying—don't be alarmed. It isn't because they genuinely think it's funny. It's just their body responding to their discomfort and anxiety.

What to do:

- Ignore the behaviour. Treat it as if the child has just said, "I'm feeling uncomfortable." If possible, adjust their environment to relinquish their discomfort.
- If this behaviour is common, talk about it with everyone who interacts with the child (their teacher, family, neighbours). Ensure that they understand your child's laugh reaction is an anxiety response, not the child genuinely enjoying themselves.
- Rehearse important events with your child. The more familiar they are with the situation, the less discomfort they'll experience, and the lower their chances of laughing will be. For example, before attending a funeral, show the child pictures or YouTube videos of funerals and talk about what they might see or experience to prepare them for the event.
- Reading age-appropriate books about emotions and anxiety can be an excellent way to spark conversations about anxious feelings.

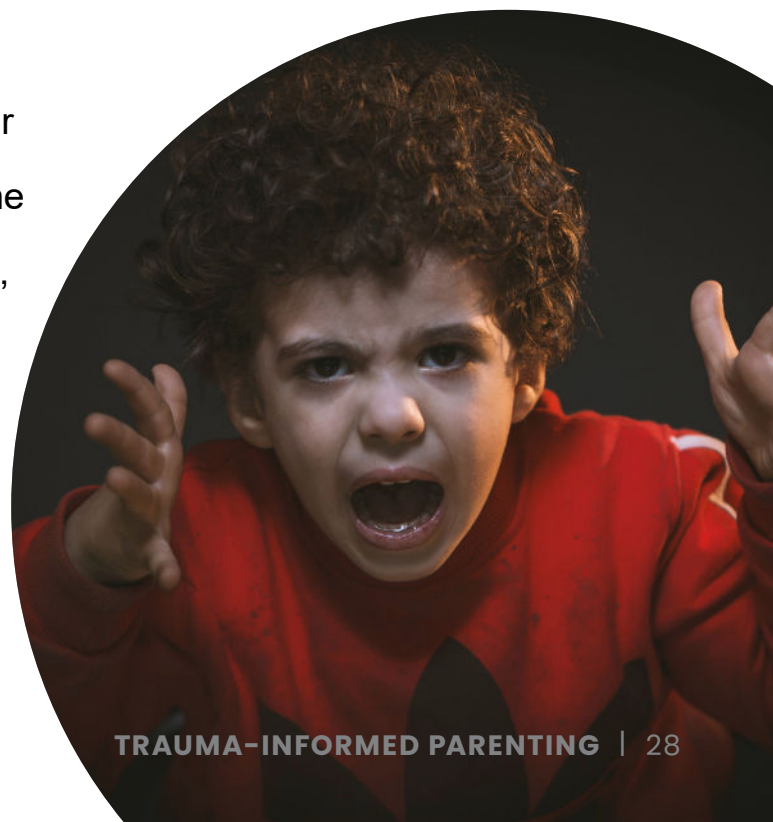
E) *Constant arguing*

Constant arguing is a desperate attempt to keep their caregiver engaged and connected. It's a tool to ensure they will be noticed and spoken to. A child with a history of trauma will interpret any type of attention (even negative) as a sign of affection and love.

If a child argues intermittently, it's important to look for the reason. Are they arguing because things are unpredictable? Do they feel that things are unfair? Are they hungry? Do they only argue on the drive to church? Or in the hallway at school? Consider their environment to find the cause of their arguing.

What to do:

- Respond in a way that disrupts and distracts from the situation. For example, "Okay, looks like we'll have to agree to disagree, let's go grab the mail," or "Hmm, that's an interesting perspective!". Investigate their environment to find out what the reason may be and, if possible, address it.
- Don't argue back; getting into a power struggle will worsen the situation.
- If they only argue sometimes, assume they have a good reason.



Behaviours in both comfort-seeking and protective categories:

A) *Stealing*

A few different things can drive the act of stealing. It may be a response to past scarcity—of food, toys, or clothing, for example. They may steal to ensure they get their “fair share” of things. It may be an attempt to gain a sense of control, a response to feeling that everything has been taken from them. Lastly, stealing can result from poor impulse control or an attempt to fit in with peers.

What to do:

- Speak to your child calmly, softly, and lovingly. Model forgiveness and understanding. Collaboratively create a plan to make it right.
- Reassure your child that you can separate their behaviour from them as an individual. For example, say, “I love you. It’s just the behaviour I don’t like.”
- Show your child that you value their belongings and that their things are not at risk of being taken away.
- Give your child the opportunity to earn things that they want.
- Avoid shaming, threatening to call the police, calling them a “thief,” or engaging in power struggles. Don’t hold grudges. Keep moving forward!



B) *Lying*

Lying is usually a fear response. Often, when a child lies, it’s to avoid something they feel threatened by. Sometimes the tendency to lie is also habitual. A child who has witnessed or participated in a lot of lying may not understand the social norms around it.

More commonly, habitual lying comes from the child’s need for comfort. When a child doesn’t have the care they need, they might cope by telling themselves, “I’m not hungry” or “I’m okay. I don’t need anyone to look after me.” The child learns to tell themselves lies to gain control and feel less vulnerable.

What to do:

- Take a deep breath, and do not allow yourself to engage in your emotional stress response. This will only escalate your child’s stress and fear.
- Reassure your child that you are there to protect them and that you will keep them safe.
- Don’t call your child a liar. If a child or youth has FASD, they may be confabulating rather than lying. Learn more about confabulating [here](#).
- Help your child understand that you will love them even when you don’t trust that they’re telling the truth. Remind your child: “Nothing will stop me from loving you, even lying.” Remind them that they are more important than the lie they told.
- Don’t continue to bring up a previous lie. Let it go.
- Read more from Deborah Hage about habitual lying and helpful strategies [here](#).

