

How Adoption-Informed Interventions Can Help with Behavioral Management

by *Laura Anderson*

I confess that as a child psychologist, I thought I might have an advantage when I became a parent. Yet, I admit that as an adoptive parent, aspects of my clinical training have backfired with my son. Royally. As I learn and grow in the adoption community, I frequently have conversations with adoptive parents about children's developmental and behavioral needs. As families share stories each year at Pact Family Camp, I am struck by the fact that several parents with children in my son's age group all sound as if we adopted the same child.

We all have bright, loving, capable, talented, energetic children who have difficulties regulating their emotions and behavior, and who warrant creative, calming parenting. At Camp, we tell stories and soak up presentations hoping to glean any knowledge that will make bedtime and morning routines easier, or will help make volatile public temper tantrums a thing of the past. Fellow Camp parent and a therapist Beth Wheeler and I have had an ongoing discussion about issues pertaining to behavioral regulation. Over several years and in consultation with adoptees, parents, adoption experts, trauma therapists, health care providers, and occupational therapists, we have found helpful interventions and are sharing this piece here in the hopes of helping others in similar situations.

Adoption and Neurodevelopment

Science is beginning to shed more light on the types of things that impact child development. Data suggests that because cortisol passes through the placenta, maternal stress during pregnancy can impact a baby's self-regulation and sensory processing abilities. Given the variety of difficult situations in which first families place an infant for adoption, pregnancies resulting in adoption are likely to have been stressful. We also know that the removal of a child from parents' care at any age is a trauma likely to impact physiology with an intensity only now being recognized.

We take for granted that children learn through exploring their environment. Our bodies are simultaneously sponges and computers. We use our senses (sight, hearing, smell, touch and taste) to navigate the world around us, and when these systems work smoothly, we rarely consider them. Yet, when our sensory switchboards amplify or diminish the intensity of

Trauma

by *Beth Wheeler*

Trauma is part of life. So is resiliency. Trauma is not simply an event itself; trauma is in the nervous system. When our nervous system senses danger and threat—and this is different for every system—our primal, instinctual responses are activated as mechanisms to protect us and prepare us for survival. We are biologically programmed to fight, flee, or freeze in response to a perceived inescapable threat, and the younger we are, the more likely something is to be perceived as an inescapable threat. Signs of trauma often include hyperarousal, constriction, and dissociation.

Feelings of numbness (or freeze) often result in hopelessness or helplessness that, when trauma is not worked through physiologically, could remain with the child who might then live in a more constant state of hyperarousal. What to do for your child when they are experiencing the physiological reaction to trauma?

1. Understand that your child may be experiencing symptoms of trauma; you may know the situation that was traumatic or you may not.
2. Check in on your own body's response to the trauma and regulate yourself; do what you need to calm yourself down as your calm will help your child.
3. Assess the level of distress of your child. Affirm for them that you are there with them and they are now safe.
4. Allow for the shock to wear off and for the child to become aware of the sensations in their body. - How does their head feel? Their tummy? Try to have them verbalize what they are sensing- tingling, butterflies, pain, cold, hot.
5. If they need to shake or tremble or cry, let them. It is their body's way of discharging the fear. Validate that these reactions are perfectly normal.
6. Trust in your child's innate ability to heal
7. Encourage rest.
8. Process emotions and the situation later after the child has calmed down. It is not necessary to talk about the event right away. It is more important to get them feeling safe and get the physiological fear out of their body.

We all have a threshold for over-stimulation- Just how much stimulation can we take before we lose it? This threshold is often genetically determined, and can fall along a spectrum

signals, our resulting reactions and behaviors can seem intense or inappropriate.

Children who have sensory integration issues have difficulty regulating emotions, behaviors, activity levels, and sleep. Some children are overreactive to sights, sounds, tastes, food, textures, temperature, hunger, touch, and pain, while others are underreactive. Furthermore, some children are wired to be underreactive to some stimuli and overreactive to others. Additionally, children with trauma histories often present with heightened reactivity and exaggerated “fight, flight or freeze” responses. These, too, can lead to unpredictable reactions to a variety of seemingly mundane situations.

