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Creating a Healing Environment for Our Children

Karyn Purvis and David Cross  
Texas Christian University

At the Developmental Research Lab at Texas Christian University (TCU), we have been conducting research and intervention programs with at-risk children and their families for the past six years. (In this article, we use the term “at-risk” children to include children with histories of neglect, abuse and/or trauma and those who are at increased risk for behavioral, academic, and social-emotional problems). Although a major focus of our work is with post-institutionalized children (those adopted from international orphanages) we have also worked intensively with domestic children adopted from the custody of Child Protective Services, as well as with foster children who are still in care. Among our research programs, one survey is of particular interest to families with newly adopted children, and those who have recently taken children into foster care in their homes. In the Survey of the International Adoption Experience, parents reported on behaviors of their newly adopted children, which were of concern to them. These behaviors can be generally grouped into *internalizing* and *externalizing* problems. Externalizing behaviors, such as aggression, hyperactivity, and tantrums, are those, which *act out* on the environment and are directed at others. Internalizing behaviors, such as anxiety, depression, and shyness, are those which *act in* on the child and are directed inward. Both types are typically rooted in feelings of fear, anger and pain. Because children express fear in different ways, it is important to examine the underlying etiology of behavior carefully before addressing it. In our experiences with adopted and foster children, we have often seen that children with externalizing

behaviors respond well to the same interventions we use for children with internalizing behaviors who are obviously afraid or depressed.

An important paradigm to keep in mind is that your child’s chronological age will not accurately reflect their comprehension or ability in any domain. Our friends at the International Adoption Clinic in Fairfax, Virginia, Dr. Patrick Mason and Christine Narad, encourage families to begin their child’s “age” expectations at the day of their adoption. For many children, it will be necessary to “unteach” maladaptive behaviors before they can be taught new adaptive behaviors and strategies. It is also important to remember that experiences, memories and behaviors have distinctive patterns of neural development which accompany them, and that it will take significant time before neural chemistry and pathways ameliorate.

In the TCU Survey, parents reported on behaviors, which were of greatest concern to them at the time of adoption. Many of them ameliorated over time, as can be seen in the chart below. However most parents commented that they would have benefited from prior preparation and information. Of families who responded to the Survey, only 7% reported that they were “absolutely prepared” for the aftermath of institutional care and its affects on their child. This summary of information on behaviors at the time of adoption is intended to help bridge the gap for families who are adopting internationally. Behaviors are listed with percentages of parents reporting them.

Behavior	Time of Adoption	Time of Survey*	Type of Behavior
Anxiety	53%	22%	Internalizing
Fearfulness	45%	16%	Internalizing
Affectionate	45%	61%	-

Excessive eating	45%	16%	Internalizing
Sleep disturbances	40%	22%	Internalizing
Extroversion	39%	57%	-
Tantrums	37%	65%	Externalizing
Talkativeness	35%	65%	-
Shyness	35%	37%	Internalizing
Outgoing	33%	51%	-
Manipulation	33%	37%	Externalizing
Physical aggression	31%	20%	Externalizing
Bold	31%	39%	-
Hyperactivity	29%	20%	Externalizing
Bedwetting	29%	18%	Internalizing
Rocking	27%	10%	Internalizing
Withdrawn	20%	10%	Internalizing
Depression	20%	8%	Internalizing
Introversion	18%	12%	Internalizing
Attention deficit	18%	22%	Externalizing
Refusing to eat	16%	6%	Internalizing
Verbal aggression	16%	24%	Externalizing
Lying	15%	31%	Externalizing
Lethargic	8%	0%	-
Delinquent	6%	10%	Externalizing

\*Time of the survey was an average of three years after the adoption.

In some children, these behaviors may be clues to underlying neurological impairments, sensory integration dysfunctions, or even early symptoms of psychological disorders. Early assessment is essential! Adoptive and foster parents need to seek out professionals who are experienced in working with at-risk children and have thorough assessments to rule out any function-specific disorders. Friends of Russian and Ukrainian Adoption (FRUA) and Parents Network for the Post-Institutionalized Child (PNPIC) can help with recommendations of regional specialists who are familiar with the unique constellation of behaviors and deficits commonly found in post-institutionalized children. In addition, many adoptive and foster parents have reported finding valuable information and support in books such as [The Out of Sync Child](#), by Carol Kranowitz, [Help for the Hopeless Child](#) by Ron Federici and [Facilitating Developmental Attachment](#) by Daniel Hughes.

