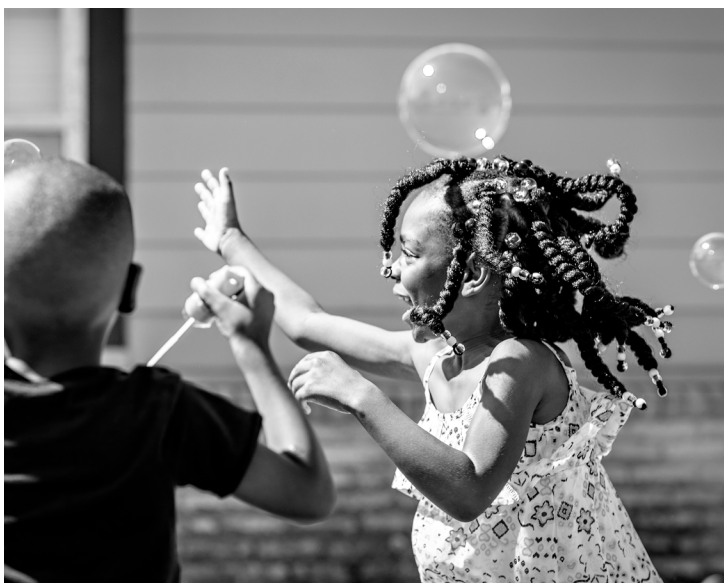

SAFE AND SOUND:

Responding to the Experiences of Children Adopted or in Foster Care

A Guide for Parents





INTRODUCTION

Children who have been adopted or who are in foster care can grow up very healthy and happy.

But some of them may have trouble at home, at school, and in other parts of life. Your child may have had hard things happen to them before they came to your home.

Trauma is one word we use for these hard things. Past trauma can make it difficult for kids to get along with others, follow rules, and express their feelings. This can be true even when there is no more trauma happening. (Later in this guide, you'll see a list of other behaviors that might appear.)

Trauma comes in many forms. Your child may have been exposed to drugs or alcohol before they were born. Maybe your child didn't have enough food, or they didn't always know if there would be enough food when they needed it. Trauma can be physical, sexual, or emotional abuse. It can also happen when a child doesn't have consistent love and care. Sometimes things like these happen over and over again, or they happen over a long time. This can lead to what we call toxic stress.



If your child has experienced any kind of trauma, they may react to things in different ways from other kids. It may even seem like they're over-reacting to the situation. Here's what we know from research: When harmful events happen in childhood, it changes how the brain grows and works. These brain changes can affect the child's learning, behavior, and health. And the effects may last for a very long time. Your family may struggle sometimes as you help your child cope, at home and in school. Your child may also need extra help to learn social and school-related skills.

The purpose of this guide is to help parents and caregivers like you. You can develop skills that will help your child heal. The goals of this guide include:

- Recognize and understand children who have experienced trauma.
- Learn about the effects of toxic stress.
- Understand how toxic stress in childhood can affect learning, behavior, and social skills today.
- Teach your children better ways to manage their reactions to stress. Build safe and supportive environments that help your child develop healthy coping strategies.

ABOUT THIS GUIDE

This guide is part of a series of guides. After reading through this resource, consider sharing the information with other adults in your child's life.



RESOURCE 1

A Guide for Early Education
and Child Care Providers



RESOURCE 2

A Guide for Teachers,
Counselors, and Other
Professionals Working
With School-Age
Children and Youth



RESOURCE 3

A Guide for Caseworkers



RESOURCE 4

A Guide for Adults
Involved in My Child's Life
(such as coaches, parents of
friends, and others)



RESOURCE 5

Important Information
to Share with Your Child's
Pediatrician

All resources can be found and downloaded here:

www.aap.org/safe&sound

1

How Trauma Affects the Brain

PAGES 5-7

2

Exposure to Alcohol and Drugs Before Birth

(Prenatal Exposure)

PAGES 8-12

3

Health for Body, Mind, and Relationships

PAGE 13

4

Transitions

PAGE 14

5

Learning

PAGE 15

6

Identity

PAGE 16

7

What Can Be Done to Help?

PAGES 17-19



How Trauma Affects the Brain

If your child is adopted or in foster care, you already know that hard things may have happened to them before you met them. Science is just starting to explain how trauma hurts the bodies and brains of kids. If you learn more about what trauma does, and how to be supportive and nurturing, you will be better able to help your child.

