

# The Connected Child

## Disarming the Fear Response with Felt Safety

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### Chapter 4

*Six-year-old Janey didn't have much of an appetite during the day at school, but later, when her ADHD stimulant drugs wore off, she would become ravenous. One evening she asked, "Mommy, I'm hungry, can I have a Power Bar?"*

*Busy in the kitchen preparing a large meal for the family, her mother replied. "No, sweetheart, in ten minutes we're going to eat the chicken and vegetables I'm fixing for supper."*

*Janey exploded into tears and began shrieking, "I hate you! I hate you! You are so mean. You are a mean mother! You never let me have anything!" The little girl ran into her bedroom, slammed the door, and began to sob loudly.*

*Horried, Janey's bewildered and disappointed mom couldn't imagine what had triggered the outburst.*

Disturbing behaviors – like tantrums, hiding, hyperactivity, or aggressiveness – are often triggered by a child's deep, primal fear. Youngsters like Janey can be physically safe in their new adoptive home, but past traumas encoded within their brains are easily reactivated. Hunger, abuse, or abandonment that occurred months or years ago can still trigger terror, which in turn leads to out-of-control behavior. Chronic fear is like a schoolyard bully that scares children into behaving poorly. Parents might easily confuse fear-based outbursts with willful disobedience, but they are not the same thing at all.

Deep fear caused Janey to explode into rageful tears when she was denied the snack bar. To the little girl who spent a painfully hungry year in an orphanage, the promise of dinner in ten minutes was no real comfort. She remembered going to bed hungry every night after orphanage workers ignored her pleas for food. Even though Janey's mom understood that good food was coming shortly and her daughter was in no danger of starving, the traumatized, primitive part of

Janey's brain just couldn't grasp that. Starvation is encoded her deepest memory. When refused a Power Bar, Janey panicked, fearing she would die of starvation.

### **Helping A Child Feel Safe Builds Trust**

You can take an important step toward eliminating tantrums and misbehaviors – and enabling learning and positive family relationships – by providing an atmosphere where children feel and experience safety for themselves. We like to describe this strategy as providing “felt safety.” This means that adults arrange the environment and adjust their behavior so children can feel in a profound and basic way that they are truly safe in their home and with us. Until a child experiences safety for his or herself, trust can't develop, and healing and learning won't progress. We offer “felt safety” so healing may begin.

How might Janey's mother have responded in a way that provided “felt safety,” without spoiling her daughter's appetite for a home-cooked meal? Here's how:

“Mommy, I'm hungry, can I have a Power Bar?”

“Yes dear, you may have a Power Bar, and you may eat it right after supper.” (Mother puts the bar into her daughter's hands.) “Do you want to put it beside your plate on the dinner table, or to keep it in your pocket until dinner is over?”

This simple act would reassure Janey in a visceral way that she won't go hungry. She still isn't permitted to eat until dinner time, but now she can touch the food and know it is hers to eat. Deciding whether to put the bar on the table or keep it with her helps Janey feel more in control of the situation and lets her practice self-control. Small choices like this are comforting to a traumatized child, and build trust.

Just to underscore the penetrating depth of food-related fears, consider that even as an adult, one highly acclaimed Academy-award winning actor always carried a candy bar in the pocket of his suit, no matter where he went or what he did. He once fished it out and showed it to an interviewer during a TV show. His exceptionally impoverished childhood left him with such a fear of hunger that fame and fortune could not erase it, even decades later.

#### **When Fear Is In Control**

A fearful child focuses strictly on survival issues like...

Safety

Hunger and thirst

Fatigue

Escaping scary situations  
Making hurts stop and go away  
A scared child cannot grasp...  
Discussions, sermons, or lectures  
Complex reasoning, logic, or stories  
Philosophical discussions or abstract concepts  
Solving puzzles or mathematics  
The primitive brain's "fight, flight, or freeze" fear response can make a child...  
Run away and hide  
Lash out physically or verbally  
Get angry or cry  
Stonewall and become unresponsive  
Try to control the situation  
\*Remember\*  
*Fear will bully your child into poor behavior*

### **Disarming The Primitive Brain's Fear Response**

If a child feels threatened, hungry, or tired, her primitive brain jumps in and takes over. Physically located in areas of the brain such as the amygdala, this primitive brain constantly monitors basic survival needs and behaves like a guard on patrol. When the primitive brain is on duty, more advanced areas of the brain – particularly those which handle higher learning, reasoning, and logic – get shut down. Helping a child feel safe relaxes and disarms the primitive part of a child's brain. We purposefully soothe and disengage the primitive brain so it won't bully the child into poor behavior.