Sensory Sensitivity and Misbehavior

Children “misbehave” for many different reasons. In classic parenting interventions, misbehavior is assumed to be willful testing of boundaries or intentional demands for attention and control. As parents, we often assume behavior is learned, and that with “better” parental boundaries and different reactions, the children can unlearn this bad behavior. However, some behaviors are not to gain attention, maintain control, or get what is wanted. When children have neurological developmental differences or trauma histories that have changed their wiring and sensory processing, well-known behavioral strategies may not work.

Children whose sensory systems are disorganized or not well regulated become easily overstimulated by all the visual, auditory, olfactory, and tactile cues around them. When they are tired or hungry, these children react as if a switch has suddenly flipped. They may react strongly to certain clothing materials, tags, seams, or bunched socks; to smells or sounds that no one else notices. They may inexplicably shout to leave a place when others are content or, conversely, they may find a repetitive activity they enjoy (a pool slide or swing) and refuse to leave even when all others are ready to go. Kids with sensory integration disorder seem to escalate quickly, going from zero-100 in three seconds.

It is true that all children have their moments of being unmanageable, and many of the triggers can be universal. But the degree to which sensory disorganized kids respond, the manner in which they show their agitation, and the way they seek equilibrium are what sets them apart from others. When their sensory systems are dysregulated, these children will work hard to bring their bodies back into balance. If their sensory needs are not understood, it can be hard to identify their needs.

When overstimulated, these children often need repetitive actions, quiet spaces, gross motor activity, deep tissue pressure, or visual calm. But they often don’t know how to find these things independently, and instead become dysregulated in response to their internal chaos.

What May Not Work with Children With Sensory Integration Issues and Trauma Histories

It’s important to understand what is happening for children with sensory disorder because some of the typical parenting strategies will not be effective in helping children regulate. The following tactics may not work for kids with sensory integration issues and trauma histories:

- Promising desired rewards for good behavior—kids can’t choose to behave when overwhelmed.
- Reacting suddenly to misbehavior—turning off the TV quickly, or removing the IPAD from a child’s grasp.
- Getting big—raising voice, moving closer to your child.

of low to high for adults and children. Afternoons can often present a greater challenge for our kids in managing overstimulation, but every child is different. Some questions to ask:

1. Is there a time of day at which my child tends to be more over-stimulated? What adjustments can I make in their day to help decrease their over-stimulation? Does my child have a low threshold or a high threshold for overstimulation? Where are they on this spectrum?
2. What tends to over-stimulate/agitate them?
3. What activities can I do to decrease their over-stimulation?
4. Am I asking too much of my child in this moment? Are they too over-stimulated to do this task I am asking of them? What will help them regulate?

We all have an optimal level of arousal- Everyone’s brain needs an optimal level of arousal in order to process efficiently. Regular exercise, coffee, or simply standing up and walking around serve as methods of arousal. If kids’ brains are under-aroused, they will seek out sensory stimulation. This might happen through rough play, fidgeting, or jumping up and down. Our job is to help them get the arousal they need in an appropriate way. Questions to ask:

1. If my child is considered “overly fidgety” or “hyperactive” in class, are they trying to activate their level of arousal in order to learn better? Do they need more movement or stimulation?
2. If they need more movement, what kind do they need? What kind of movement are they seeking?
3. How can I advocate for my child to get the kind of movement needed to better impact their ability to learn?

In addition to paying attention to sights, sounds, tastes, food, textures, temperature, hunger, touch, and pain and how they affect your child, pay attention to these two systems for your child as well:

1. The vestibular system- There is fluid in the inner ear (the vestibule). By swinging, spinning, or rocking, for instance, the fluid moves and effectively wakes up the brain. If someone is under-stimulated in this area they need to swing, spin and rock to regulate; if over-stimulated, spinning, swinging, or rocking will dysregulate. What does your child do?
2. The Proprioceptive System- The proprioceptive system requires gross muscle motor work, and joints and muscles need input to activate the system. Climbing, jumping, pushing, carrying, and throwing are all ways to jumpstart the proprioceptive system. A child who is under-stimulated will regulate from doing these activities. A child who is over-stimulated may become dysregulated by doing this. What does your child do?