C) Hoarding and food-related behaviours

Hoarding and other food-related issues can be the result of food- or mealtime-related trauma. If the child has experienced food insecurity, they may overeat or hide food to ensure they get enough. The habit of taking food and keeping it for later can become ingrained in the brain at a young age. It may stick long after food becomes readily available.

Sensory aversion or stimulation overload can cause food challenges and picky eating. Some children are extremely sensitive to textures, smells, and tastes, which can look like picky eating.

Eating disorders are common in teenagers, especially in those who have experienced trauma. Often, they stem from a need for control or self-esteem issues. Remember that eating disorders can occur in all children. They are not gender-based disorders. Binging and purging, overexercising, calorie counting, and extreme fear of gaining weight are all signs of disordered eating. If your child shows signs of disordered eating, contact a professional.

What to do:

- Maintain a regular mealtime schedule.
- Collaborate with your child on the menu.
- Always ensure easy access to food and snacks.
- Do not force your child to eat food they don't like, especially if their aversion is related to sensory issues.
- Reassure your child that there will always be enough food for everyone.
- Contact a professional. There are effective therapies for food-related difficulties.





D) Challenging authority

Challenging authority is a way to gain control. A child who has experienced trauma has likely been disappointed by adults in the past. They may feel that trusting others is too much of a risk to their safety.

If your child constantly challenges authority, it may mean they've had to take on too much responsibility. They may be used to cooking, taking care of their siblings, choosing their bedtime, and making all the decisions themselves. This is sometimes called **parentification**.

What to do:

- Ensure that your child has a variety of healthy ways to feel in control. For example, give them opportunities for leadership, teaching younger siblings, self-guided time, daily choices, and collaboration in family decisions.
- When your child challenges you, give them a choice and move on. For example, if your child is arguing about dinner, you could say, "I'm going to have pasta. You can choose if you want pasta or a sandwich". Then, redirect to a different conversation or activity.
- Avoid arguing back, and never engage in a power struggle. For example, don't respond with "Stop challenging me. I'm the parent, and the parent makes decisions." This response won't help the situation. If they have been parentified, it also isn't true to their experience.

Taking care of a child with challenging behaviours can be a draining task. Ensuring that you are carefully attuned to the behaviour and needs of your child takes a monumental amount of patience and energy. Staying calm in stressful situations, meeting your child's anger with love, and not taking their actions personally are strenuous standards to uphold.

Remember that you are doing a wonderful thing for your child and that it's okay to make mistakes! Make sure to take time for yourself to decompress and debrief. Your well-being is important, too. Access support, practice calming activities, and give yourself a big pat on the back. You're doing great!

The FLIP-IT strategy

FLIP-IT is a basic, evidence-based strategy to respond to your child's challenging behaviours. The acronym FLIP works like this:

Feelings: Recognize and acknowledge the emotions behind the behaviour.

Limits: Remind the child of the boundaries of appropriate behaviour.

Inquiries: Ask the child what they think is the best way to move forward.

Prompt: Offer options for healthy alternative behaviour and coping.

Practice the FLIP-IT narrative by yourself before you use it with your child. That way, you'll be ready to use it even when you're stressed or uncomfortable.



Example: Let's say your child tries to hit you. After attempting to block the hit, here is how you might respond:

F "Wow, Johnny. I see that your face is red, and you're breathing fast. You must be angry."

L "Don't forget, in this house, we don't hurt each other."

I "What should we do with that anger?" (Listen to your child's ideas)

P "Should we..."

- Jump on the trampoline?
- Listen to your favourite song?
- Yell into a pillow?"

The child may be unable to answer the inquiry, which is okay. Ask them anyway and give them a chance to respond. It can also be tricky to find a prompt that works, and it will often take time to find the best calming strategy. Don't give up! Consistency is key.

For a more detailed explanation of the FLIP-IT strategy and some great examples, watch the free webinar [here](#).