A young child's brain grows best when he is safe and loved. If the child is safe and loved, everything he sees, hears, and touches will help him learn and grow in a healthy way. But if a child is scared or his needs are not met, his brain and body can't grow in the same healthy way. Instead, all his energy is focused on the danger. He has to learn ways for his body and brain to deal with fear.



If you learn more about what trauma does, and how to be supportive and nurturing, you will be better able to help your child.

TOXIC STRESS

Stress is not all bad. Kids need some stress to grow and learn. Good stress is stress that helps a child try something new or do their best. Your child may have had this with a final exam or big game. **Other stress is more like an injury.** It may not hurt kids for very long, when loving adults are there to help them through it.

Toxic stress is another kind of stress. It hurts kids as they try to deal with it. Think about things like child abuse, parental substance use, or living in an orphanage. These things can be so bad that the child's brain and body get changed as she tries to cope.

Why? It has to do with fear. Fear tells the body that it needs to freeze, run, or fight to stay safe. When scary things happen often, the body gets used to being in that state: ready to freeze, run, or fight. The child's brain makes sure that she doesn't forget what happened. This is why your child may act like she is still not safe, even though she really is safe now. She may have trouble paying attention. She may not sleep well. She may fight a lot, "zone out," or have big tantrums.

It's important to understand that, if your child were really in danger, these behaviors could help keep her safe. But when your child is safe at home or in school, it may look like she is just "being bad." If you know that she is acting that way because her body learned to do that when she was scared in the past, then it will be easier to help your child.

Many children who have been adopted or are in foster care have had early trauma. These hard things might not be written down, and the details may have been lost over time. That's why it is so important to think about the effects of trauma, even if you don't know exactly what happened before you met your child.



ADDRESSING TOXIC STRESS

In the 1990s, a medical study called the Adverse Childhood Experiences (ACE) study was completed.

A large group of adults were asked if they had any of 10 types of trauma as children. (These were hard things like abuse, neglect, or a parent with substance use disorder.)

The study then looked at the health problems of the adults. Two-thirds of the adults said that they'd had at least one of the 10 types of trauma when they were kids. **But the study also found something surprising. The more hard things people had lived through in childhood, the more likely they were to be sick as adults.** These illnesses included things like heart disease, liver disease, and depression.

In fact, many studies since then have shown the same thing. The more toxic stress you have as a child, the more likely you are to be sick as an adult. Problems with both mental and physical health are more common. When you have had hard things happen to you, it becomes harder for your body to fight sickness.

Here's the good news: If you know your child has had toxic stress, there are ways to help his brain and body get better.

The first step is to talk with the people who work with your child. Tell them that when he acts out, it may be because of toxic stress. If the adults who work with your child understand this, it may change how they react to him. They may be calmer and more patient. Then you can work on getting your child and your family the right help.

Not every child who has trauma in his past will have problems. But try to make it a habit to think about the effects of trauma. That way, you won't miss them when you see them.

UNDERSTANDING HOW TRAUMA MAKES A CHILD'S BRAIN WORK

BEHAVIORS THAT MAKE SENSE IF YOU KNOW THAT THERE HAS BEEN TRAUMA

- Not sleeping
- Eating a lot (so your body has energy)
- Being ready to run or fight
- Being easily distracted (so you can keep looking for danger)

These are all ways to protect yourself if you are scared.

HOW THE BODY WORKS WHEN THERE IS DANGER

- The heart races
- The muscles get ready to freeze, run, or fight
- The body gets organs ready to deal with injury
- The brain is not ready to learn, because it's busy with fear
- The parts of the brain that send alarms to the body and brain are turned on
- The parts of the brain that help you calm down are turned off

This state is only supposed to last for 20 minutes, because actual danger will either hurt you or go away in a short time.

HOW THE BRAIN AND BODY CHANGE WHEN THERE IS DANGER ALL THE TIME

- The body is more likely to get sick or get asthma
- Learning is difficult all the time, because the fear keeps the brain from using its learning centers
- The brain's alarm system stays on or turns on too easily
- It's hard to get the brain and body to calm down so that the child can sleep, learn, play, or be a friend

The body doesn't turn off these reactions because the danger is too bad or happens too often.

WHAT THESE CHANGES MAY LOOK LIKE

- ADHD (attention-deficit/hyperactivity disorder)
- Learning problems
- Aggression
- Anger problems
- Depression
- Sleep disorders
- Anxiety and nervousness
- Withdrawal or anti-social behavior

Exposure to Alcohol and Drugs Before Birth

(Prenatal Exposure)

For some children who are adopted or in foster care, their struggles started before they were even born. Their birth mothers may have used cigarettes, alcohol, or other drugs during pregnancy. In fact, this is why some kids are placed in foster care. There may be no record that your child's birth mother used drugs or alcohol. But even so, it's still wise to keep it in mind.

