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Increasing Permanency *Seven Principles for Building Emotionally Stable Foster & Adoptive Families*

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Before children enter the family via birth, step-parenting, foster care, or adoption, it is natural for parents to dream of what family life will be like: family activities like meal time, sharing goals and tasks, quiet moments snuggling, long talks, teaching important skills, tucking the children into bed, and getting them off to school, along with all the other moments associated with being a family. In the long list of “I can’t wait to do this when I am a parent,” have you ever heard parents declare they cannot wait to help their children manage fear? This sounds insane! Most parents want to help their children *avoid* being afraid. What about children feeling sad? Parents will say they will go to great lengths to keep their children from experiencing unpleasant emotions. Actually, if you think about it, happiness as a family is their ultimate goal.

We are emotional beings. Infants are scared when their mom or dad does not come right away. Toddlers are frustrated and sad when they have to stop playing or are given food they dislike. Children are scared when they must go to an unfamiliar babysitter or when a friend moves away and they fear never developing other friendships. Teens also have breaks in relationships, academic failures, and a myriad of other very normal disappointments in life.



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Now, let's address feelings of anger. When someone is too sad or afraid, their automatic response will often manifest as anger. Anger is the natural way our bodies prepare us to enter into scary situations, by providing the adrenaline and cortisol needed to fuel attack. Anger is felt as power. We see anger fueling things throughout our nation and in our communities—and it is in our homes, too. Many of us were raised in homes where there were only two emotions: happy and mad.

Neurobiology has a role to play on this topic. “When Mom smiles at her baby in delight, the same neurons that fire in her brain fire in her child's, eliciting the same experience. Through the firing of these neurons, the infant begins learning about emotions.”¹ This process is called **co-regulation**, in which two share emotional experiences. If parents have few skills to manage personal emotions, they will likely distract, avoid, and minimize the children's experiences in an effort to decrease their own stress.

We believe learning to navigate and properly process emotions in a healthy way is vital to both personal and family development. Unfortunately, sometimes parents come to this realization too late.

Dad was so angry at his son for yelling at the dog needing to go outside. He had enough of his son's delaying tactics and decided to act. Dad walked over to his son and angrily demanded obedience. “Take that dog outside—now!” he yelled. Later that evening when his son had a tantrum over homework, Dad wondered why his son was so upset over a few math problems.

There can be a healthier dynamic than the one presented in this example.

Our Experience Working with Children and Families

Because of our focus on treating children with early childhood trauma, we wanted to teach foster and adoptive families to become the emotional processing centers for their children. When agency staff conduct home studies for prospective foster and adoptive families, they do not assess the parents' ability to communicate and manage emotions. Through our years of experience as family clinicians, we have found that these are necessary to increase the family's ability to form healthy relationships with the child, re-focus the attention away from disruptive behaviors, and avoid the overuse of reward and consequence to manage behaviors. Children who experience loss of birth family and/or abuse may continue to be bombarded with “sads” and “scareds” every day of their lives. Some

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¹ Powell, B., Cooper, G., Hoffman, K., & Marvin, B., 2014. *The Circle of Security Intervention*. New York, NY: The Guildford Press.

children experiencing sadness and fear may need their families to take the lead in helping them become aware of, identify, label, communicate, and manage the emotions that can result in unhealthy expressions of anger, sometimes expressed through volatile eruptions.

Following the principles, see how this dad responds:

Little Johnny yelled at the dog for needing to go outside. Dad said, "It sure is hard having to stop everything and take the dog out when you are busy. Kind of makes you mad, doesn't it?" Johnny responded to Dad's understanding with acceptance. Dad encouraged Johnny by identifying the part of Johnny that loves his dog. Johnny agreed and took the dog out. Later that evening when Johnny had to do his homework, Dad narrated again how bothersome math can be, especially when you have to work at it. Dad reminded him that his teacher gave the class an appendix for these problems. Dad offered to play basketball with his son when homework was finished.

The following principles are to alert families to new parenting skills they may need to acquire. The scope of this writing is limited to *identifying* the principles, as space constraints do not permit us to go into the "how to's" of *implementing* the principles.