Build opportunities for re-regulation into your child’s day- If a child is struggling to find balance, do an activity that might help reorganize them and then revisit the original plan.

1. If your child needs to pick up the toys but is too over-stimulated, do an activity to calm them down, and then have them come back to pick up the toys.

- Utilizing time-outs—this may trigger adopted children and may send the message that when you are bad, you will be alone.
- Using time-ins—sitting with and offering reassurance works well for some adopted children. However, with sensory dysregulated children, these time-ins may soon become wrestling matches. My son, for instance, would fight to escape me, and would charge at me. This was not simply as a flight or fight response, but rather his body really needed the deep pressure of wrestling or crashing into me to calm down.
- Implementing classic behavioral modification plans—Using rocketship diagram and earning stars in the sky for safe choices is fine for some kids. But such plans are more likely to crash and burn rather than serve as a deterrent or motivator for kids with sensory disorder. My son was angry that he was always “losing” things in these plans and continued to be aggressive with me. Additionally, he could not delay gratification when he was anxious or overstimulated (which was often).

What Does Work? The Keys to Managing Behavior of Sensory Sensitive and Reactive Children

Prevention is Critical

When possible, avoid demanding compliance when your child is hungry or fatigued. Let an orally stimulated child chew on dried fruit snacks or lick an ice cream cone during errands. Allow the use of headphones to listen to music or recorded books. For children needing gross motor work and deep tissue pressure, build cartwheels, wheelbarrow walks, trampoline jumps, swimming, or quick inside obstacle courses into your daily routine. Having these as part of your daily lives can help balance a child’s system, and avoid overwhelmed meltdowns.

When Things Go Wrong: Soothe First and Teach Later

Let’s face it: meltdowns are sometimes unavoidable even with heroic prevention efforts. The cardinal rule is to soothe your child first. Until she is regulated again, she will not be able to calm down and comply. This may seem counterproductive at first, because it appears to others that you are placating your child when she needs discipline, but trust us on this one.

- Diminish auditory and visual stimulation—Turn off extraneous noise. Go to a quiet place. Put on headphones quickly. Find calming soft music. Let him “cave up” by going under a table or into an elevator. Have a tent/cubby as a cool down corner, and use it to regroup (not as a punishment zone). Teach your child to use this zone as a place to self-regulate. Practice with him.
- Increase the physical stimulation—For kids who need deep tissue pressure, use weighted vests or blankets or hot water bottles in laps. My son clearly needed to feel deep tissue pressure when he was upset and smashing into and punching me. I had him push on walls to “move” them, or lie on the couch while I rolled a yoga ball over him from his ankles to his chest. He would immediately exhale and calm down.
- Initiate movement—Children who are agitated need vestibular input. When my son starts to lose it, I have him count jumps on the trampoline, or the number of cartwheels he can do (his record is 103 consecutive cartwheels). Other days, we rock rapidly in our rocking chair or swing in the yard. All of these methods have proven to reestablish balance for my child.

As parents, we teach our children and hope they thrive. It is a big aha! to understand that kids with trauma histories and sensory needs do not learn when agitated, and that we can’t shape their external behavior when their internal sensory systems are in chaos.

2. Doing heavy work with kids 30 minutes before meals and 30 minutes before bed may help settle them enough to sit for a meal or wind down for the night.
3. Keep a journal to track what sensory activities seem to help your child in certain under-stimulated or over-stimulated situations and use them.

Some examples of activities to do when a child needs regulation (P= Proprioceptive; V= Vestibular):

1. Shoulder press- put pressure on each shoulder moving down and into the center of the body at least 4 times (P)
2. Climb stairs over and over (P)
3. Throw a ball, kick, or punch a bag or pillow (P)
4. Deep compression on legs or arms (P)
5. Have kids push feet against yours as hard as they can (P)
6. Lean into the child (P)
7. Push something (P)
8. Let child hang on your arm (p)
9. Tug of war with a rope (P)
10. Play with putty with your hands (P)
11. Joint mobilization (P)
12. Wheelbarrow (P)
13. Climb a ladder or a rope (P)
14. Jump on a trampoline, flip, spin (P/ V)
15. Swim (P/V)
16. Swing on a rope (V)
17. Swing on a tire swing side to side and around (V)
18. Hang upside down, do head stands (V)
19. Spin child in a circle (V)
20. Spin around on head (V)
21. Various gymnastics (P/V)

There are endless ways to help ourselves and our children regulate on a day-to-day basis. If we seek to manage and balance the level of under- and over-stimulation of our sensory, nervous, and self-regulatory systems, we will change the way we parent and, to that end, effectively support our children’s well being.