Some commonly used substances are alcohol, cocaine, heroin and other opioids, methamphetamine (meth), and prescription drugs. Sometimes, a birth mother uses drugs and alcohol together. In those cases, it can be hard to say exactly which one has the most effect on the child.

When children are exposed to drugs or alcohol before birth, they can have problems with their development, behavior, and learning. It's important to think about this type of exposure as a possible reason for some of your child's problems. This may help you figure out why your child is having a hard time. It may also give you ideas to help you care for and support your child.

It's important to think about this type of exposure as a possible reason for some of a child's problems.



DRUG EXPOSURE

When a woman uses drugs during pregnancy, the baby is exposed to these drugs when the body and brain are growing very fast. After birth, these drugs

still affect how the baby's body and brain work. We know this from scientific studies. For some children, no effect is ever seen. For other kids, their struggles improve as they get older and learn things. For others, the challenges can be lifelong.

RESULTS OF DRUG EXPOSURE BEFORE BIRTH

		NEWBORN	INFANT	TODDLER	SCHOOL AGE
SUBSTANCE	COCAINE	<ul style="list-style-type: none"> • Small head size (small brain) • Low birth weight • Poor suck and less energy 	<ul style="list-style-type: none"> • Very fussy • Over-reacting to sounds or sights • Higher risk of SIDS (crib death) • Increased muscle stiffness 	<ul style="list-style-type: none"> • Slower to learn new skills • Motor problems and poor coordination • Increased muscle stiffness 	<ul style="list-style-type: none"> • Slower to learn new skills • Learning problems • Motor problems and poor coordination • Increased muscle stiffness • Higher chance of ADHD
	HEROIN, METHADONE, AND OTHER OPIOIDS	<ul style="list-style-type: none"> • Small head size (small brain) • Low birth weight • Infant drug withdrawal, (known as neonatal abstinence syndrome, or NAS) — child may have shaking, high-pitched crying, vomiting, irritability, poor feeding, poor sleeping 	<ul style="list-style-type: none"> • Very fussy 	<ul style="list-style-type: none"> • Slower in learning and motor skills, but still in normal range • Behavior issues 	<ul style="list-style-type: none"> • Higher chance of ADHD
	METHAMPHETAMINE	Limited data; possibly poor growth and difficulties with sleep, movement, and responding to stress		Limited data	
	TOBACCO AND NICOTINE	<ul style="list-style-type: none"> • Low birth weight 	<ul style="list-style-type: none"> • No specific effects 	<ul style="list-style-type: none"> • Problems with language, developing, and behavior 	<ul style="list-style-type: none"> • Higher chance of ADHD • Problems with thinking, memory, language, and learning

ALCOHOL EXPOSURE

Even if there is no report that a birth mother drank alcohol during pregnancy, it can be important to keep it in mind.

It doesn't matter when the birth mother drank alcohol during the pregnancy, or how much. Alcohol is always considered potentially harmful to a fetus.

The effects of alcohol on the body and brain run from mild to severe. There is no way to predict how any one child will do. For this reason, no amount of alcohol use during pregnancy is safe.

There are many labels used to describe the ways that drinking alcohol during pregnancy affects a child. The term fetal alcohol spectrum disorder, or FASD, is a general label that covers all of the possible effects.

Fetal alcohol syndrome, or FAS, is a term that describes the most severe form of alcohol exposure. The effect is seen in how the child's face looks, how he grows, and how he learns and behaves. Some children may have other medical problems, such as a heart problem.

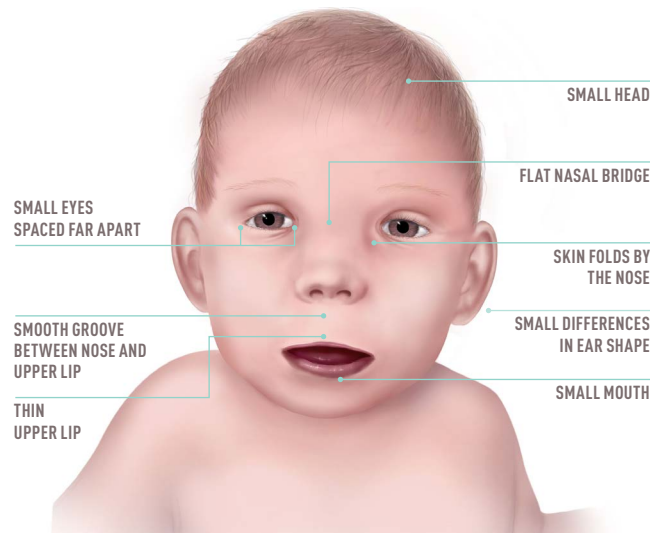
EFFECTS OF PRENATAL ALCOHOL EXPOSURE

POOR GROWTH:

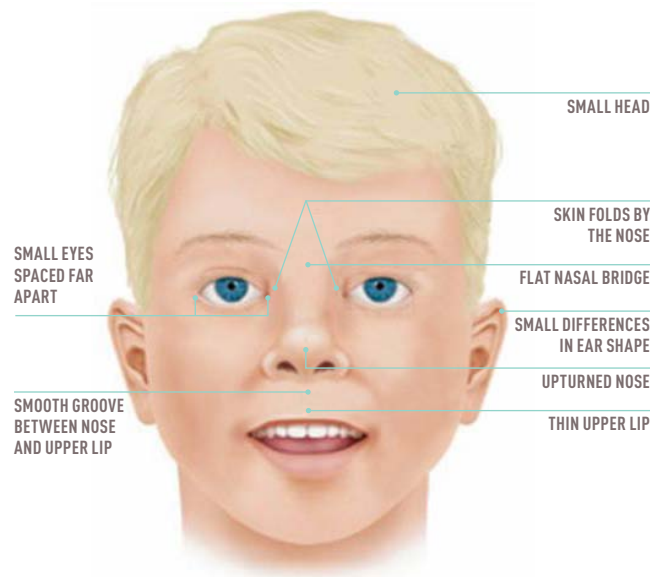
- low weight
- shorter height

INJURY TO THE BRAIN:

- small head and brain
- developmental delays
- learning problems
- behavior problems (trouble focusing, being impulsive, being stubborn, anxiety)
- poor coordination and fine motor skills



Courtesy of CDC



Adapted with permission from Darryl Leja, National Human Genome Research Institute, National Institutes of Health, Bethesda, MD

ALCOHOL EXPOSURE

(CONTINUED)

Although FAS does happen, the milder forms of FASD are more common. If your child is having learning or behavioral problems, you may not think about FASD and alcohol exposure, especially if he doesn't look like the pictures above. But it's still important to think about FASD and alcohol exposure.

Alcohol can hurt the brain and change how the brain works. This is true even if the child's face doesn't have the "FAS look." As a result,

a child can have problems that seem to have no known cause and may not get better with usual care.

With FASD, the injury to the brain does not get worse over time. But the child's problems can get worse as he gets older, because more is demanded of him. Although the main damage to the brain cannot be fixed, a child can be helped if the problem is found early and he gets support from caring adults.

PROBLEMS OFTEN SEEN WITH FASD

INFANTS	TODDLERS AND PRESCHOOLERS	SCHOOL-AGE CHILDREN	ADOLESCENTS AND YOUNG ADULTS
<ul style="list-style-type: none"> • Sleep problems • Fussy and hard to calm down • Hard time gaining weight • Feeding problems • Delays in motor skills (rolling, crawling, walking) • Delays in talking 	<ul style="list-style-type: none"> • More delays in motor skills • More delays in language • Short attention span • High level of activity • Tantrums; hard time handling frustration • Hard time handling changes to routine • Poor eating • Delays in toilet training • Hard time following directions 	<ul style="list-style-type: none"> • Slower thinking skills • Specific learning problems (troubles with memory, math, using words to share ideas, understanding what you see, getting organized) • ADHD • Trouble understanding rules • Easily frustrated; tantrums, acting out • Trouble learning from past experience • Immature; hard time understanding social rules • Trouble with activities of daily living (getting ready for school, self-care, chores) • Can appear more capable than they actually are • Inappropriate sexual behavior 	<p>Same issues as school age and more, due to higher demands:</p> <ul style="list-style-type: none"> • Mental health problems (anxiety, depression, low self-esteem, low motivation) • Quitting school • Easily taken advantage of by others • Aggression • Poor judgment; getting in trouble with the law • Trouble understanding abstract ideas • Trouble with handling money • Substance use • Lying and stealing • Early sex or unplanned pregnancy •Hard time keeping a job

TIPS FOR PARENTS

We know that kids who have been exposed to drugs and alcohol do better in safe, loving families. It makes a difference when the child's family understands his strengths and weaknesses. And it helps when the family leans on personal relationships and community services to support the child's needs.