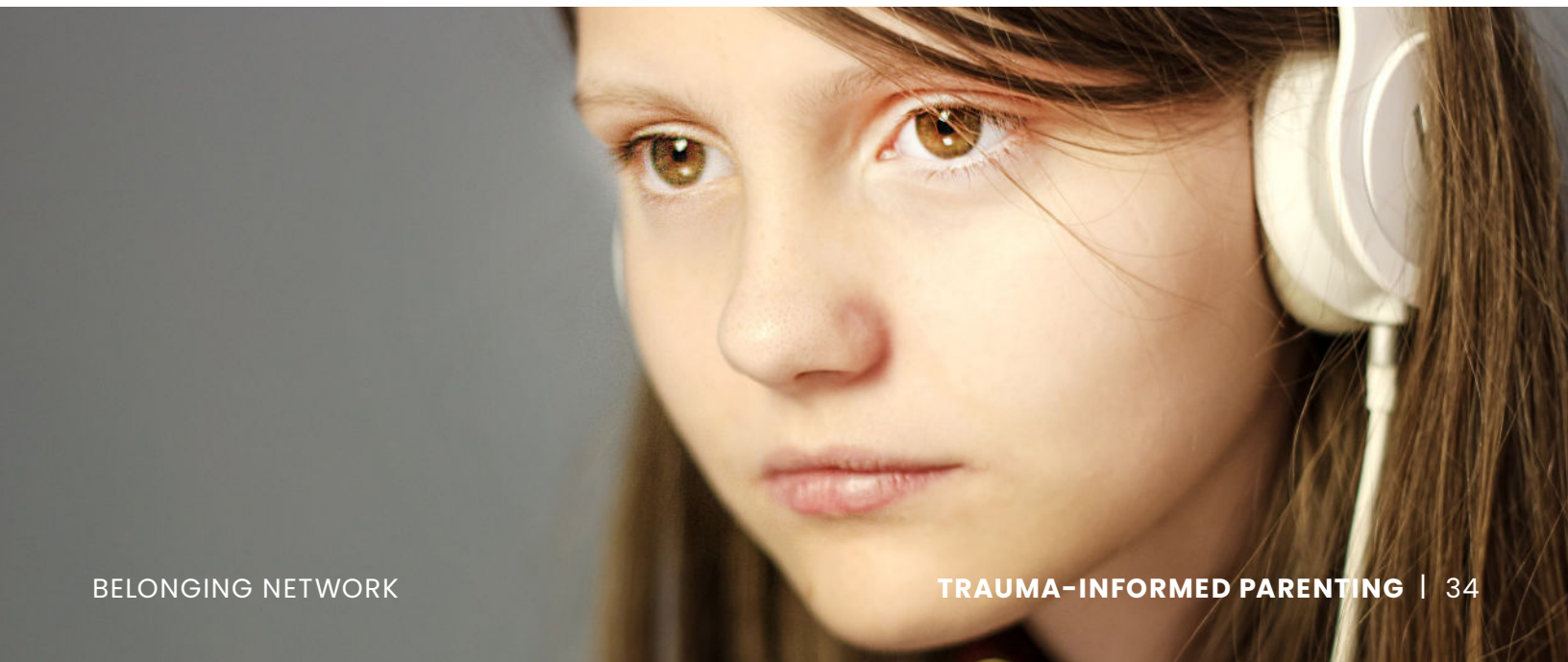


Simple parenting strategies

- **Use time-ins instead of time-outs.** Time-outs can reinforce your child’s fear of rejection and isolation. Ask your child to sit near you instead and ask them what they need to be able to join the preferred activity again.
- **Know yourself and your strengths.** Reflect on your triggers. What behaviours are most challenging for you? What helps you calm down? What parenting style were you raised with, and how does that impact your parenting?
- **Document your child’s behaviour to find trends.** Documentation can help identify triggers and unmet needs. Is the front porch a common location for an argument? Maybe the texture of the porch is sticky and uncomfortable on their feet, or perhaps being there reminds your child of being taken away from their previous home. Date, location, time, activity, and people involved are all factors that can give information about the cause of your child’s distress.
- **Catch your child “being good,” and praise them as often as possible.** Give specific praise. For example, “I noticed you hung up your jacket without me asking; I’m so proud of you!”. Give clear instructions on how to complete a task, then praise them for every step they complete.
- **Meet your child where they’re at, not where you want them to be (or where other kids their age are).** Due to trauma, your child’s brain is developed differently than other children’s. Don’t try to force your child to match an unrealistic standard.
- **Apologize for your mistakes.** Mistakes happen! Apologizing for your mistakes is great modelling for your child and helps foster a mutually respectful and trusting relationship.
- **Implement transition strategies.** Transitions are hard for all children, but for a child who has experienced trauma, change may feel especially scary. Make sure your child

has lots of notice before a transition occurs. Create a transition routine. For example, try singing, dancing, playing music, or talking about what to expect during the next activity.

- **Set up a quiet corner.** Create a safe and peaceful space in your home where your child can go to de-stress. A quiet corner is not a place to send a child for a time-out. It's a spot that your child can choose to go to when they need a break. Fill the area with soft, calming, preferred items (for example, pillows, blankets, stuffed animals, stress ball, colouring books, calm music, dim lights, etc.).
- **Talk about emotions.** When your child is calm, asking them about their feelings can be helpful. While children often can't verbalize triggers or feelings, sometimes they can surprise you if you ask. However, it's important not to force your child to talk about emotions if they aren't ready. If they seem uncomfortable, try expression through playing or art.
 - Name some emotions and ask them to choose which ones they remember feeling. Validate that all feelings are okay.
 - Talk about how bodies change when feeling different emotions. Use relatable examples (stomach ache before bed, sweaty palms during an exam) to help them connect their feelings to their body.
 - Display a feeling chart with visual representations of emotions to demonstrate how each emotion can look. Have your child move a magnet to the image that they can relate to at that moment.
- **Keep a shared diary.** Communicating through writing can help you to think carefully and edit before the other person reads it. Try keeping a journal that you share with your child. Encourage your child to express themselves freely, but avoid negativity in your entries.
- **Teach and practice self-regulation tools.** Self-regulation is a steep learning curve for all children. For those who have experienced trauma, it's also a re-wiring of their brain's natural responses to stress. Try these [breathing exercises](#) or using the [Zones of Regulation](#).





- **Practice grounding techniques.** When a child is in a state of alarm, their body relives the trauma they've experienced. Grounding techniques can help the child feel present in the current moment and separate themselves from the memory of the trauma. Learn about some techniques [here](#) and [here](#).
- **Create a Lifebook** or a Welcome book for (or with) your child. Read it together to help them contextualize what happened in their early life, who they are now, or where they want to go in their future. Click [here](#) for examples.
- **Try activities that foster attachment, connection, and safety:**
 - "I love you rituals" are fun little rhymes to recite with your child. They create a daily opportunity to connect and have fun together, often with themes of acceptance and unconditional love.
 - If your child doesn't have early mementos, it can be healing to create them together. For example, paint your child's hands and have them make a print on a piece of paper, scan it to the computer and shrink it to make a baby hands memento.
 - If your child longs for their birth family but doesn't have contact, encourage them to write letters. You can read them together if they want and brainstorm how their family would have responded. Alternatively, you can burn the letters or put them in a bottle in the ocean.





Talking about trauma

A summary of Dr. Samantha L. Wilson’s webinar with the Coalition for Children, Youth and Families, *Everyday healing: Naming adversity and loss*

Talking about trauma can be challenging, emotional, and overwhelming, but it’s essential to healing, processing, and fostering hope. If you can talk about hard things, your child will be open to it too. Seeing their caregiver’s strength can reduce the child’s shame or fear about their trauma.

As children age, change, and learn, they will have new questions and thoughts about their experiences. Strategies for communicating about trauma vary. Talking about trauma is an ongoing activity.

It can be scary to remind a child of their trauma. However, they haven’t actually forgotten. They know a lot more than they get credit for! Just because they aren’t talking about it doesn’t mean they aren’t thinking about it. Your role is to show the child that they can safely express themselves. For a child, meaningful learning doesn’t usually happen because of one long conversation but rather in small, everyday opportunities and moments.