More info about Sensory Integration

- www.siglobalnetwork.org/#!parents/com
- www.aota.org/Practice/Children-Youth/SI.aspx

More info about Trauma

- *Trauma Through A Child’s Eyes; Infancy Through Adolescence*, Peter Levine and Maggie Kline
- *Trauma-Proofing Your Kids; A Parent’s Guide for Instilling Confidence, Joy and Resilience*, Peter Levine and Maggie Kline
- Child Trauma Academy www.childtrauma.org

Beth Wheeler, MSW, is a white, lesbian identified woman parenting her two domestically adopted African American boys with her wife of 19 years, Emmy. Their boys are nearly 10 and 7. Beth is a Licensed Clinical Social Worker. Her areas of specialty are trauma, sexual and gender identity, and the intersectionality of race, class, sexuality, gender, gender identity, ability, ethnicity, adoption and culture. She is starting a new business in October called Wheeler Educational Services, in which she will offer multicultural educational programming to help individuals, families, groups and organizations build capacity to learn, support, lead and act on behalf of human rights and social justice. Beth and her family have been attending Pact Camp for 6 years.

This is a shift from more classic parenting advice, which suggests we teach children through immediate consequences or rewards. Typically, children are urged to respect authority and listen to adults promptly, especially in public. Other parents happily offer suggestions about what worked with their (non-adopted, sensory-integrated) kids. Know that the soothing strategies we must apply to our children appear to other parents as if we are spoiling them. Let go of whatever others may think; you have to believe in the theory behind these interventions to be able to weather storms and focus on the long term.

It is no small thing to understand that this mandate for compliance becomes additionally tricky for transracially adoptive parents. Those of us raising children of color today understand that compliance with adults can be potentially life-saving. White adoptive parents of children of color sense that our parenting is under particular scrutiny because we are conspicuous families. Audiences in public may have a range of views about our decision to adopt transracially. Bad behavior by a child of color in public may reinforce negative white-audience prejudices that “those kids” are often out of control. Bad behavior in crowds of people of color may reinforce the notion that white parents are not equipped to raise children of color appropriately in today’s world. White adoptive parents aware of these larger dynamics in society may feel especially anxious when their children misbehave; this added desire to prove that our children are not pre-destined to be trouble-makers, or that we are not the wrong parents for our children, can easily increase parent anxiety and escalate parent/child conflict. Our children with trauma histories and sensory needs are astute at sensing parent urgency, triggering their own agitation and anxiety. Situations get worse, rather than better. Everyone feels disappointing, disappointed, and judged.

Summary

All parenting is tricky. All children have their quirks. Yet adopted children have trauma histories of varying degrees and may be more likely to have specialized sensory processing needs. Helping them navigate daily routines requires understanding their needs and responding differently to their behavior. Knowing that your child’s misbehavior may be triggered by internal sensory disorganization rather than willful defiance can be helpful in not personalizing challenging situations. We must try to stay calm ourselves and soothe our children first, before we can teach them through reasoning and connectedness.

We hope this discussion will help adoptive parents think about widening their circle of support if child behaviors are challenging. We suggest reaching out to adult adoptees and other adoptive families and encourage contact with occupational therapists for assessment and consultation. Consider connecting with nontraditional health care providers who have experience with issues of trauma or sensory integration. Seek local behavioral health professionals who have experience treating children with trauma histories and specialized sensory needs. Years ago, Beth and I would have said that as child and family therapists, we were trained to work effectively with adoptive families. We wish we had known then what we know now. Regardless, practical experience is crucial to finding helpful strategies for the complex and marvelous journey of adoptive parenting.

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