No. 1—Brains Intuitively Fixate on Fear

"The **stress response system** is the brain-body circuitry that triggers stress hormones like cortisol and shunts these chemicals all over the body and back to the brain to mobilize for dealing with a stressor."²

For most people it would be completely impossible to do higher math problems while hurtling down a roller coaster. Our brains are not wired this way; instead, they are wired for survival. In our individual professional practices, we have found that there is a natural tendency in the cognitive brain to pay special attention to elements of the environment that trigger a fear response in our limbic brain. Even when trying to intentionally focus our thoughts, this tendency constantly competes for our focus. In a dangerous environment, this principle is a lifesaver. A person pleasantly strolling through the jungle will enhance his survival if his brain is alert to a snake better than someone whose brain is focused only on the beauty of the flowers along the path. While the majority of people learn to adapt and mediate this principle, it can be problematic for people who have endured trauma.

The following principles are to alert families to new parenting skills they may need to acquire.

² Baylin, J., & Hughes, D., 2016. *The Neurobiology of Attachment-Focused Therapy*. New York, NY: Norton.

The parents of children coming from hard places will need to learn new techniques for responding to and assisting their children in learning healthier ways to process fear, frustration, or sadness. We must remember the traumatized brain has developed a negative internal working model: “I am bad, you are bad, the world is unsafe, etc.,” and can be in a heightened state of fear and arousal. While in this heightened state, it also can prevent the child from experiencing enjoyment, academic focus, memory, task completion, and the ability to effectively communicate.

Distraught from a stressful day of refinancing his company’s debts, Dad slowly walked through the door. Hearing Dad enter, Johnny ran to him to share his new project. Dad abruptly scolded Johnny for being too loud and told him to go to his room to calm down. As his brain prioritized his need to eliminate his own fear, Dad yelled at his son.

Most of us can relate to these or similar statements:

- “I can’t enjoy myself right now. I am concerned about what will happen at home!”
- “I usually enjoy getting ready for class, but today all I can think about is my speech!”
- “I can’t focus on work right now. The tension between my boss and my co-worker is distracting all of us from our jobs.”

No. 2—Limbic Brains Harmonize

Limbic resonance: “Emotions are contagious largely because their bodily affective expressions tend to evoke a similar affective expression in the person who perceives them.”³

Human emotions are contagious. Our limbic systems are open to others’ emotions and are vulnerable to synchronizing with those emotions. We need to “feel felt” by others. Our brains are wired to share emotions. A baby’s first interactional skill is to share his or her fear with the parent. The baby instinctively cries to have any need met. Amazingly, moms can interpret their baby’s cry and will share the emotion with the child. For example, if a loud sound startles a sleeping child and the baby cries in fear, in a healthy environment, their mom or dad will decode the cry, share the emotion with the infant, and provide the appropriate comfort. If a toddler falls and skins his knee, he cries in pain and his mom “feels” the pain in her response.

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³ Baylin, J., & Hughes, D., 2016. *The Neurobiology of Attachment-Focused Therapy*. New York, NY: Norton.

This interactional skill or the need for it does not go away. For example, when a teen comes home after breaking up with a boyfriend, parents will have empathy for her loss and offer comfort. If we are to have healthy marriages, then we even do it with our spouses: When a wife comes home from work and is angry with her boss, her husband will share her anger. This is how in-tuned relationships work. However, if the hurt child, broken-hearted daughter, or frustrated spouse is in a state of aroused fear, they may experience heightened anger, rationalize their feelings, avoid interactions with their family members, or minimize what they feel, instead of seeking comfort from those with whom they live.

Circumstances that disrupt connections:

1. People overly focused on electronic media without being physically connected to others for long periods of time may be depressed (sad).
2. Seniors isolated or in facilities who do not frequently interact with others may be depressed (sad).
3. Children removed from their birth parents because of neglect or abuse are often in a constant state of confusion and fear.
4. Infants and children left alone in cribs or playpens for long hours or raised in an orphanage without healthy interactions with caregivers are often constantly afraid.

