

# Helping Resource Parents and Caregivers Embrace Trauma-Responsive Parenting Strategies

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North American Council on  
Adoptable Children

# Before we begin



This webinar will be recorded and shared with you.



Submit your questions via Q & A.



Please complete our survey via email after the webinar.

# Goals for this webinar

- 1 Define trauma-responsive parenting and offer concrete examples of what it looks like in practice.
- 2 Discuss why resource parents are often resistant to practicing trauma-responsive parenting.
- 3 Offer strategies professionals can provide to parents to help them navigate common challenging behaviors.
- 4 Offer strategies professionals can use to help resource parents embrace trauma-responsive parenting.

# Our mission

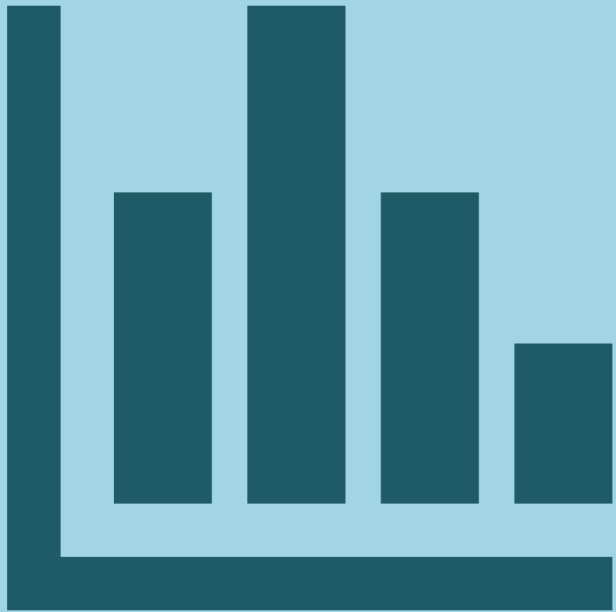


Raise public awareness about the need for foster and adoptive families for children in the public child welfare system



Assist US states, territories, and tribes to recruit, engage, develop and support foster and adoptive families





# Audience poll

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Who's in the room?

"In paradigms that focus solely on behaviors, the question generally is: What is the child getting out of the behavior? (Attention? Control?)

"In this new paradigm, the question is different: What are behaviors telling us about the child's underlying neurophysiological processes?"

**Mona Delahooke, PhD**

*Beyond Behaviors: Using Brain Science and Compassion to Understand and Solve Children's Behavioral Challenges*

# Trauma-responsive parenting

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- Focuses on the relationship
- Does not shame or blame
- Understands the neurobehavioral aspect of behavior challenges
- Is not instinctive or intuitive
- Acknowledges developmental age



**Trauma-responsive parenting should be used for children with any type of trauma history, including in-utero trauma.**

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**Most parents instinctively go to consequence-based parenting models.**



# Consequence-based parenting

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- Often causes further trauma to the child
- Slows down and often stops attachment
- Can impede felt safety for the child
- Increases anxiety





# The blankie

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A story of well-intentioned parents causing trauma to their child



**How do we teach trauma-responsive parenting to resource parents and help them embrace it?**

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# Resistance to trauma-responsive parenting

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Why do you think many resource parents and caregivers are resistant to implementing trauma-responsive parenting strategies?



**They have an incomplete understanding of the science of trauma and its effect on the developing brain.**

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It's the responsibility of child welfare professionals to ensure that caregivers receive robust training on how childhood trauma changes the developing brain and affects behavior.

# Paradigm shifting is very hard work.

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It takes a lot of practice to unlearn the parenting paradigm you were taught and embrace another one.







## They face constant judgment for their parenting choices.

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Most people they encounter—including their friends and family—will have no familiarity with trauma-responsive parenting. They will be judged for “permissive” parenting, which is exhausting and demoralizing.



**Most systems they encounter are not set up for trauma-responsive approaches to challenging behavior.**

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# It hurts to think they may have been causing harm to their child.

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It's normal to avoid and resist things that cause us pain. Further, caregivers may have their own trauma experiences that make engaging in trauma-responsive parenting even more challenging.