When a child feels genuinely safe, the primitive brain lets down its guard and allows trust to blossom and bonding to begin. Parts of the brain which control higher learning can operate. Children who feel safe are free to heal and become secure, trusting children.

*Providing an atmosphere of "felt safety" disarms the primitive brain and reduces fear. It is a critical first step toward helping your child heal and grow.*

### **Chronic Fear Causes Hypervigilance**

Reducing fear can even minimize behaviors like agitation and constant movement, similar to those seen in attention deficit disorders. We have encountered many harmed children who are not truly hyperactive, but instead are hypervigilant. This occurs when children were so traumatized by abusive and unpredictable caretakers or situations during their earlier lives that their primitive brain remains locked in a state of high alert, keeping them perpetually on guard. The “fight or flight” stress hormones continue to rage through their bodies and set these youngsters in motion, making them fidget endlessly, unable to sit still and focus on any single activity, because they’re constantly scanning their surroundings for danger.

With careful observation, parents can detect physical symptoms of hypervigilance, a state of chronic anxiety. For example, the dark centers of the eyes, the pupils, are often enlarged in hypervigilant children, even during minor stressors or when a child seems calm. For other youngsters, the effect is reversed, making their pupils look unnaturally tiny. Either extreme indicates an imbalance in the stress response system.

Another sign of hypervigilance is rapid heart rate and racing pulse. If a parent puts a gentle hand over the heart of their child when they speak to them, they can detect this. Some children’s hearts beat wildly, even while they appear to sit calmly in your lap.

### **Building Trust**

Underneath everything we do with children, we need to reduce their fears and convey the fundamental message that that we are safe. Our strategy can be summed up this way:

- Offer consistent care so our child gets the message that “A safe adult will take care of me and protect me. My needs matter to this adult.”
- Offer warm interaction so our child gets the message that “I do not need to be afraid of this adult. I am a person of value to this person.”
- Be responsive so our child gets the message that “This adult understands what I feel. I am safe here.”

Earn a child’s trust by:

- showing emotional warmth and affection consistently.
- offering positive emotional responses and praise often
- responding attentively and kindly to your child’s words and actions
- interacting playfully with your child
- physically matching, or mirroring, your child’s voice and behavior

- being sensitive to your child's tolerance for sounds, touch, and personal distance
- respecting your child's need for personal space
- using simple words or language they understand.
- introducing new activities slowly (and at a distance if they could be perceived as threatening).
- giving your child advance notice of upcoming change

*I did the round of psychologists, neurologists, all the ECI disciplines and everybody's got a theory. Everybody has an answer or solution for a child that's hyper, and it might be medication or changing their diet or a program with occupational therapy. You go down all these paths that exhaust you financially and emotionally, and she's still the same way.*

*I'm so astonished that I got to where I was, letting an at-risk, impaired 3 year-old run my life and my other child's life. I got in a pattern of making life easier for Cindy. I was thinking 'I don't want to demand too much of a challenged child' so I kept lowering my expectations and widening the margin for her to fail. That loosened the reins on her, and she got more and more anxious and unable to focus.*

*I'm very, very lucky that Drs. Purvis and Cross came in and said 'She can do better than that,' and not with medication. She is capable of a lot more than I expected.*

*Now I'm in control and she trusts that I'm in control, so she has deferred to me. We sit and do things. We can play a game; we actually played a matching game. I was astonished; she matched up all the animals and patterned them, and put them two by two into the ark. I've never known her to sit down that long. I am not joking. I didn't even know she knew her animals... What I've learned was that her endless energy was actually endless anxiety.*

-- Mother of three-year old Cindy and six-year old David,  
both adopted domestically at birth

## **Reducing Stress Improves Behavior**

Cortisol is a hormone which is activated by and responds to stress. Cortisol levels normally rise and fall at varying times of the day, but when children have too little or too much cortisol in their body over an extended period, it can cause serious problems.

By helping your child feel safe, making his or her world more predictable, and teaching them better coping skills we can actually optimize cortisol levels and allow a youngster's brain to work better. We documented this effect in over 50 at-risk youngsters at our day camp. Before attending camp, these children's morning salivary tests revealed twice the normal levels of cortisol, corresponding to their chronic experience of stress.

During the first week of camp, their morning cortisol levels remained high. By the second week, however, cortisol had fallen by half, dropping to levels considered normal for children of this age (approximately .20 is considered normal for this time of the day). Cortisol remained at this lower, healthier level until the end of camp. See Figure 4-1.