When any of these people who are sad, afraid, and distrustful enter into relationships, their heightened limbic system will resonate and possibly overwhelm others. Interestingly this has been noticed even in infants. “Three-month-old babies of depressed mothers, for example, mirrored their mothers’ moods while playing with them, displaying more feelings of anger and sadness, and much less spontaneous curiosity and interest, compared to infants whose mothers were not depressed.”⁴ When on the receiving end of difficult behavior, knowing, understanding, and considering its origin helps parents anticipate it and develop more appropriate and behavior-changing interactions. A plan for emotional awareness, effective communication, and response management must be considered and practiced daily.

No. 3—Parents Define Children’s Experiences

“Mom became the expert at defining for me the difference between my needs and my wants.”⁵

When on the receiving end of difficult behavior, knowing, understanding, and considering its origin helps parents anticipate it and develop more appropriate and behavior-changing interactions.

⁴ Goleman, D., 1995. *Emotional Intelligence*. New York, NY: Bantam.

⁵ Rosemond, J., 1989. *Six-Point Plan for Raising Happy, Healthy Children*. Kansas City: Andrew and McNeel.

As soon as an infant is born, parents begin defining the world to their child. They tell the newborn child whether the world is safe or dangerous, cold or hot, noisy or quiet. Parents can tell when their child is hungry or when she is tired. It is not an overstatement to say parents define their child's world. They do this experientially through the decisions and responses they make day in and day out, including what clothing to wear, and the nonverbal communication of responding to a diversity of real-life events in either fear or joy. The child intuitively knows to look to the parent as the “definer of experiences.”

Little Johnny was just beginning to walk. He toddled, tilting to the left and right, and finally fell. His face registered surprise. Instinctually, he looked at Mom. Mom automatically evaluated the fall and described how Johnny should respond. If Mom was scared, Johnny would cry. If Mom felt he was safe, Johnny would continue to explore. Mom defined to Johnny the experience of the fall.

Just by responding to everyday situations in life, parents model and teach values, ethics, emotional regulation, relationships, and life skills. Children internalize these responses, one after another. Beginning in infancy, parents talk to their infants, emotionally evaluating events and classifying them as positive or negative. Parents provide and describe clean diapers as *comfortable*, breakfast as *filling*, and smiling at Grandma as *nice*. Parents narrate negative or hurtful experiences as they keep their children from being cold, hungry, overtired, or in danger. The parents' interpretation of these happenings helps the child make sense of their own experiences and provides a template in how to behave in certain circumstances and how to interact with others.

Just as parents define their children's world, they also define their children's views through interactions with their children—which in turn become the children's internal working models. Complicated as it may sound, it's quite simple. An attuned, emotionally available parent meeting the child's needs defines the child as lovable and the parent is defined as trustworthy.⁶

Body language is important to “definition.” Often, our feelings are written on our faces, communicated in our tone of voice, and lived out in our actions. Our children are “hard wired” to attend to those messages. When we are able to create and enjoy moments of shared joy together, children experience themselves as “good” and “valuable.” Without intention, children strive to live up to—or down to—those definitions. Every interaction sets an impression on the child's limbic brain and orients them toward the next interaction, whether positive or negative. Parental

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⁶ Archer, C., & Burnell, A., 2003. *Trauma, Attachment and Family Permanence*. London: Jessica Kingsley Publishers.

awareness and intention are required to utilize this principle effectively. Lack of either one will lead to mixed messages and children's internal struggle over who they are, sometimes lasting a lifetime!

No. 4—Parents Must Project Positive Outcomes

How do we learn to know things will turn out ok? We don't have insight into the future, but our years of experience help us see normal childhood problems in perspective. We expect that eventually the child will complete 3rd grade, learn multiplication tables, have a first date, and learn to drive a car. Children experience varying degrees of fear when facing challenges. A dysregulated parent can make it worse by trying to guilt a child into harder work. *"You will never amount to anything if you don't get your homework done."* It's our job as parents to encourage and project positive outcomes to our children. They will be as positive as we are.

Parents have a vital role in determining their children's outlook on life. To have positive and encouraged children, parents must be positive and encouraging. Anxious, depressed parents usually raise anxious, depressed children. Children who have experienced early trauma tend to develop a negative internal working model of "I'm bad, caregivers are bad, and the world's bad." This is why parents fostering or adopting children coming from hard places must be especially conscious of this working principle and what they can do to help their child develop a healthy construct. We use our internal working models to predict future events.