Infants and young toddlers:

- Start telling their story before they can fully understand it. This allows you to get comfortable with it and gives them vocabulary for when ready to start talking about it.

Example: “When you lived with Mama A, it was really scary sometimes. That was not your fault. Now, your body gets confused if it’s safe or not.”

Pre-schoolers:

- Children at this age may re-enact their trauma with toys or use symbolic play to show emotions of loss, betrayal, or isolation.

Example: If a child is playing with a toy puppy and says it's been left alone without a mommy, you can respond by saying, "Aw, that must have been so scary for the puppy. The puppy deserves to be protected. Look! Here comes a grown-up dog to take care of the puppy. She loves the puppy and will keep her safe now." This type of play is helpful for young school-aged children, too.

- Play together. You can use play to reinforce that you will keep them safe.
- Explaining all the details is not necessary. You only need to provide the basics to help the child remember (not relive) their trauma.

Example: "When you were younger, you got hurt and had to go to the hospital. It was painful and scary to go through that, even though the doctors were helping you. Now, you're here. You're safe and healthy. The scary things won't happen anymore."

It's important to separate the past from the present. Your child needs to know that where they are now is different from where they were hurt.

School-aged children:

- School-aged children also communicate through play.
- At this age, the child may start to remember confusing details or get mixed up about who participated in their trauma and what happened.

Example: "Mama A tried to take care of you, but she didn't know how to take care of babies then. Mama A didn't know how to handle her angry feelings, and you got hurt and felt scared. You deserve to feel safe and loved. It was not your fault."

- It's important to depersonalize the experience so your child can understand that their trauma was not because of them. Depersonalize the incident by saying their previous caretaker "couldn't take care of *babies*" (as in, any baby) instead of just saying, "they couldn't take care of *you*."
- Use media to help facilitate conversations. Children's movies with adoption themes, like Kung Fu Panda or Meet the Robinsons, can help. Watching these movies together provides an opportunity to ask questions such as, "I wonder if Po thinks about where his Panda family is. Do you think he misses them?" These questions can spark meaningful conversations.



Teenagers:

- Teenagers will often seek information about their biological family. Don't take it personally. It's not reflective of their current bonds and loving relationships.
- Communication can be a unique challenge with teenagers, so try to meet them where they're at. Take small opportunities when they arise.

Example: On the drive home from school, you could say, "Christmas is coming up. Does that make you think of your birth family?" Sometimes, a teenager will be open to talking about it at that moment, and sometimes they won't. Either way, you've shown them that you're interested in hearing about their thoughts and feelings.

- Eye contact can be challenging, so opt for activities where eye contact isn't necessary (car rides, cooking together, walking, etc.). If texting is more comfortable for them, try that instead.
- Remind your teenager that you will always be there to support them and take care of them. Teenagers may feel stressed that they will be expected to move out or develop financial and emotional independence when they turn 18.

Talking about trauma at all ages:

- Give your child permission to feel what they're feeling and validate those emotions.
- Make sure your child knows that they don't need to choose. They can love and care for many people.
- Let your child know that it's okay to have anger or hurt towards someone while also holding feelings of love for them. These complex feelings are often present in children but can be very hard for them to understand.
- Remember that grief is something that you can work through and carry with your child. It's not something that you can entirely take away.
- Inspire your child to talk. Listen, don't talk at them.
- It's okay not to know all the answers to your child's questions. It's okay to say, "I don't know why Mama A did that, but I know you didn't do anything to deserve it, and you are loved and safe now".
- Watch this [video](#) to learn about the Meerkat Analogy, a simple way to teach your child about their brain.

Talking about trauma with your child's school

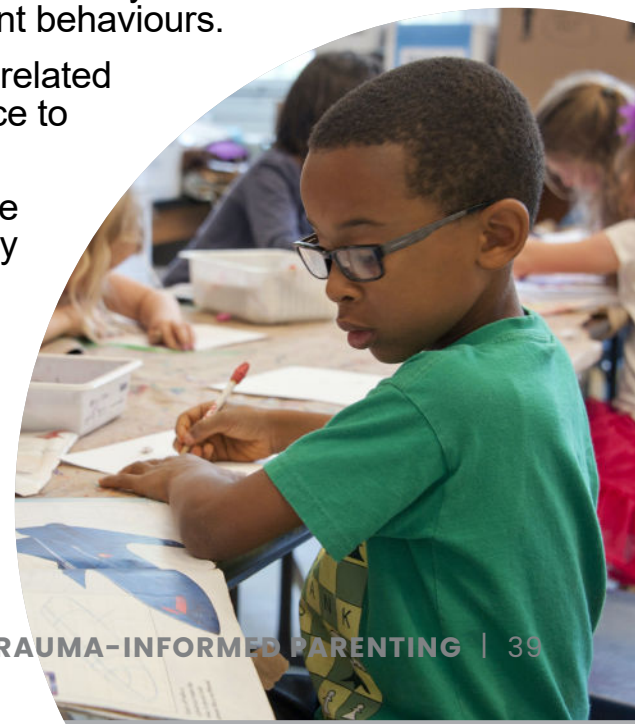
A partial summary of Natalie Underwood and Loriann D'Acquisto's webinar with the Coalition for Children, Youth and Families, *Let's talk-school challenges*

Navigating school can be challenging for any child. For a child who's experienced trauma, school is even more complicated. As a parent or caregiver, you may not know what to share and what to keep private. Talking about trauma with your child's school team will make things easier on your child. You can do that without revealing everything about your child's story.

Start by talking with your child's teacher. If they have an educational assistant, invite them to the conversation too. If the principal gets involved with your child, you may also choose to talk to them. Remember that if you wait until parent-teacher conferences, you may miss an opportunity to set your child up for success. Talk to your child's teacher as early as you can. Of course, it's better late than never!