These children received no medical intervention; they were just actively engaged in a safe, playful, and multi-sensory camp environment that addressed their emotional and physical needs. Cortisol reduction was excellent news, because chronically high levels of cortisol are actually toxic to the cells in the brain.

An analysis of our research data showed that those campers whose stress dropped most significantly (as shown by significantly decreasing cortisol levels), also had the biggest gains in language use. The Comprehensive Receptive and Expressive Vocabulary Test results illustrated that these children didn't suddenly understand more words – but now they could communicate more. Certain children made stunning progress, gaining years worth of verbal self-expression in one month of camp.

We suspect that reduced cortisol is behind a great number of positive changes we have witnessed in campers, including spontaneous language development, regular smiling and joyfulness, better behavior, improved social skills, physical growth, and new attachment behaviors.

## **Strategies That Reduce Chronic Fear**

Throughout each day, use the following strategies to help your child feel and experience safety on a deep level:

## **Alert Children To Upcoming Activities**

Children feel safer when they know what will happen next. So we make their world predictable by announcing or describing a task ahead of time. Prepare the child for what's coming up by saying things like:

- "In fifteen minutes, we will put away the toys and get your bath."
- "In ten minutes, we're leaving to go shopping."
- "In five minutes, we'll get ready for bed."

Before visiting a new place, such as mall, tell your child about it. When you arrive, explain that there are many stores here and that we will be visiting one with shoes in it. By announcing your plans and explaining the child's environment, you help make her world less frightening.

**Important:** Before you leave your child's presence to go to work, on an errand, or for some other absence, remember to explain where you are going and when you will return. Details about your planned absence will reassure your child and reduce the possibility of an uncontrolled fear response. Don't try to slip away hoping to avoid a scene, because that strategy is sure to backfire and undermine your other efforts to increase trust. A youngster simply won't feel safe once he discovers that at any time you might leave him without warning.

## **Make Their Day Predictable**

In the morning, discuss the upcoming day's schedule with your child. Better yet, make a chart that shows the day's schedule. You may want to attach pictures or photographs to explain each activity (this is particularly beneficial for a child who is extremely concrete in their thinking). Seeing a visual reminder adds to a child's sense of security whenever they feel unsure or afraid about what activity is next in the schedule.

For flexibility and reuse, each individual activity can be put on a 3 x 5 card. Then affix the cards in correct sequence to the day's master schedule.

It's also possible to make this type of index card and sequence them in a pack so the child can carry them with him and consult them as he goes through the day. It will reassure and remind him of what is coming up next. The benefit of using index cards is that you can include a "Wild Card" to handle unexpected changes. For example, if the child's schedule (ie, their group of activity cards for the day) included an activity which was had to be cancelled for some reason,

they can plug in the Wild Card and get instructions on how to handle the disruption. The Wild Card might include steps like,

- We can breathe calmly.
- We can use our words.
- We can choose another activity.
- We can make a new plan.

The Wild Card strategy is particularly beneficial for concrete-thinkers. Likewise, visual aids (with photos, drawings, and images) are particularly effective for children with language and cognitive delays. To further empower the child, let him take the photos of places and activities himself (or cut them out of a magazine) and attach them to the card.

*\*Reminding your child what will happen next lessens his or her anxiety\**

#### **Quick ways to help a child relax**

- Get down to their level physically, by kneeling or sitting.
- Speak softly and gently in a warm voice.
- Offer a stress ball or a fidget toy that they can press and squeeze.
- Offer a piece of bubble gum. (Chewing is calming.)
- Offer a sweet sucking candy or lollipop. (Sucking is calming.)
- Offer to sit or stand farther away from them.
- Encourage them to take deep, slow breaths.

#### **Give Appropriate Choices To Share Control**

Without relinquishing parental control, we can easily offer simple choices that make a child feel empowered and much less anxious. This has the added benefit of sharing an appropriate level of control, and helping the child learn about choices and teamwork. We offer choices like:

- “Would you like to wear your blue shorts or your tan shorts today?”
- “Would you like to play on the swings first or have your snack first?”
- “Do you want to use the pencil or the pen?”
- “Would you like to hold my hand or just walk beside me?”
- “Would you like to take a nap or simply rest quietly?”
- “Do you want to play football right now or do you want to take a walk?”

You can offer choices while making the child's world predictable. For example, if we go to a doctor's office, we mark the task ahead of time, saying "In 10 minutes we're driving to the doctor's office." Once there, we can identify our location with, "Here's the room where we wait for the nurse and doctor." Then we can offer a choice: "Would you like to sit next to me or go over and look at the fish tank while we wait?"