## Embracing trauma-responsive parenting requires parents to:

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- Accept that their child's brain is different
- Accept the reality of their family's circumstances, which may be vastly different than they anticipated
- Believe that a different kind of parenting is possible and will be more successful



**Professionals can help families get to their lightbulb moment.**

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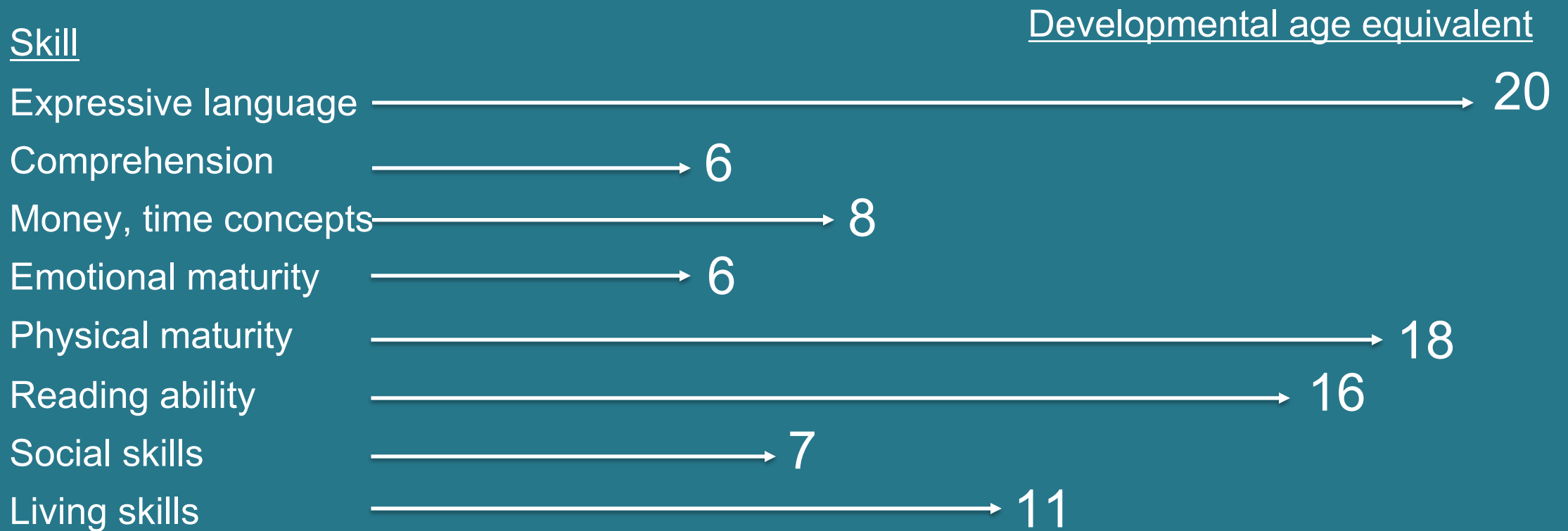
## Brain age, not birth age

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Some caregivers will have a lightbulb moment when they better understand their children's brain age across different skills.