10 Suggestions for talking to your child's teacher

1. Let your child's teacher know they have a history of trauma, but do not discuss the details.
2. Discuss stigma. Your child's teacher and school staff mustn't discuss the child's story with (or around) other children or staff. It's the child's story to tell.
3. Try to approach with an open mind: school staff will have varying knowledge of trauma-informed care. You can say, "From what I know about Johnny, he would benefit from trauma-informed teaching. How comfortable do you feel with that?"
4. Explain that a child who has experienced trauma is in a constant state of alarm and may feel in danger when other children don't.
5. Inform the teacher of any known triggers.
6. Talk about their trauma responses. Prepare the teacher for your child's aggression, withdrawal, hyperactivity, or any relevant behaviours.
7. Ask the teacher not to punish your child for trauma-related behaviour. Instead, ask them to provide a safe space to regulate.
8. Explain how important predictability and routines are to your child. Let your child's teacher know they may struggle with unexpected changes in the schedule.
9. Ask the teacher not to force your child to continue an activity if they're getting dysregulated. Instead, give them space to calm down.
10. Talk about developing a communication plan. Schedule a weekly or monthly check-in to discuss challenges, successes, and strategies.



Talking about trauma with others

Other people in your child's life may need information about your child's trauma. As always, be cautious about what you share. Protect your child's privacy and only share what's necessary. When thinking about what to say about your child's trauma, ask yourself these questions:

- Will sharing this information benefit my child? Will I put them or others at risk if I don't share it?
- Is this information directly relevant to the person I'm sharing it with and their interaction with my child?
- Do I trust this person to be discrete and caring?



A parent's story: Dealing with judgement

By an adoptive parent

Trauma-informed parenting in front of family and friends can be tricky. Trauma-informed parenting was not something I understood before our adoption training. So, it's fair to expect that friends and family won't understand. But I did expect to have more space to provide this type of parenting from my family, who have experience with kids from hard places.

I did expect them to understand that they don't understand our situation. I realize now that this was unrealistic of me. So, when I use a strategy that has proven effective for my

child but doesn't seem to make sense to others, I have experienced questions and subtle challenging in the midst of that parenting. That's so deflating! Statements like "you are being a bit harsh on him, don't you think?" When I am keeping needed boundaries about personal space and showing affection. Or when my frustration and discouragement are evident after a difficult parenting interaction. A trusted family member asked me, "Do you regret adopting your child?" because I have to work hard at parenting.

Like if it requires hard work,

I obviously took on more than I should have. Like adoption should be a rosy and glamorous and heart-warming thing, and if it requires hard work, then I must be doing something wrong.

It's hard being observed, and I often find that I lack privacy when I am parenting and then am required to defend or explain my trauma-informed parenting, and that really is the least helpful thing. Because they don't know that the whole time, I am quietly asking myself in the moment, "Am I doing this right?"





Advocating for your child

The unfortunate truth is that many people do not know or understand the impacts of trauma. Advocating for your child's needs will be an ongoing task. You will have to advocate for their needs as they move through daycare, different classrooms, friends' houses, after-school activities, and more. Depending on the situation, the adults interacting with your child will usually need to know:

1. Where does the behaviour come from? Usually you'll only need to share the basics, such as the fact that they experienced trauma, and any relevant triggers or behaviours.
2. How can the adult help or respond to the behaviour? Share strategies you use at home. It will take time for behaviour to improve, so be patient and gentle.

"I didn't feel like drawing lines through page after page and writing 'adopted at 2½ years' was particularly helpful. On the flip side, there was so much information that I knew...What could I do?"

I decided to address this by writing a letter... 'I may not know the answers to your questions,' I thought to myself as I wrote the letter, 'but here's what I know to be true.' The letter I sent helped the healthcare professionals prepare for my

daughter's assessments by providing them with a clearer idea of who she was, where she'd come from, and why it was important for her to be assessed.

The assessment team was very open to this, and by the end of the process I felt that I had been heard and my daughter had been accurately assessed. For the first time, I feel that her issues are understood and that there will be help for our family as we move forward."

—Cat Martin, Adoptive mother of three

For some children, it may be helpful to prepare a brief written explanation of triggers, possible behaviours, strategies, and responses. You can share this with people like babysitters, substitute teacher.

Teenagers and trauma

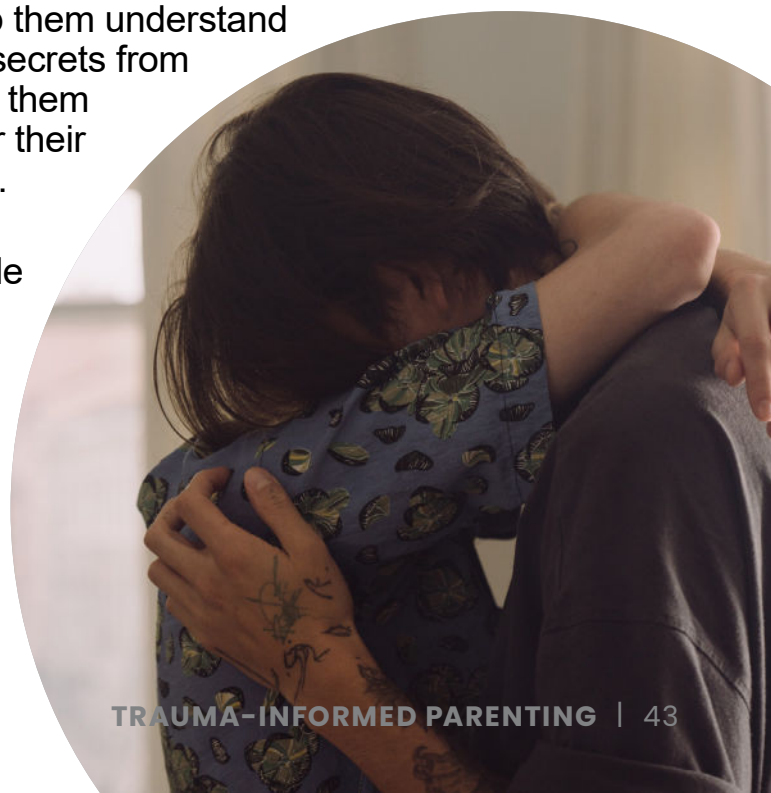
The teenage years are a challenging time for almost every family. These are the years when your child is going through significant changes. Their amygdala is taking over, hormone production is changing, and they are facing new and challenging situations. Normal teenage development often causes familial conflict, and the complexity of trauma adds another layer of challenges.

