

# FACTS

## Adoptive and Foster Children Education Resource Guide



*for Educators,  
Support Personnel  
and Caregivers*

*Transforming the future for adopted and foster care children and children with complex trauma*



# Adopted and foster children have had different life experiences that often include:

- *prenatal stress*
- *difficult labor or birth*
- *early hospitalization*
- *separation from birth mothers*
- *orphanage care*
- *multiple placements*
- *neglect abuse and other trauma*

This resource is meant for educators, treatment professionals, and other members of the care team for foster and adoptive children. As parents of these children, we are asked to see them through a different lens. Our hope is that this guide will provide information that will help all who interact with foster and adoptive children to do the same.



We hope you will have a new understanding of the adoptive and foster family's experience and approach them with empathy, respect, and attentiveness to the effects of past traumatic experiences on their behavior.

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# OVERVIEW

Children build the foundation for love of self and others by first experiencing the love of a parent or caregiver. A child learns to trust in his own sense of goodness and trust in others when both his physical and emotional needs are consistently met. When attachment is broken, as it is in adopted and foster children, it shapes how children view themselves and the world as unsafe and untrustworthy.



Adopted and foster children may face challenges with self-worth, experience difficulty accepting and showing love or affection, and be slow to trust the new caregivers. Healing the loss of broken attachment bonds can take a lifetime.

Experts recommend that parents who adopt and foster change their perspective and expectations to account for the child's trauma. This means parenting in a way that prioritizes building trust and securing attachment, often in ways that seem counter to traditional parenting methods.

Children who have experienced attachment trauma experience changes in brain chemistry that can leave them in ongoing hyper vigilant states, also known as the “fight, flight, or freeze” mode. If the child's needs were not met, and they were neglected or harmed, their nervous system begins to change. This stage of chronic distress requires the child to protect themselves. It is so harmful that the child is often unable to receive attempts of loving connection and care even after being placed in a safe home, no matter how loving or nurturing the parents are. Adoptive and foster parents must try to balance connection with correction when engaging with their children, knowing an adopted or foster child's past trauma will often dictate their present behaviors and emotions.

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These efforts to heal attachment wounds can be undermined if the professionals and caregivers working with the adopted or foster child do not have a trauma informed approach or are not informed in attachment based interventions. Moreover, all the training in the world cannot prepare caregivers for every behavioral and emotional response of adoptive and foster children or for every situation. Each child's experience is different, resulting in unique maladaptive coping skills.

Often, the child is not even aware of what triggers them. Trauma drives their emotions and behaviors whether they remember their experiences or not. They often have difficulty experiencing feelings of warmth, comfort, kindness, fun, love, joy, and shared happiness. It is important to know the child can continue to operate from a place of internal fear even once they have moved to a safe and loving home. The emotions and behaviors displayed are an expression of the child's past traumatic experiences and can have little to do with their current environment.



***According to leading experts in adoption work, it is imperative that school professionals form an alliance with foster and adoptive parents in educating, treating and caring for their children.***

The issues surrounding adoption and foster care are unique and complex. It is important to be educated in attachment based interventions to support healing. We hope you use this guide as an actionable resource to better understand adoptive and foster children and their parents. We hope that this will give you the ability to respond with grace, curiosity, and compassion and provide support that positively impacts adoptive and foster children you work with.

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# TRAUMA AND DIAGNOSES

The prenatal and life experiences of adopted and foster children can be risk factors for disorders that affect the brain and nervous system. Early life experiences manifest in different ways for different children.

You may come across adopted and foster children who have been diagnosed with one or more of the following disorders:

- *attention deficit disorder*
- *reactive attachment disorder*
- *disinhibited social engagement disorder*
- *post traumatic stress disorder*
- *complicated grief*
- *oppositional defiant disorder*
- *adjustment disorder*
- *major depressive disorder*
- *sensory processing disorder*
- *fetal alcohol spectrum disorder*
- *emotional, behavioral and/or cognitive disorders*

***Be compassionate to parents with the understanding that any adult who attempts to be an adoptive or a foster parent will face challenges caused by the disruption in early attachment.***



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# REACTIVE ATTACHMENT DISORDER

**Reactive Attachment Disorder (RAD)** can occur when there is any disruption in a child forming a secure attachment with a parent. Many adopted and foster children (some statistics say 50-80%) have this developmental disorder that includes a wide number of behaviors affecting academics, personal relationships and self identity ranging on a spectrum from mild to moderate to severe. Not all adopted and foster children are diagnosed with RAD, but they can still display some attachment adjustment challenges.