When the healthier internal working model ("I'm good, caregivers are good, the world is good") is developed, most children will immediately face transitions by expecting "good" to come to them. Children with a negative internal working model immediately face transitions by expecting bad things to work against them. Baylin and Hughes⁷ refer to this as the "negative bias." In the long term, these negative internal working models predict failure, hurt, and loss in every imagined picture of their future, and in essence become self-fulfilling prophecies in the child's life. These automatic predictions can be seen in statements such as "I can't," "I won't be able to succeed," "She won't let me do what I want to do," "I'll never be good enough." These negative, low expectations are also demonstrated in behaviors such as lying, stealing, cheating, a tendency to quit or give up easily, being over-controlling, and even bullying patterns—all to avoid experiencing fear.

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Parents must consistently see success when their children can't. Parents with children demonstrating the effects of past trauma must constantly talk about their positive vision to others and their children, and provide the road map on how to get there.⁸ We must continually offer examples of growth and improvement. If children struggle with accepting this vision of a positive future, parents have the added responsibility to help explain to their child why they face challenges and help reassure them that they are not bad people for experiencing these struggles.

No. 5—Parents Must Manage Their Affect

In today's world we all are bombarded with many conflicting messages:

"We should be and we deserve to be happy—and it's a problem if we're not."

"If by chance you are happy right now, you can be even happier with the addition of the newest advertised gadget."

If adults struggle processing mixed messaging or recognizing false promises of fulfillment, then it may be doubly true for our children! It has been our experience in working with many struggling families that most people hope to model for their children how to be truly happy. But are these same people willing to model how to be unhappy, too? Humans must be shown how to recognize, express, and "manage" our feelings. Please notice the verb "shown" in the previous sentence. It's not enough to *tell* children how to handle feelings of fear and sadness. The skill must be *demonstrated* to them. In order to show them, parents must be willing to recognize, own, and properly manage and express a full range of emotions in front of their children.

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Being a parent requires becoming the living demonstration of how to "handle" all our emotions. Children rely on their parents to teach them emotional regulation. Life experiences sometimes challenge parents' ability to demonstrate the right kind of emotional regulation: poverty, addiction, emotional illness, developmental shortcomings, and domestic violence are a few examples. These experiences can limit one to being stuck in fear. When someone is locked in their own fears they are often unable to manage both personal fears and the fears their children share with them.⁹ This can result in the demonstration of excessive fear and anger that children then learn as the model.

When a child who has been traumatized enters the foster or adoptive family's system, a battle for the limbic brain's supremacy will begin and

⁸ Archer, C., & Burnell, A., 2003. *Trauma, Attachment and Family Permanence*. London: Jessica Kingsley Publishers.

⁹ Schwartz, R. C., 2001. *Introduction to the Internal Family Systems Model*. Oak Park, IL: Trailheads.

may lead toward behavioral and emotional challenges. (See principles 1 and 2.) To avoid a dysregulated parent unintentionally contributing additional insecurity in the child, parents report professionals have suggested they remain cool and calm to reduce the likelihood of an escalation. This leaves parents in the unenviable position of trying to ignore their *own* feelings, which is not sustainable or comfortable and deprives children a working model of how to handle the very feelings the acting-out child was bringing to their parent(s).

No. 6—Children Learn What Works

Children are always watching and listening to what the parent says and does. They learn via modeling, direct teaching, and observation of others' behavior. Perceived successes teach children to mimic those behaviors. What parent hasn't had that feeling of "I'm being watched all the time!" Or, what sibling hasn't complained: "He's always following me around!" Humans are born completely dependent and are hard-wired to learn from the ones they depend upon. This process actually begins before the child understands verbal language. As explained in principle 2, the limbic brain observes and records the caregiver's non-verbal information that defines interactions with the world as either good or bad. Later, when interacting with the world, children will mimic those observed interactions that produced desirable outcomes. This principle is very powerful and accounts for the failure of "do as I say, not as I do."

As in the previous principle, this constant observation of the parent by the child and the consistent modeling required of parents places a huge responsibility on the parents. Daily they are forced to consider if they are consistently providing healthy examples. And in those cases where the parent has failed to model the desired behavior, they must explain to their child how failure occurred and communicate what would have been the better response. Their work ethic, importance placed in learning, honesty, faith, values, etc. fall on our shoulders and in what we model for them. The old adage is true: "actions do speak louder than words."