TIP #1

Know what your child does well. Know what can be hard for your child. Encourage them and use positive words when they are doing well.

TIP #2

Accept your child's problems. Understand that your child is not behaving this way on purpose.

TIP #3

Work with other adults in your child's life to make sure everyone has the same expectations for your child.

TIP #4

Use daily routines.

TIP #5

Use simple, clear language and examples.

TIP #6

Use visual aids and cues (like schedules, charts, and calendars).

TIP #7

Help your child learn through hands-on experience.

TIP #8

Repeat instructions, information, and rules.

TIP #9

Use lots of reward and praise. Here are some links to information on positive discipline:

- www.cdc.gov/parents/essentials
- www.healthychildren.org/English/family-life/family-dynamics/communication-discipline

TIP #10

Structure your child's time.

TIP #11

Watch over your child while they try to do things on their own.

TIP #12

If needed, arrange for school supports (like IEPs). Down the road, think about job and vocational training, and other support through disability resources.

Health for Body, Mind, and Relationships

Children who are adopted or in foster care are more likely to have big physical health issues. Sometimes, these health problems are the reason that they were available for adoption or placed into foster care. Other times, the problems may be the result of abuse or neglect, or they may be the result of early toxic stress. Whatever the situation, kids need parents and health care providers to work together. Together, they can reduce painful or scary treatments. And they can explain things carefully so there are no scary surprises.

When children experience toxic stress early in life, they sometimes start puberty earlier than they're supposed to. For girls, puberty shouldn't usually start before they are 8 years old. For boys, it shouldn't be before 9 years old. If you see your child's body changing earlier than this, you should talk to your child's pediatrician or health care provider.

If a child was exposed to drugs or alcohol during pregnancy, she may be more likely to have problems of her own with drugs or alcohol. This is also true

if her birth parents had a substance use disorder. Parents need to teach kids from an early age that trying drugs or alcohol is not healthy. They should watch kids closely for signs of experimenting with drugs or alcohol. Above all, parents need to maintain good communication with teens.

When children have seen or experienced sexual violence, they may act sexually in ways that put them at risk. This behavior may not be socially acceptable, and it may make others uncomfortable. For example, children may masturbate ("play with themselves") as a way to calm themselves down. This by itself is not harmful. But kids can be taught to do this in private places, rather than in public spaces. Parents should also teach children about healthy, loving, and respectful sexual behavior. This can help kids protect themselves and respect the wishes of others. Teens may need careful guidance to learn healthy behaviors with boyfriends or girlfriends. And parents should help teens to prevent pregnancy and sexually transmitted infections.

Children and youth who have experienced trauma are more likely to struggle in life with mental health challenges. Children whose birth parents have mental illnesses are more likely to have them as well, since these conditions may run in families. Your child may benefit from working with a mental health professional who is knowledgeable about early childhood trauma. There are special types of treatment that are effective for children who have trauma in their past. You can learn more about those [here](#).



Transitions

Big changes in life are hard for everybody. For children who have lived through trauma and unstable times, changes and transitions can be even more difficult. When a child first moves into a new family, she often goes through a time without many emotions or many problems. This is (unfortunately) sometimes called a “honeymoon period.” The child may be very calm and on her best behavior. And the new parent is very happy to have the new child with the family. But what’s really happening is this: The child is very anxious, trying to learn the rules and routines of the new household. She is also on guard against the scary or unsafe things that may have happened with past changes.

You can help your child through this stressful time, by helping her feel safe and secure. Talk with her about the changes: both what is hard and what is happy. Photos and transition objects, like a soft blanket or stuffed animal, can help. A detailed tour of every space in the child’s new home can also help her

feel more at ease. It’s good to talk about what happens in each space, and what sounds, smells, and sights the child might experience there.

As the child gets used to the new family and household, she will test her limits and push boundaries. Once a child feels pretty safe, she may even “act out.” People sometimes call this “the end of the honeymoon.” But she is actually trying to express her sadness and anger, and heal from her trauma. You can help by talking with your child about understanding big feelings, and healthy ways to handle them. Tell her that those feelings won’t change your love for her, or her place in your family—even if some behaviors are not allowed.