Just like your child may not have learned coping skills because of their trauma, they may not have received age-appropriate information about sex and puberty. Sexual education starts early on and continues throughout the developmental stages. Children learn what language is appropriate for the dinner table, which questions are normal to ask their teacher, where they can be naked, physical boundaries, and more. Children who have experienced trauma are more likely to have missed out on these lessons. It's also possible that dangerous adults have taught them the wrong lessons about touching, boundaries, and consent.

Important note: If your child is sexually touching others without their consent, get professional help.

Five considerations when it comes to teenagers with trauma

1. Children with trauma are often much younger developmentally than their biological age.
2. Remember that children with trauma are highly vulnerable. They may gravitate towards danger because it's familiar, putting them at risk of being victimized. Creating guidelines and maintaining open communication can help keep your child safe. However, balancing your child's need for autonomy and control is also essential. Isolation isn't healthy. They need the chance to build friendships and relationships.
3. Talk to your child about unsafe adults. Help them understand that a safe adult will not ask them to keep secrets from parents or touch them in a way that makes them uncomfortable. Remind them that it's never their fault if an adult makes them uncomfortable.
4. A big part of teenagehood is developing independence and a sense of identity. While they still need their caregivers, teenagers instinctively push away offers of support.
5. Talk to your child about the importance of consent, boundaries, and privacy. Walk them through the steps to maintain their personal hygiene. These things may seem like common sense, but that's not always the case.



Post-traumatic growth

This guide has examined trauma and how it can challenge children and caregivers. It's easy to be overwhelmed by fear and sadness for your child and the horrible things they have experienced. However, there is hope for your child and for all who have experienced trauma. Your child has the potential to grow into a well-adjusted, confident, strong adult. Their traumatic experiences and healing journey can lead to a mature and insightful way of seeing the world.

Post-traumatic growth is the idea that positive transformation can follow trauma. Research shows that many people who have experienced trauma will heal and turn their negative experiences into positive behaviour and perspectives. Post-traumatic growth includes:

- Strong connections and importance placed on relationships
- Appreciation and gratitude for life
- Interest in new experiences and opportunities
- Emotional maturity, strength, and resilience
- Spiritual connection or growth

Post-traumatic growth is about redirecting the traumatic experience into inspiration for something powerful. Teaching your child about post-traumatic growth, practicing positive coping skills, and encouraging them to express themselves creatively are some ways you can help. Post-traumatic growth might look like:

- Developing emotional maturity beyond their years
- Choosing a career that helps others (research, charity work, medicine, social work)
- Acceptance and understanding of others' behaviours
- Volunteering or fundraising to support others who have experienced similar traumas
- Creating powerful artwork, poetry, or music

“Healing comes from gathering wisdom from past actions and letting go of the pain that the education cost you.”—Caroline Myss

Post-traumatic growth won't happen immediately. It's more common during late adolescence and early adulthood. Still, post-traumatic growth is something to look forward to!





The impact on caregivers

Secondary trauma

It occurs when a person is exposed to trauma indirectly through helping another cope.

Exposure to second-hand trauma can be detrimental to caregivers' health. The impact can manifest in the form of anxiety, changes in eating and sleeping, lethargy, loss of interest in things you enjoy, headaches, and many other ways. If you are experiencing these symptoms, you are not alone!

The best way to cope with secondary trauma is to seek professional help and to treat yourself with kindness and care to build your physical, emotional, and mental health. Think of the ongoing patience and forgiveness you provide your child to help them work through their trauma. Now, extend that patience and forgiveness to yourself while working through your trauma. The compassion resilience strategies listed here are also relevant to secondary trauma.

Compassion fatigue

Providing a child with unconditional compassion, acceptance, and love can be a tiresome task. This is especially true when your love is met with repeated rejection from a child who can't accept or return it yet. This experience, combined with being constantly aware of avoiding triggers, keeping the family calm, and preparing for intense behaviours, can be very overwhelming.

If you have experienced trauma

Many caregivers have experienced their own trauma. Parenting a child with trauma can often feel like reopening an old wound and can bring up painful memories. Prepare for the possibility of re-activating your trauma when working with your child. Ensure that you have a supportive group of professional and personal connections to help you during this process.



Compassion fatigue refers to feelings of exhaustion and stress from caring for others. It can go unnoticed at first and become increasingly intense as time goes on. It can cause anxiety, insecurity, exhaustion, hopelessness, and a loss of confidence. It can also make caregivers feel detached from themselves and their loved ones.