### **Speak Simply And Repeat Yourself**

There are compelling physiological reasons why sermons and lectures are wasted on these children. The neglect or abuse many of these children suffered early in life left them with language learning delays and difficulties processing sounds. That makes a steady stream of words confusing to them.

Further, once a fear response is underway, a child's senses go into crisis mode, making involved discussions impossible. Imagine the impact we would have if we yelled to a distracted adult, "On the second floor of my home is an old appliance that inadvertently was left on while my brother-in-law lit up a cigarette. The gas combusted and now we have a life-threatening situation," versus if we simply shout "Fire!"

Getting through to a child who is controlled by his primitive brain requires a similarly simple message. That's why throughout this book we offer short stock phrases like "Focus and finish your task," "Use your words," or "Stop and breathe" that parents can use repeatedly, so they become familiar and meaningful to the child. Short phrases reduce auditory clutter and improve comprehension. To further aid understanding, you can reinforce verbal messages with facial gestures, hand movements, and body language.

We create felt safety by speaking slowly in a warm voice, using simple language, and repeating what we say.

### **Be An Effective Leader**

Children feel safest with adults who are kind but firm leaders. If a parent is indecisive and lets the child run the show, that's stressful to the youngster. He gets the unspoken message that he is on his own and has to fend for himself – after all, if his parent can't even control a little kid like him, they're bound to be ineffective in a serious crisis. Parents need to calmly demonstrate that they can handle whatever comes up.

Here are some questions to get you thinking about whether you're being an effective leader.

**Do you follow-through on promises?** A child’s world is safe and predictable when parents deliver on promises – whether it’s a promise of sharing a game together or a promise that bedtime comes at a particular hour. If your follow-through gets lax, felt safety also melts away, because the child just doesn’t know what will really happen. This feels unstable and unsafe to them. It’s important to mean what you say and say what you mean to these children.

**Are you calm and patient?** If you’re as shrill and impatient as a sergeant in boot camp, the child cannot feel safe. Parents can’t disarm a child’s fear by bullying him, insulting him, shaming him, or shouting at him. Forget the authoritarian “spare the rod, spoil the child” stuff, and dismiss the urge to be unyieldingly strict, demanding, cold, or punitive. Instead, be *authoritative* – leading your child calmly, firmly, and kindly. It is okay to compromise with your child occasionally, as long as it’s clear who is in control.

**Are you confident?** Part of being an effective leader with a child is giving clear instructions and asking simple questions. Asking too many open-ended questions like “What do you want to do now?” to an at-risk child can signal a lack of confidence on the part of the parent. A child feels safer when the adult is in charge. Such broad questions unnerve a child who is not equipped to answer effectively because of delayed language or reasoning skills.

Instead of: “Do you want to have a bath soon?”

Say: “In 10 minutes it will be time for your bath.”

Instead of: “What do you feel like having for lunch today?”

Give simple choices: “Would you like an apple or a banana with your chicken soup for lunch today?”

See Chapter Six for tips on handling discipline and staying in charge.

*We’ve got Curtis since he was 18 months old; he is my grandson, we have legal custody. At about 3 months old he was nearly drowned a couple of times – it was forcefully done to him by his mother while my son was in the military. Now, at age 8, Curtis still has a real fear of dying. He talks about it, he thinks about it. He worries a lot and is anxious about things. When he first came to us he wasn’t sleeping and was having nightmares, he would always want to climb in our bed. It was like sleeping with a helicopter, he’d twist and turn quite a bit.*

*He stills protects himself, he’s always on guard. He is a control freak -- that’s how he gets through things. At the TCU camp, Curtis felt safe, that was the*

*biggest thing. He knew nobody was going to hurt him or force him to do anything he didn't want to do or yell at him or hit him. And learning to communicate better about what he needs and wants was huge.*

*The camp also helped me realize how important it is to be consistent and firm, that when I say "no" it means no. I felt so bad for what he had been through, that I wasn't enforcing at home.*

*That whole program has done him a world of good. He's doing much better now, as far as being able to really interact with people, create and maintain relationships. He participates in everything he possibly can. Curtis has managed to stay on the honor roll, and I credit Dr. Purvis. A few years ago he couldn't have done that.*

-- Guardian of child removed from an alcohol and drug-abusing mother

### **Prevent Sensory Overload**

Intense sights, sounds, and bodily sensations may bewilder and frighten an at-risk child whose senses haven't developed fully. Parents can be surprised at the little things that distress them: someone wearing perfume, the unfamiliar texture of clothing, or getting bumped in the school yard.