Remember: It can be stressful for your child just to leave her new home or to be apart from you. She may not fully understand that the separation from you is temporary. She may not yet feel sure that you will return. It can help for you to be very clear about where you are going, what you will do there, and when you will be together again. Some children need this reassurance for months or even years after they join their new families.

You can help your child through this stressful time, by helping her feel safe and secure.



Learning

Children who are adopted or in foster care sometimes have struggles with learning.

This can be because they're still living in "freeze-run-or-fight" mode. In this mode, their brains are not ready to learn. Also, some of these kids have missed time in school, or they have moved to lots of different schools. So they're often behind just because they haven't been able to learn things in a consistent order.

If your child is struggling with his schoolwork, he should have a full psychological evaluation. This will help you and his teachers understand how to set fair expectations. That way, together, you can help him learn to his best ability. It can really help kids to have learning and emotional supports in school.

Being the parent of a child who has learning struggles can be hard, especially if school was easy for you. Try to have realistic expectations of your child, even as you work to help him do his best in school. You can also help by finding other activities (like sports or the arts) that come easily to him. This can help make school less stressful for everyone.



It can really help
kids to have learning
and emotional
supports in school.

Identity

Kids who are adopted or in foster care often face other differences that can make life hard. If a child lives with a family of another race or ethnicity, this can make her feel very different. Children can do very well in interracial adoptive families. But when a child looks different from her parents, she and her family stand out right away. Even today, many places have very little diversity. If a child is in a family like this, she may be the only person of her race in her school. This may also be true on her sports teams, or in her social groups. This can leave her feeling like she does not fit in and is all alone.

Sometimes children are made to feel like they are the example for their entire race or ethnicity. This can create pressure for a child to be perfect. It can also cause her to just give up and act negatively. Many adopted kids don't feel like they fully belong to any group. This is easy to understand, since their face, skin, and culture don't match the groups around them. Sometimes parents aren't sure if it's okay to talk about racial and ethnic differences. They may worry that their child will feel isolated. But children may feel ignored if these differences are not talked about.

Of course, racism doesn't just affect kids who are adopted or in foster care. But in many cases, a child's parents, family, and friends haven't felt the same racism that she has. So it may be hard for her to understand it and respond in a healthy way. It may also be harder for a child to learn to love who she is, when she has no real-life role models who look like her.

Many children who are adopted or in foster care also live in families that aren't traditional. Some families have just one legal parent. Some have two parents of the same gender. Some have grandparents or other extended family members as guardians. This can also make kids feel singled out or different.

If a child is in foster care, kinship care, or an open adoption, she may be in touch with her birth parents. It can be really helpful for kids to have these connections. We know this from many scientific studies. But it can also get very tricky, especially if the birth parent is struggling with a substance use disorder or other mental health problems. It can be very helpful for families to talk with someone about this, like a therapist or an adoption specialist. It's important to find someone who has experience in helping families work out these relationships.

Some children who have been adopted or are in foster care do not know parts of their own life stories. A child may not know her actual date of birth; a birth date may have simply been assigned to her. Many children do not know details of their early lives. Important parts of their personal and medical histories are often missing. They often do not have baby pictures, records of first words or first steps, or stories of silly things they did when they were little. Some may have early memories of trauma. But they may not have the words or details to explain how nervous or upset they feel when those memories come back. Foster and adoptive parents may feel rejected

when a child shows interest in her birth family. But it's normal for children to want to know more about their roots. This happens even when a child feels very connected to her current family.

All of these differences can be very hard for children and youth who are adopted or in foster care. Kids may be bullied because they or their families stand out. They often get unwanted questions about their lives and their families. School projects about family history or baby pictures can make a child feel like she is different or doesn't belong. And kids in foster care may feel added stress because they are not in a permanent family.

Parents should keep communication open with their children. They can encourage them to share their feelings on sensitive topics. It can be good to "check in" with kids when these sensitive topics come up in life or school. Caring adults can help by being aware of what the children might be going through. They can also help by creating communities that welcome and celebrate children and families of all kinds.



What Can Be Done to Help?

Children who have lived through trauma may react to everyday things in ways that seem like over-reacting. But, as we have discussed, these actions are really related to their earlier trauma. When this happens, how the adults around them act next can make a big difference in helping them. Kids who have lived through trauma need different kinds of support from their parents than other kids do. In fact, if parents react like they usually do for most kids, it can make things worse, not better.

Children who have had trauma often need more help from adults to deal with their feelings of frustration and anger. They also need adults to remain very calm and not to take things personally. Certain parenting strategies have been shown to really help. You can learn more about them [here](#).