It is important for treatment professionals, educators, support personnel and childcare workers to recognize that if a child is diagnosed with attachment issues it does not mean that the child does not love his parents or that the parents are unloving. It also does not mean the child has low intelligence or is developmentally delayed.

What it does mean is that the child's brain has been programmed to protect him from pain, preventing him from trusting that giving and receiving love will not end in abandonment or a broken heart. Even when living in a safe environment, the child's behaviors and emotions will be based on fear and grief from his loss. This child will need a seemingly counterintuitive approach to care and specific support that emphasize regulation and connection to the caregivers to unlearn this pattern of response. Through attachment-based interventions, the traumatized brain has the ability to heal by creating new neural connections over time. Attachment-based interventions support the child-parent relationship, while still validating a child's emotions and holding boundaries.

**It is imperative to form a relationship with the child's foster or adoptive parents and communicate often. The next sections: *What to Expect* and *What Can Help* will give you a starting point in working with the adopted or foster child whether diagnosed with RAD or not.**

You can be a support to the family while being a participant in the healing process of the child.



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# WHAT TO EXPECT

Adoptive and foster children may have an overly sensitive nervous system. In stressful situations, they may shut down or blow up due to the overactive stress response. Behaviors and emotions can seem unprovoked.

Adoptive and foster children may have difficulties in academics, relationships with peers and family, cognitive skills, emotional regulation, sensory issues, and self concept and identity.



Adoptive and foster children will often display a variety of emotions and behaviors including defensiveness, hyper vigilance, negativity bias, and an inability to notice cues of safety and enjoyment. They may be very independent, controlling, and see the world as a dangerous place. They may reject any help from parents or other adults feeling they need to take care of themselves.

Adoptive and foster children may show unfriendly feelings, being openly oppositional or resisting and sometimes hostile to the adoptive or foster mother.

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# WHAT CAN HELP

Communicate often with parents and outside treatment professionals when given permission to provide clarity and context of children's emotions and behaviors.

Know this child's emotions and behaviors are "normal" based on their previous life experiences.

Help the child to understand safety and joy.

Partner with the parents, developing a shared outlook and approach.

*Remember, supporting the parent-child connection is in the adopted and foster child's best interest.*

Keep communication with parents frequent, open and your intent positive.

Keep a high structure-high nurture approach and routine.

Lower expectations and stress on the adopted or foster child, remembering that none of us have control over the timing of healing the child.

Be compassionate to parents with the understanding that any adult who attempts to be an adoptive or foster parent will face challenges caused by the disruption in early attachment.

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# QUESTIONS FOR EDUCATORS AND TREATMENT PROFESSIONALS

These should be asked prior to and during work with adopted and foster children. It's not always possible to know all the right answers, but we can start by knowing the right questions.

“ Do I understand that this emotion/behavior might differ from how the child presents at home with the adoptive or foster parents? ”

“ Do I understand that the emotion or behaviors I see presented by this child might be related to attachment trauma from adoption or foster care? ”

“ Do I have a strong understanding of how important attachment and trust is for a child's future identity and relationships? ”

“ How can I best respond and support this child while still facilitating the child-parent connection with attachment-based interventions? ”

“ Do I have a strong understanding of attachment and pre-verbal trauma, the unique behaviors and emotions it can cause, and how my past experiences and training might affect my judgment and work with the adopted or foster child? ”

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# REFERENCES

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*Building the Bonds of Attachment—Awakening Love in Deeply Traumatized Children* by Daniel A. Hughes

*What Happened to You?—Conversations on Trauma, Resilience, and Healing* by Bruce D. Perry, MD,PHD, and Oprah Winfrey

*Reclaim Compassion: The Adoptive Parent's Guide to Overcoming Blocked Care with Neuroscience and Faith* by Lisa Quails and Melissa Corkum

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