We want to relax and soothe a child's senses, so we reduce sensory overload and the panic it stirs. The first step can be to reduce visual clutter. Choose simple and subdued decorations for your home and particularly for rooms the child uses regularly; avoid busy patterns or sharply contrasting colors. Keep a few toys available, but don't surround the child with a store-full. Minimize brightly colored and loud videos or games.

It also helps to lower the volume on your voice and electronics. Speak quietly and cut the music or television volume a few notches. Be mindful to remove extra odors, like air fresheners, colognes, after shave, scented candles, and perfumed deodorants that are all distracting and irritating to a child with sensory processing issues.

Use caution with popular venues like restaurants, activity centers, and amusement parks. These are full of raucous sounds, frenzied visual activity, unexpected physical jostling, and unfamiliar odors that can easily over-stimulate a child. Limit exposure to these settings while your youngster is still catching up developmentally.

If your child has auditory sensitivities, a great idea is to keep soft earplugs handy for specific times when your child encounters too-intense sounds. To empower your child further, allow him or her to keep the ear plugs in a pocket for emergency use. Having a coping mechanism will be extremely soothing to the child – but don't let them wear the earplugs continuously throughout each day, because too much usage will impair hearing and language development.

***One example of sensory overload:*** Not long after Wynn came home from the orphanage, he began ripping wallpaper off the bathroom wall. His mother was more concerned about her little boy's welfare than her home decor, so instead of going ballistic she tried to figure out what was driving such peculiar and destructive behavior. She thumbed through the behavioral journal she had been keeping for her son, and noticed that this little boy always acted oddly when he was in an environment of bright, contrasting colors and visual clutter. She knew that during the first two years of his life, Wynn lived in a sterile and austere institutional setting. His mom realized that the wallpaper's busy colorful pattern was probably unnerving and threatening to him. Ripping it was a self-protective response against the foreign colors and dramatic pattern that gave too much visual stimulation to his little eyes. Armed with this insight, his mom was able to take proactive measures to minimize his visual overload, and help him learn to tolerate it better.

### **Don't Corner Them**

Clearly, if we're trying to increase felt safety, we should never put a traumatized child in a position where they feel cornered and physically threatened. However, we also need to be mindful that sometimes even well-intentioned gestures can feel unsafe to a harmed child. A youngster who was hit or hurt by caretakers in the past can misinterpret a playful or friendly gesture as threatening. Even just casually tossing the hair of a child with sensory processing disorder can send him into a fit.

Certain gestures are more likely to be misconstrued by former victims of abuse. For example, if an adult places two hands on either side a young girl's face or shoulders in a kind gesture of affection, this can be deeply unsettling to a former sexual abuse victim who remembers being locked in close proximity to an adult with no safe escape route. If a young girl was ever pinned down and forcibly assaulted in the past, such a simple gesture – intended in this case to be safe and affectionate – can trigger flashbacks and a behavioral meltdown.

So it's always important to be mindful and respectful of physical boundaries. When in doubt, use just one hand at a time to touch the child, so she or he doesn't feel trapped. Also, be wary of giving unexpected touch.

If you have the opportunity to videotape your parent-child interactions, we encourage you to do so. Reviewing the tape afterward to check the voice and body stance you're using can be surprising and instructive. If you're coming across harsher than you'd like, you'll be able to make changes and warm up and lighten up the tone of your interactions

### **The Biochemical Cascade Of Fear**

Important body and brain functions are controlled by substances called neurotransmitters. These work on the cellular level much like a set of inter-related chemical switches, and control functions such as blood pressure, mental alertness, and body temperature. The right amount and ratio of neurotransmitters allows optimum functioning, but when they're out of balance, they set the stage for behavioral dysfunction.

When a child becomes frightened, her neurotransmitter "switches" respond in one of two possible ways. One way is to become extra alert and aroused, which would enable the "fight or flight" response. A child experiencing extreme fright through this neurochemical route will likely display externally obvious behavior, such as hitting, kicking, yelling, or running away.

In the alternative fear reaction, the child would go numb and dissociate, in order to mentally escape from the threatening situation. Children on this neurochemical path turn their fear response inward, shut off the outside world, hide and get lost inside themselves. They are apt to physically hide or bury themselves in activities with inanimate objects.

As fear escalates, it triggers a series of biochemical events in the body which reduce a child's ability to behave calmly and think clearly. The progression moves from calm to vigilant to alarm to fear to terror. By the time that fear kicks in, it is immediate and survival oriented, and supercedes all other mental processing.