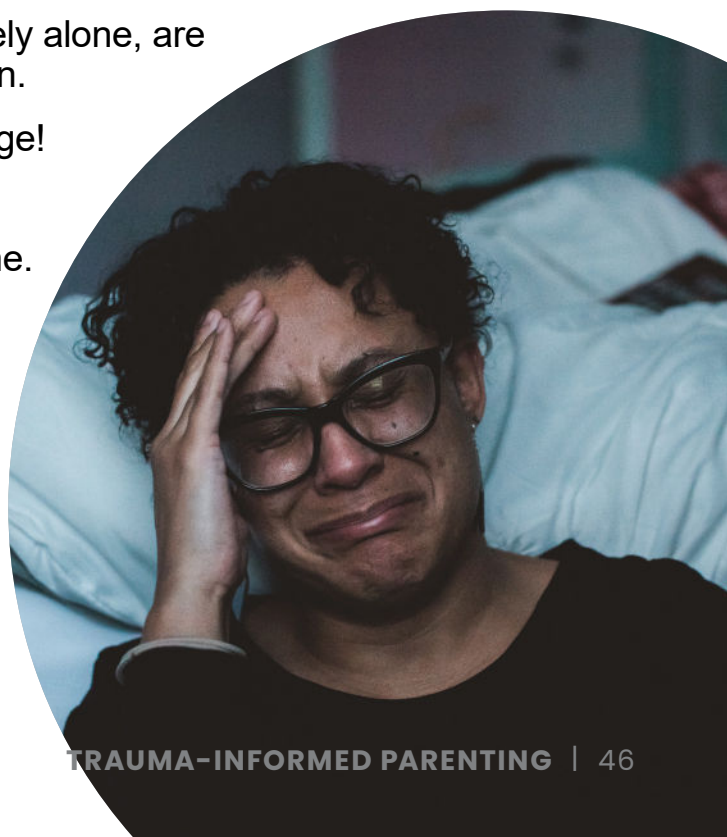
The cycle of compassion fatigue often follows this path:

- 1. Confident, passionate, idealistic.** This is the early stage of caretaking when you are optimistic and ready for anything. You hold high expectations for yourself.
- 2. Irritable and cynical.** This is when you are frustrated with yourself and your loved ones for making mistakes and are unable to give your full attention.
- 3. Detached, tired, and sad.** This is the stage where you feel overwhelmed and start to step back. Everything seems too big to deal with.
- 4. Angry and alone.** At this stage, you feel entirely alone, are full of anger, and have no time or energy for fun.

Thankfully, this cycle can be interrupted at any stage! There is always the opportunity to break the cycle, get support, and move into resilience. If you are experiencing compassion fatigue, you are not alone.

“The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.” —Dr. Naromi Rachel Remen

If you're unsure if you're experiencing compassion fatigue, try this [test](#) to see if you have the symptoms.



Adoptive mother of 5, Kelly Brinton's lessons learned:

- No matter what they say beforehand, the children already in the family will have no concept of what life will be really like after the adoption. Expect a strong reaction.
- If you have a partner, ask yourself if your relationship is strong enough to stand up to significant stress and disruption. Make sure you have a good support network in place. You will need it.
- Meet with a therapist trained in childhood trauma and adoption—before your children come home.

Compassion resilience

It's impossible to continue to take care of a high-needs child while suffering from deteriorating mental and physical well-being. While many caregivers try to carry on despite their instability, it's not sustainable. You cannot do your best as a caretaker when feeling your worst.

Building compassion resilience can help caretakers maintain their compassionate role without becoming emotionally, physically, and mentally overwhelmed. Breaking the cycle of compassion fatigue and returning to a state of optimism and hope is possible. Skill-building, self-care, and support can help to achieve compassion resilience.

Identify significant stressors and explore whether they are in or out of your control. Putting energy into something you can't change is often a significant source of exhaustion. Sometimes it's important to let things go, even if just for now.

Example: If a person is stuck in traffic, they may become stressed about being late for work. Their body may tense up with anxiety and cause them to feel uncomfortable and maybe even spill their coffee. With their stress and frustration building, they are more likely to take a wrong turn or get in an accident, causing further delay. Instead, they can shift their focus to the extra time they have to listen to their favourite music in the car. They can accept that what is happening is not in their control and relax while waiting.

Of course, it's not as easy as it sounds. But learning to accept what you can't control can lessen fatigue substantially.

Lastly, high expectations of yourself and others can cause stress and frustration. Avoid holding yourself to standards of "always" and "never." There will be exceptions and flexibility in parenting, and that's okay. Identifying unrealistic expectations and exaggerated perceptions of others' expectations can help you be kinder to yourself.



10 strategies for building compassion resilience

1. Identify **small successes** (in your child and yourself) every day. No matter how small, any step in the right direction is progress.
2. **Allow others to do things for you.** Many caregivers get stuck in superhero mode and refuse help. This is a risky mindset to maintain. Reach out to your family and friends for support. You don't need to do this all on your own.
3. Don't be afraid to **say no** to extra jobs, favours, or responsibilities. Setting boundaries is crucial for wellness.
4. **Find a community** of people to relate to. Raising a child with trauma can be isolating and can put a strain on adult relationships. Thankfully, there are support groups for families going through exactly what you are. Visit our [Facebook page](#) to check out the online support groups we moderate.
5. Get **professional help.** Seek a trauma-informed therapist to help you work through the stress and heavy emotions you are experiencing. Check out this [video](#) on how important it is to ask for help.
6. Organize someone to provide **respite care** (or a trusted babysitter) that can give you time off. Even a short break is a chance to reset.

“Reaching out to people in your life whether they completely understand what you’re going through or don’t. And saying, ‘I’m feeling broken,’ or ‘I’m feeling messed up,’ or ‘Today is just not gonna be my day.’ That’s how I survived my first year and my second year, just admitting that it was okay for me to not feel perfectly okay. And it was okay for me to feel a little bit broken, and it was okay to know that my struggle hadn’t ended, but that I did have a huge support system, and that I was okay just the way that I was.”—Magdalia, adoptive parent, [No Matter What Families](#)

7. Make time for **self-care.** Do not sacrifice healthy eating, physical activity, and time outdoors. Do things that give you energy and bring you joy. Watch this [video](#) of parents talking about the importance of ‘catching your breath’ through self-care.
8. **Find humour** wherever you can!
9. Maintain **positive self-talk.** You are working hard and doing a beautiful thing for your child. Remember that you are doing your best even when you make mistakes.
10. Visit this [page](#) for regulatory groups, tools, and resources for caregivers.