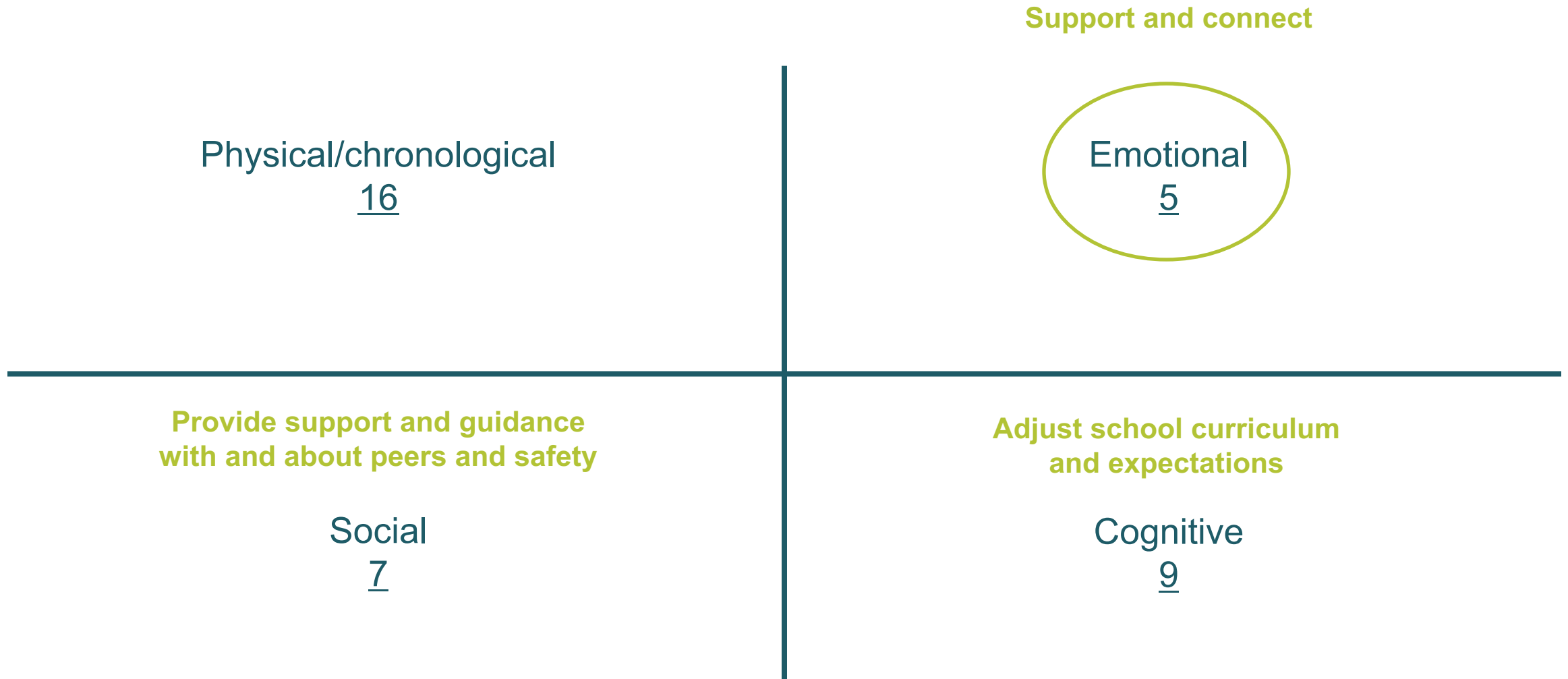
# Example of developmental scatteredness in a person with FASD

Chronological age: 18



ADAPTED FROM: RESEARCH FINDINGS OF  
STREISSGUTH, CLARREN ET AL., DIANE MALBIN  
1994

# Developmental quadrant





## Time for a test!

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You'll need to answer four questions.



Last serny, Fingledobe and Pribin were in the nerd-link treppering gloopy caples and cleaming burly greps.

Suddently a ditty strezzle boofed into Fingledobe's tresk. Pribin glaped and glaped.

"Oh Fingledobe!" He Chifed, "That ditty strezzle is tunning in your grep!"



## Accepting that their brain injury has caused a disability

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Some parents better understand when you compare their child's behavioral disability to a physical disability.





## Grieving their losses

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Accepting their family's circumstances means grieving the loss of expectations for themselves and their children.



# Peer guidance and support

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- Learn how trauma-responsive parenting works for real families.
- Build a new support system when their family and friends don't understand.
- Hear success stories.
- Gain practical skills and techniques from those with lived experience.







# The importance of real stories

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When other caregivers share their successes with trauma-responsive strategies, they can move hearts and minds.

# A real story of trauma-responsive parenting: Stealing behavior

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“Honey, who do I need to get this back to?”

- Removed anxiety
- Allowed for open conversation about how she was feeling before she took the phone
- Ultimately decreased the frequency of stealing behavior





# Helping parents through behavioral pain points

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Behavioral crises—like rages and meltdowns—are likely to cause parents to abandon trauma-responsive parenting if they don't have support.

# Helping parents help their children



Be a behavior detective.

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## First think about:

- The youth's developmental age, relative to the circumstances
- Their anxiety level

## Then think about:

- How do you make this a connecting moment?
- Can you think of a sensory intervention?

# Tips to offer parents as they encounter behavioral crises

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- Try distraction to avoid meltdowns.
- If it can't be avoided, the goal is to ride out the meltdown safely.
- During the meltdown, talk as little as possible in a calm tone.
- “What do you need from me right now?”
- Keep a log of what strategies you've tried, whether or not they've worked, and the circumstances of their meltdowns.