If a child who has experienced trauma enters the family system, parents may state: "Our birth children are starting to act like our traumatized child!"

When families in our practice have questioned if they are hurting their birth children by entering the foster or adoptive world, we point out that actually, their birth children's behavior is an example of the principle at work in a healthy child. The traumatized child, due to the overwhelming nature of the fear they are experiencing, provides constant models of ways

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to manage fear via behaviors. Indeed, all of their problematic behaviors are, at some level, attempts to avoid being submerged in a swamp of fear. No one should be surprised when the limbic brains of the healthy children observe, record, and attempt to mimic those techniques.

We encourage parents to label and define what they are observing and explain to the child that they were not hurt the way the traumatized child was and, thus, the behaviors will not be tolerated. Consequences will ensue for attempting to behave as the sibling. While no one would give a consequence to a child with a broken leg for not being able to take the trash out to the curb, a child who “acts” like his or her leg is broken to avoid chores is likely going to get consequences.

No. 7—Children Need to be Enjoyed

“This delight doesn’t have to do with ‘what I just did’ but ‘that I just am.’ Such moments do much to build a well-ingrained sense of self-worth in the child.”¹⁰

Children are designed to learn who they are and their value through their parents’ eyes. When parents enjoy their children, the take-away message is:

“I am enjoyable to be with.”

“I am worth my parents’ time.”

“My parents find me valuable.”

Every foster or adoptive parent wants their child to feel valued and loved. It can be intimidating when the parents understand that they are now the source of this emotional outpouring of the children’s self-perception through how we experience them! On any given day, we have a variety of experiences with our children. What is the parent’s experience of the child on a snow day? A blessing of more time with the child or a curse of being trapped with the child?

The Self-Perception of a Child Who has Experienced Trauma

An infant learns by using attachment behaviors (smiling, crying, fussing, cooing, etc.) if the caregiver is safe and finds the child “worthy” of being cared for. When the caregiver was never present or is no longer available, it renders the attachment behaviors un-responded to. This leaves the child to create their “first representations of internal states”¹¹ alone. The **internal state** represented as “self,” absent the shared smiling, crying, cooing, etc.

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¹⁰ Powell, B., Cooper, G., Hoffman, K., & Marvin, B., 2014. *The Circle of Security Intervention*. New York, NY: The Guildford Press.

is unworthy. Once this self-image is formed, the child's emotional world, and the behaviors flowing from it, become reflections of this internal state. This can often be seen via interactions with their new primary caregiver(s).

These interactions then continue teaching/confirming to children they are not valued or even worse, they are bad. When a child who has experienced trauma enters a new home, they "expect" the new caregivers to interact the same as in previous homes—as if they are not valued or are even bad. They rarely have the experience that they are enjoyed or fun to be with.

Conclusion

Present day society is fraught with fears, stress, and overwhelming challenges mostly outside of homes. Unfortunately, some children have experienced these fears in their homes within intimate familial relationships. When these children from hard places join new families, systems change, skills must be adapted, and new principles put into place.

Using these seven principles, families will become sanctuaries for healing, giving children opportunities to process the fears engendered by the past. The good news is that none of this is dependent on the children! Adults have the power and privilege to create healing environments as they apply each principle to their lives.

¹¹ Wallin, David, 2007. *Attachment in Psychotherapy*. New York, NY: Guildford Press.

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Jeff and Faye partnered in 2000 and journeyed through mental health together, being trained in models such as Theraplay, EMDR, DDP, Love and Logic, Circle of Security, etc. Through strong advocacy and collaboration with Rachel Kuhr at Jewish Family Service of Greater Harrisburg, Faye and Jeff began Healing Hearts—an attachment and trauma resolution family-based program—in 2010. Contents from their book, *Healing Traumatized Children*, is the curriculum for their service. Dr. Daniel Hughes supervised the team for more than six years, offering his expertise in attachment, trauma, and neurobiology. Their book, co-authored with Dr. John Biever, was published in October 2015. They facilitate a monthly support group for foster and adoptive parents in Marietta, Pa. and frequently train parents and professionals in early trauma and attachment disruptions.