Resources

Belonging Network Family Support team

belongingnetwork.com/get-support/one-on-one-family-support/
familysupport@belongingnetwork.com

Belonging Network online workshop: Trauma-Informed Parenting

belongingnetwork.com/resources-education/learning-opportunities/trauma-informed-parenting-calendar/

Belonging Network online support group: Connecting and Supporting Families Facebook group

facebook.com/groups/allagesbn

Coalition for Children, Youth and Families: Champion Classrooms, Webinars and Online Workshops

championclassrooms.org/learn/dashboard

Healing Guidebook: Practical tips & tools for working with children and youth who have experienced trauma

anufs.org/documents/resources/final-copy-healing-guidebook.pdf

Canadian Consortium on Child and Youth Trauma: Tools to Help my Child

traumaconsortium.com/en/resources/families/tools-help-my-child

Dr. Dan Siegal's online workshops and webinars, Mindsight Institute

mindsightinstitute.com

Neufeld Institute: Courses and Free Resources

neufeldinstitute.org
neufeldinstitute.org/course/art-and-science-of-transplanting-children

Informational Guide on Developmental Trauma

beaconhouse.org.uk/wp-content/uploads/2020/02/Developmental-Trauma-Close-Up-Revised-Jan-2020.pdf

Child Welfare Informational Guide on Parenting Children with Trauma

childwelfare.gov/pubPDFs/child-trauma.pdf

Adoption Connection: Free Podcasts and Online Resources

theadoptionconnection.com

5-Point Scale: Emotion Aware- ness Strategy

autismempowerment.org/wp-content/uploads/2013

Grounding Techniques for Kids

camskids.com/support-resources/54321-grounding-technique

Lifebook examples

scrapandtell.com

Zones of Regulation: Self-Regula- tion Strategy

zonesofregulation.com

Coping Skills for Kids: Deep Breathing Exercises for Kids

copingskillsforkids.com

Dr. Ross Greene: Helpful Tech- niques, Books and Videos

livesinthebalance.org

Regulation Tools and Resources for Caregivers

<https://self-reg.ca/parents/>

Terminology

Caregiver is a term that includes biological parents, adoptive parents, grandparents, siblings, temporary guardians, foster parents, and any adult who takes care of a child.

Complex trauma is trauma that occurs repeatedly. Complex trauma often occurs within a personal relationship.

Cortisol is the body's stress hormone. Adrenal glands release cortisol. Cortisol is responsible for regulating blood pressure, blood sugar levels, memory formation, and response to stress, among other things.

Developmental trauma occurs in childhood, infancy, or adolescence.

Dysregulated is when an individual is experiencing a high level of emotional instability. They cannot manage their emotions in this state and may be anxious, irritable, angry, or a variety of other extreme emotions.

Historical trauma is a form of intergenerational trauma experienced by a specific community, cultural, racial or ethnic group. Genocide, forced relocation, and destruction of culture are all examples of historically traumatic events.

Intergenerational trauma occurs when one generation passes down their trauma to the following generation.

A **lifebook** is an age-

appropriate story written about a child's specific life journey. It can be a story describing elements of their early childhood, or it can focus on their current goals and dreams. A welcome book is a variation specifically written for when a child is newly adopted into a home. It includes information about the family and how excited they are to welcome the new child.

Parentification is a role reversal where the child is forced to parent themselves, their sibling(s), or their caregiver(s).

Pruning is the natural process of eliminating connections (synapses, which control neurons) in the brain that are not being used and are no longer needed. This process occurs primarily between early childhood and adulthood.

Re-traumatization is when an individual is exposed to events that reflect earlier experiences of powerlessness and loss of control, causing further trauma.

Sensory avoidant describes an individual who is hypersensitive to stimuli (noises, textures, smells, tastes, etc.). They often experience stimuli more intensely than others and may become overwhelmed by sensations.

Sensory seeking describes an individual who is under reactive to stimuli and has a larger

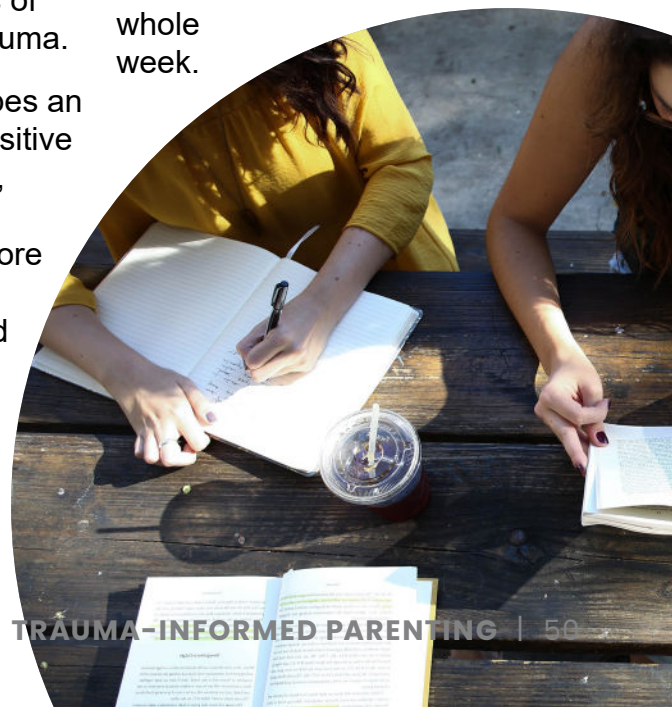
than average need for sensory stimuli. They experience stimuli less intensely than others and need to access more sensations.

Single-incident trauma is a one-time traumatic event with a beginning and an end.

Stigma is when others view a person negatively or discriminate against them based on a characteristic viewed as disgraceful, uncomfortable, or shameful.

Vestibular stimming behaviours are repetitive motions like rocking, swinging, or spinning. These can be soothing for a sensory seeking individual.

A **visual schedule** is a schedule shown in pictures instead of words. This tool is helpful for children who are visual learners or are still learning to read. A visual schedule could break down each day's activities or summarize a whole week.



belonging network

SUPPORT FOR FAMILIES & YOUTH

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