Vulnerable, at-risk children can have neurotransmitter systems that remain hyper-aroused, making the youngsters less resilient to stress over time. The more anxious this child feels, the more they reactivate old traumas, which in turn release biochemistry

which makes them increasingly aggressive and belligerent and unreasonable.

For some children, chronic heightened reaction to stress can cause a condition called *pain agnosia*, the inability to feel pain. This same hyper-reactivity blocks learning; it's one reason why a kindergartener might know her alphabet today but can't get past the letter D tomorrow.

Fortunately, over time we can scale back this biochemical reactivity by dramatically reducing fear and teaching children new coping skills.

### **Help Children Identify Safe People**

Kids whose early years were not spent in a stable and safe home have trouble recognizing people likely to do them harm. That makes their world more unpredictable and scary. Parents can increase felt safety by teaching the child to distinguish between friend and foe.

One way to begin discussions about safety is by talking with the child about different animals and what nature gave each of them for safety. For example, the porcupine has quills, the cat has claws and the ability to hiss, a tortoise can pull inside his shell. Then you can help the child identify what things help make them safe, and how to determine whether a person is safe.

We create a handout for children with the following information:

There are many ways to know if people are safe. Here are some:

- Safe people will be kind to you.
- Safe people will care about you.
- Safe people will not hurt you.
- Safe people will listen to you.
- Safe people will *not* threaten you.
- Safe people will *not* tell you to keep a secret from your parents.
- Safe people will *not* touch you in ways that are scary or hurtful.

### **Handle Food Issues Gently**

It's not unusual for adopted and foster children to hoard food. The deprivation they suffered early in life has hardwired their primitive brain to believe that starvation is around the corner. Food becomes a great source of comfort to these children. We need to respect and treat these fears gently.

One little girl we worked with – four years after she left the orphanage – showed her mother something startling. The child stood with her arms stuck straight out in front of her, then she uncurled and then closed her fingers repeatedly.

“Do you know what this means?” she asked her mother, flexing two little empty hands at her.

“No, sweetheart, what is that?”

“This is ‘please orphanage worker, please stop and give me food’ but they don’t stop,” she said.

That story helps give us insight into the plight some children endured before they came to us, and why food remains a sensitive issue for them. One way we can make them more comfortable is to share control over the food. For example, you might let your child help you serve food for the family. If a little boy helps you cut the pie, he can feel more in control and learn that Daddy’s is supposed to get a bigger piece because he’s a grown-up. Sometimes these children believe they get smaller portions because they are loved less (and in the orphanage, that could easily have seemed true to a hungry child).

Another way to increase felt safety is to make food easily available. You can put together a basket of healthy foods in small, sealed packages, such as raisins or nuts, which the child can keep in her own bedroom. This can be an immensely nurturing gesture to an adopted child who wakes up hungry and frightened; finding the food waiting, she is immediately reassured.

### **Help The Child Meet New Challenges**

Sometimes parents get strange requests that at first blush look like they’re motivated by a child’s laziness or manipulation. Instead, these requests are typically driven by inarticulated terror. If parents can decipher the underlying message of fear, they’ll be able to respond compassionately and kindly, with felt safety. Here’s one example:

A pretty girl, who spent the first 11 of her 12 years in an orphanage, phones her mother following an after-school event. “Mommy, can you come and drive me home from school?”

“But Jenny, it’s only four blocks away. You’ll be okay.”

“But Mommy, I don’t want to go alone.”

**Instead of:** “That’s ridiculous, Jenny, why should I come and get you with the car when it’s such an easy walk? Plenty of other kids do it every day and they’re fine.”

**Say:** “Sweetheart, here’s what I’ll do. I’m going to walk beside you and you can ride your bike next to me for the whole way home. I’ll do that for a week or a month or a year, however long it takes until you feel safe. Then you can say to me, ‘Mom, I’m ready to ride my bike alone’.”

This second approach is much more effective because it offers felt safety and respects the girl’s fear. Just because the parent knows the path home is safe, it doesn’t mean that Jenny has encoded that same sense of security. And after all why would she? During the years that other school kids walked safely back and forth along this path each day, Jenny was living unprotected at an orphanage where she was sexually abused by workers on a regular, ongoing basis. For this little girl, menace remains around every corner. Fear of walking home alone is legitimate and appropriate to her life experiences.

By walking with the child for as long as she needs, her mother helps Jenny learn that is a safe activity, one which can even be enjoyable. The mother also builds trust and attunement by providing support as long as it is needed.

### **Be Approachable**

For many adopted and foster kids, adults have been associated with pain and disappointments. So it makes sense that they pull away and tend to avoid people. We want to do everything we can to change that perception and make ourselves approachable and safe.