# Recovering from raging behavior

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## Neurotypical person

It takes at least two hours for the body and brain to recover from an escalation.

## Neurodiverse person

It takes at least 24 hours for a person with brain differences caused by trauma to recover from an escalation.





**Youth are often  
expected to process  
and make amends for  
an escalation well  
before they are  
capable of doing so.**

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# Reframing lying behavior

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Understanding the difference between lying and confabulation is critical to caring for a person with brain differences caused by trauma.



# Confabulation

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- Confabulation is the brain filling in gaps in understanding or memory.
- It looks like lying, but it is not the same as lying.
- Anxious feelings make confabulation more likely.
- Most people—especially most children with brain differences—would rather look bad than look stupid.

# Helping parents navigate confabulation

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“Because of your brain injury, sometimes your brain will try to trick you or confuse you. That’s not your fault, and I’m here to help you with it.”



# Top tips to give parents as they practice trauma-responsive parenting

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- Remember their brain age.
- Be patient. Try it for 3 to 6 months.
- Give yourself grace. Apologize when you make mistakes.
- When in doubt, change the environment.
- Forgive, forget, and move on.

# Strategies for frontline staff

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- Familiarize yourself with the training caregivers receive.
- Model the need for continual learning. Stay educated and up to date yourself.
- Every interaction is an opportunity to reinforce past learning.
- Use discussion guides or curriculums in parent support groups to help caregivers turn theory into practice.
- Have successful resource parents provide some or all of the training and guidance.
- Provide parents with reputable resources for further education.



# Strategies for frontline staff

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- Acknowledge the substantial challenge this is and validate their feelings.
- Be a consistently nonjudgmental source of support.
- Offer tools that provide parents with simple strategies they can use in the moment.
- Familiarize yourself with independent parent groups in your community and the services they provide.
- Offer advocacy assistance or refer to another organization that can offer this.

# Strategies for frontline staff

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- Refer them to trauma-informed professionals whenever possible, especially those who are adoption- and permanency-competent.
- Provide opportunities for social engagement with peers, including opportunities to be silly and laugh.
- Be vulnerable. If appropriate, share your own experiences with learning new approaches and unlearning old ones.

# Strategies for program managers

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- Routinely reevaluate the training resource parents receive.
- Offer training opportunities to parents' friends and family.
- Offer grief and loss education and support to caregivers.
- Provide peer-led support programs, such as parent groups, mentoring programs, and buddy programs.
- Provide opportunities for respite.
- Survey families that you serve to better understand their support and advocacy needs.

# Strategies for program managers

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- Ensure all staff are trauma-informed and adoption- and permanency-competent.
- Familiarize yourself with independent parent groups in your community, including the services they provide.
- Do routine needs assessments of the families you serve to understand their needs.





Questions?



# AdoptUSKids resources

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- Recorded webinars
- Discussion guides and other tools for parent group leaders
- Tools, tip sheets, and articles for child welfare professionals

Find all of these at [professionals.adoptuskids.org](https://professionals.adoptuskids.org)

*Coming soon!*

AdoptUSKids *Parent Group Leadership Curriculum* will be published this fall.



# Resources mentioned during this webinar

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- Discussion guide for support groups: [\*Lying, Confabulation, and Distorted Thinking\*](#)
- Article for parents: [\*Is it lying or confabulation—and how should I respond?\*](#)
- Recorded webinar for professionals: [\*Addressing Grief and Loss in Your Support of Adoptive, Foster, and Kinship Families\*](#)
- Recorded webinar for parents: [\*Parenting Tough Behaviors\*](#)



## Other resources

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- North American Council on Adoptable Children (NACAC)  
[nacac.org](http://nacac.org)
- National Child Traumatic Stress Network (NCTSN)  
[nctsn.org](http://nctsn.org)
- The Beyond Consequences Institute  
[beyondconsequences.com](http://beyondconsequences.com)
- The Karyn Purvis Institute of Child Development at Texas Christian University  
[child.tcu.edu/about-us/tbri/#sthash.ONOM9ofH.dpbs](http://child.tcu.edu/about-us/tbri/#sthash.ONOM9ofH.dpbs)





# Contact information

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