The table on the next page lists some common behaviors of children at different ages, along with ways to respond. One column shows the “usual” ways to react. The other column shows ways that work better for children who have had trauma.



Children who have had trauma often need more help from adults to deal with their feelings of frustration and anger.

GUIDANCE: CHILDREN WITH NO TRAUMA HISTORY VS. CHILDREN WITH HISTORY OF TRAUMA (CHART 1 OF 2)

	CHILD'S BEHAVIOR	Response for Children With NO Trauma History	Response for Children With Trauma History
INFANTS	LOTS OF CRYING	Reassure the child, but allow her to cry and learn to calm herself.	The child may need extra help to learn to calm herself (like wrapping her in a blanket, turning down the lights).
	FEEDING	Eating will usually calm the child.	The child may need help with calming down to eat (swaddling, turning down the lights). Babies with NAS in particular require minimal stimulation during feeding, with dim lights and low noise.
TODDLERS	EATING	Have meals at the same time every day, with the whole family. This way, the child learns good eating habits. Healthy snacking helps him learn what are good foods to eat and when he should be eating.	The child may worry that he won't get food when he needs it. He may hide food or want food all the time. Make sure the child can always get healthy food (like in a lunchbox he can carry with healthy snacks). The child may not feel full even after eating. Tell him when the meal is done, and distract him so that he can take a break from eating.
	TANTRUMS	Ignore the tantrum.	The child may not calm down on her own. Take her hand to help her calm down and help her body feel safe.
	NOT SLEEPING	Make sure the child's room is just for sleep, with no TV and no electronics before bed. Have a bedtime routine. Let the child fall asleep without a parent in his bed or in his room.	Same advice on room and routines, but the child may need more help from the parent. Start by letting the child sleep near the parent, with the parent on a chair nearby, available to hold a hand if needed. Then gradually increase the distance between the chair and the bed until the parent is able to sit across the room, and then outside of the room, as the child falls asleep. Using a blanket or a stuffed toy may help.
	ACTING OUT	Use a clear, stern "no." Explain what is not allowed, and show the child the right thing to do.	A loud or stern voice may make the child act out more. Use a very quiet voice. Tell her that she needs to stop and show her the right thing to do.
	ACTING YOUNGER THAN CHILD IS	Ignore the action. Tell or show the child what he should do based on his age.	The child may need to act younger for short time. Allow this behavior, then go back to the skill at another time.
EARLY CHILDHOOD	EATING	(see guidance under Toddlers)	(see guidance under Toddlers)
	DISORGANIZED SLEEP	(see guidance under Toddlers)	(see guidance under Toddlers)
	SELF-SOOTHING (ROCKING, HEAD BANGING)	Show the child another way to calm down, and get her mind off it.	The child may need the parent to hug or calm her. She may not be able to calm down on her own. Show her other ways to calm down (holding a toy or blanket).
	TANTRUMS	Take a time-out. Ignore bad behavior, reward good behaviors.	The child might not be able to do time-out if he's too upset. He may need to be held or rocked to get his brain to calm down. Quiet him with directions (not yelling).

GUIDANCE: CHILDREN WITH NO TRAUMA HISTORY VS. CHILDREN WITH HISTORY OF TRAUMA (CHART 2 OF 2)