One way to accomplish this is by getting down to their height level, either by crouching or kneeling, before speaking to them. Once there, we use a non-threatening voice that is calm and modulated.

Another strategy is to pair ourselves with things that the child enjoys and likes. So we offer small toys and gum, for example, in a gesture of friendliness. Rather than sending the child off to play by themselves with the toy, we join them in play or watch and compliment their efforts.

When a child does begin to approach voluntarily and open up to us, we always reward that behavior. We respond with affection, interest, a warm voice, and smiling eyes -- never scolding.

In a sense, we are establishing a “trust account” that functions like a bank account. The more we demonstrate trustworthiness to a child, and the more we can give the child felt safety,

the higher our account gets. Occasionally we will make a “withdrawal” on the account by asking the child to meet new challenges and master new and difficult tasks.

We never want to withdraw more than 20 percent of our trust account. A positive balance on our trust account means that we’re promoting felt safety and obtaining a concrete biochemical benefit or reducing stress hormones in the child’s body, which in turn promotes bonding and allows healthy development.

### **Introduce The Child To A New Environment**

You can help make a child’s world predictable by explaining and orienting her to new physical surroundings. For example, when you visit someone else’s home, ask the hostess permission to give your child a tour of the house, so the little one knows how to find the bathroom, where the kitten stays, where the toys are kept, and so on.

It’s difficult to know in advance how long it will take to orient a child to a new environment. Depending on the complexity of the situation and the depth of the child’s fear, this can be surprisingly time-consuming. Make sure your schedule is flexible so you can devote a sufficient amount of time. Here’s an extreme, but real, example of what can be involved:

An adoptive mom brought her son, 5-year-old Robbie, in for summer camp pre-testing. The testing area is in a university building which has an institutional feel. On the day Robbie walked down its wide halls past a steady stream of strangers, he could hear distant clanging where plumbers were fixing pipes on an upstairs floor. Walking the hallway toward the appointment, Robbie became increasingly panicked, perhaps fearing he was returning to an orphanage. By the time he met one of our team (Dr. Karyn Purvis), his eyes were darting around and little shoulders were stiff. Robbie’s breathing was shallow, his pupils were dilated, and his hands were balled into tight fists. He was unable to focus enough to answer any test questions.

“Robbie, do you need something?” asked Karyn.

Unable to articulate an answer, he shook his head.

“Robbie, are you feeling afraid?” she asked more specifically.

“Yes,” he admitted.

Karyn delayed the actual testing and instead began orienting him to the new environment.

Karyn started by showing Robbie the key to the office where they were sitting, and let him hold it. She invited him to practice helping her lock and unlock the door. Then she arranged for the 5-year old and his mother to lock her out of the office. When Karyn knocked, the boy

would answer “Who is it?” Once she answered, he would look at his mom’s eyes and ask permission to unlock the door. If his mother said “Yes,” he could unlock the door. The three of them acted this scene out a few times, to help him feel some control and predictability in his environment.

Then they took it a step further, because the boy remained fearful. Karyn held one of Robbie’s hands and his mother took the other, and together they walked throughout the whole building, looking into people’s offices and classrooms. On the elevator, Robbie was allowed to push the button to take them upstairs.

On the third floor, they saw a workman hammering on pipes. This helped explain some of the frightening noises he was hearing. Discarded nuts and bolts lay on the ground. Karyn asked the workmen if the boy could have one of these cast-offs, and when the workman agreed, Robbie picked out one out and put it in his pocket. The boy thought it was a treasure, and it became a tangible symbol of his mastery of the new place.

After thanking the workman, the two adults and the little boy went back to the elevator, where Robbie was allowed to push the button taking them back to the testing floor. Back in the testing room, they closed the door and Robbie locked it behind them with his mother’s permission. Karyn led the boy through a few minutes of deep breathing exercises just to get him settled in, then the testing proceeded and Robbie did just fine.

This interaction underscores the importance of felt safety, because although the boy’s mother and Karyn knew that the boy was perfectly safe in the university building, the child himself couldn’t comprehend that until he had surveyed the place and become acclimated. Until he felt the safety for himself, the boy’s ability to think clearly and handle more challenging tasks was compromised, immobilized by fear.

Just like animals, humans scan the environment to see if they’re safe. It’s a basic survival mechanism. Helping a child orient to a new environment lets a traumatized child set aside legitimate survival concerns. Only after that has been done can we ask for their full attention.

### **Don’t Catastrophize**

Remember not to catastrophize in an effort to gain compliance. By painting the worst case scenario, you will terrorize an already-scared child; instead give the youngster only enough information so he can make smarter choices.

Consider ways to get your message across to a child whose rash behavior worries you.

For example:

<b>Instead of:</b>	<b>Say:</b>
“If you run out in the street, you're going to get run over by a truck and killed and you'll be dead and I'll never see you again.”	“It is not safe for you in the street because there could be a car. Mommy would be so sad if you got hurt.”
“If you go out after dark, a man will rape you and throw you in a ditch.”	“It is not safe for you to walk in the dark by yourself. Sometimes bad people hurt little girls who walk by themselves in the dark. Mommy would be so sad if you got hurt. It will be safer if we go together.”

Kids do need to know consequences – but in a way that engenders greater awareness, not in a way that engenders deeper fear.

### **Honor Their Emotions**

Adopted and foster children may carry deep sadness inside them from their earlier losses, in addition to the ordinary feelings that come up in every day life. A little girl may miss a friend she can't see anymore, another may be angry that her biological parents went away, and a little boy may be scared of a big dog that looks just like another that once bit him. Parents need to make it safe for children to express feelings without encountering dismissiveness or ridicule. All emotions -- including the messy ones like grief, frustration, and anger -- are okay.

Avoid shaming statements like “Big boys don't cry” or demeaning questions like “What are you crying about?” Those approaches are invalidating and disrespectful, and make a child feel unsafe.

Even if a child's emotions appear insignificant or funny, a healing parent shows respect and doesn't judge. After all, in their world, a lost toy truck is as upsetting as a fender bender would be to you. Parents need to show children through their body language, words, and actions that it is normal to have feelings.

Accepting feelings doesn't mean that you automatically accept inappropriate expressions of those feelings, like tantrums. So we tell a child, “It's OK to be angry that Johnny stole your

baseball, but it's not OK to use your fists and hurt him." Then we explain how, "You can say, "Johnny, I'm angry that you took my baseball. Please give it back." We always honor and acknowledge feelings, then if necessary show youngsters more appropriate ways to express themselves.

One way parents can respond (or teach siblings to respond to each other) in a fair and balanced way – using words -- is with this formula: "When you \_\_\_(insert action here)\_\_\_, I feel \_\_\_(insert emotion here)\_\_\_, and what I need is \_\_\_(insert what is needed to bring resolution)\_\_\_."

Keep in mind that if you are uncomfortable with emotions yourself, it will be tough for you to give your child license to express his or her own feelings. You might instinctively censor the child's emotions in order to limit your own discomfort. Some parents encourage expressions of joy, but feel compelled to shut down emotions like sadness and anger. Try to recognize and overcome that tendency, because there is great healing power in safe self-expression.

By accepting and honoring our child's emotions, we can understand and meet her needs better – whether it's through a gentle hug or through joint problem-solving that helps the youngster overcome a challenging situation. Honoring emotions is a healing gift to a child, and builds closer family relationships.

### **Respect Their Own Life Story**

Adopted and foster children are on a unique journey through life. No one knows an individual child's personal history in the same way that they themselves do – after all, they lived it. Parents need to respect and accept the stories that these children bring with them.

It can be tempting to try to recast an adopted child's history. A parent might want to paint a pretty picture of the adoption by whitewashing the past, and say something like "Your mommy loved you so very much and she wept and wept to give you up but she knew she couldn't give you the best." It can also be tempting to speak badly of their birth parent in order to make their new home look better by contrast, with something like "Your mother was a 16-year old street tramp who sold her body for drugs and didn't want you." Fight the urge to tell their story using your own value judgments or interpretations of the past.

A healing parent's job is to simply give neutral information, so a child can work out the past for themselves. In the latter example, above, it would be best to tell the youngster, "I do not know very much about your mother. I know she was very young, and she may have used drugs and she may have lived on street, but I don't know how she felt when she was pregnant with you.

What do you think she felt?" This approach opens a window through which your child can begin to look at and share his life's story. Accept and honor what the child tells you and the emotions he shares about it. Let them be the authority on their own life.

### **Feelings of Safety Take Time**

Despite their scars of past deprivation and lingering fearfulness, at-risk children can learn to take comfort and safety from their families. Be patient, and do everything in your power to let your children understand that they are safe and welcome in their new homes.

Deeply encoded fear responses take time to ease, but eventually, as the children heal and grow, situations and circumstances which were once scary and threatening to them become less so. Eventually you won't need to be as vigilant with their environment.

Healing can't be rushed, but you can help it progress dramatically -- by giving your child the gift of felt safety.