	CHILD'S BEHAVIOR	Response for Children With NO Trauma History	Response for Children With Trauma History
SCHOOL-AGE CHILDREN	EATING	(see guidance under Toddlers)	(see guidance under Toddlers)
	DISORGANIZED SLEEP	(see guidance under Toddlers)	(see guidance under Toddlers)
	ANGER, FRUSTRATION	Teach the child to “use your words” to learn what she is feeling. Teach her how to let others know what she is feeling.	The child may not be able to use words for her feelings yet, and that can make her frustration worse. Look for when the frustration is starting. Then show the child how to use her body to calm down (jump, shake, wiggle, breathe deeply). Teach her acceptable ways to show anger (like stomping feet or drawing a picture)
	DISORGANIZATION	Set up ways to keep things organized. Charts, reminders, and routines help.	Same as “No Trauma” column. Also, the child may need extra reminders of what to expect. Offer simple and specific directions. (Instead of “go get a shirt,” try “go get your blue shirt.”)
	DEPRESSION, ANXIETY, WITHDRAWAL	Have the child use words to try to say what his feelings are, and why he feels that way. Work with him on coming up with things to do to help him feel better. If he’s nervous, try to figure out the reason. Then talk about why that makes him nervous. Talk about simple ways to feel better (breathing deeply, relaxation, thinking about funny things).	Same as “No Trauma” column. Remember: This may be happening because he is thinking about or reminded of something that happened in the past.
	FREQUENT ACHES AND PAINS	Don’t pay too much attention to it. Talk about what happened before the stomachache or headache, which might be the reason for the pains.	This may be happening because the child is reminded of past trauma. She may need more help to try to calm down with breathing, relaxation, massage, and talking about feelings.
ADOLESCENTS	STRONG EMOTION, EMOTIONS BEYOND WHAT THE SITUATION WOULD WARRANT	This can be normal for teenagers. Talk to the teen about how to calm himself down and how to name his feelings. Discuss other ways to handle problems.	Teens who have had trauma may need help with calming down. They can use all 5 senses to help relax — sight, sound, smell, touch, and taste. (Look at calming pictures, listen to relaxing music, use nice-smelling soap, squeeze a stress ball, chew on ice.) If you see your teen get really mad, it may seem like he’s mad at you. But this is not about you; it’s about what happened in the past. Stay calm. Help the teen see clues that he is getting out of control, and how to calm down instead.
	IMPULSIVE ACTIONS	Teens normally are impulsive. Sometimes just having to live with the result (like breaking a favorite item) is a good way to learn. When the teen is calm, talk with her about ways to think things through. Use examples of bad choices people make from movies or TV, and talk about other ways she could have acted.	The teen may not make the link between what she does and the results. She may need help to make the link.

RESOURCES

Safe and Sound Materials

This guide is part of a series of resources designed to help children who have experienced trauma and adversity, by helping their parents, caregivers, and other adults in their lives understand how that early trauma may have affected them. Access all of the materials at:

www.aap.org/safe&sound

Adverse Childhood Experiences Study

www.cdc.gov/violenceprevention/acestudy

Trauma Treatment (Child and Adolescent)

www.cebc4cw.org/search/topic-areas/trauma-treatment-child-adolescent

Parent Training Programs

www.cebc4cw.org/search/topic-areas/parent-training-programs

Neonatal Abstinence Syndrome (NAS)

[www.marchofdimes.org/complications/neonatal-abstinence-syndrome-\(nas\).aspx](http://www.marchofdimes.org/complications/neonatal-abstinence-syndrome-(nas).aspx)

National Child Traumatic Stress Network

www.nctsn.org/resources/audiences/parents-caregivers

Back to Sleep for Babies in Foster Care: Every Time, With Every Caregiver

www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Documents/sids.pdf

Helping Children in Foster Care Make Successful Transitions Into Child Care

www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Documents/childcare.pdf



Permission is granted to reproduce this guide in print format for noncommercial purposes. Material must be reproduced exactly as originally published. No deletions, alterations, or other changes may be made without the written consent of the AAP. For permission to reproduce material for commercial use or in formats other than print, please contact the AAP directly at permissions@aap.org.

American Academy of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN®

The American Academy of Pediatrics is a professional membership organization of 67,000 primary care pediatricians, pediatric medical sub-specialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of all infants, children, adolescents, and young adults.



Dave Thomas
Foundation
for Adoption®

Finding Forever Families for Children in Foster Care

The Dave Thomas Foundation for Adoption is a national nonprofit public charity dedicated exclusively to finding permanent homes for the more than 150,000 children waiting in North America's foster care systems. Created by Wendy's® founder Dave Thomas who was adopted, the Foundation implements evidence-based, results-driven national service programs, foster care adoption awareness campaigns and innovative grantmaking. To learn more, visit: davethomasfoundation.org or call 1-800-ASK-DTFA.



JOCKEY
BEING FAMILY.

Jockey Being Family® is Jockey International, Inc.'s corporate initiative dedicated to providing comfort to families touched by adoption. Jockey Being Family naturally reflects Jockey's values as a family-owned company and its dedication to outfitting individuals with the comfort and support they need to live their best lives. Recognizing the unmet need, Jockey® selected post-adoption services as an issue where Jockey Being Family could make a significant impact. Jockey believes that by strengthening adoptive families, we can ensure permanence for children and strengthen families in our communities. We believe that every child deserves to grow up with a loving family in a forever home. To learn more, visit: jockeybeingfamily.com and jockey.com.

© 2019 American Academy of Pediatrics and Dave Thomas Foundation for Adoption