The Hope Connection is a research-based intervention program for at-risk adopted children and their families, which consists of a five-week summer day camp, monthly follow-up camps, and an intensive parent support and training component. The first summer camp was born when adoptive parents approached faculty in the Developmental Research Lab at Texas Christian University (TCU) and asked them to help design a program which might ameliorate the consequences of their children's early orphanage experience. Over the course of the past five years researchers, parents, and professionals have worked side-by-side in an amazing journey of discovery with these children and their families.

The project has been tremendously exciting, and has as its goal the discovery and implementation of behavioral principles that can be used to psychologically connect foster and adopted children with their new families. Parents named the camp The Hope Connection™ because they

found new hope for their children and families in the camp. In addition, the name is congruent with our goal to help families and children construct connections at numerous levels, including:

- **PSYCHOLOGICAL CONNECTIONS**---primary attachment relationships---between children and members of their adoptive or foster families.
- **SOCIAL CONNECTIONS** between families and others who are familiar with the unique constellation of challenges faced by adoptive families, including other families who have adopted and fostered, professionals who are familiar with adoption issues, and institutions that can support families who adopt.
- **KNOWLEDGE CONNECTIONS** between those who do not have the knowledge---including both professionals and parents---and the knowledge that is available.
- And at the heart of the matter, **NEUROLOGICAL CONNECTIONS** in the children who are at-risk. It is our goal to apply neurological research in pragmatic ways, with the hopes of “rewiring” the child’s mind so that he or she can develop healthy attachment relationships and function in society as a normal and happy human being.

These goals are represented in our vision statement:

To create a culture of nurture and structure where children experience “felt-safety”, their needs are met, and they are challenged in the context of playful interaction. Our goal is to extend this healing environment, through training and advocacy, so that it permeates the home and educational settings of children who have come from “hard places”.

In creating this environment of safety, there have been five cardinal principles which undergird all of our interactions with the children in The Hope Connection:

1. No significant gains can be made by a child who is afraid. Our first goal is to provide a sense of “felt safety” and a sense of “welcome” in all that we do in camp. This is the first immutable pillar of our work. The best pathway to the “real” child is the secure path for which he is genetically, biologically and psychologically engineered. It is the pathway in infancy through which safety is recognized and trust is established:

- ✓ Attention to physical needs
- ✓ Attentiveness to emotional needs
- ✓ Responsiveness of caregiver
- ✓ Interactiveness of caregiver
- ✓ “Sensory bath” of human interaction

In order to address fearfulness in our camp children, it is essential for camp staff to be extremely vigilant in monitoring behavioral and physiological signs in the children.

2. The camp vehicle through which we provide welcome, reduce fear, and gain trust, is playful interaction. This is the second unshakable pillar. A balance of nurture and structure provide fertile foundation for change. Several decades of attachment research reveal that the authoritative parent who balances structure and nurture will produce children with positive long-term developmental outcomes. After our first summer camp experience, we serendipitously discovered two books on Theraplay©. The principles of Theraplay embody the attitude that pervades our work with children. Dr. Phyllis Rubin, co-author of *Play With Them: Theraplay for Groups in the Classroom*, graciously provided us with an avenue for brief formal training in the group dynamics of Theraplay©.

Achieving the balance of nurture and structure is essential. If we give nurture when the child needs structure, we diminish his growth. If we give structure when the child needs nurture, we weaken his sense of safety and trust. Achieving this sensitive balance in the context of playful interaction is the second unshakable pillar of our work.

3. A sensory-rich, attachment-rich environment is the third great pillar. Attachment can be conceptualized as a sensory bath, which immerses the child in its mother's arms. The sound of her breathing, her heartbeat, her voice, the warmth of her touch, the gentleness of her hands and arms, the taste of her milk, the sway of her movements... these and other senses register her presence, and her care. We have observed that children make significant gains in attachment behavior in the presence of appropriate levels of sensory input.

The presence of sensory experiences permeates the camp experience. A sensory-rich environment is provided throughout every activity of the day. Snacks, crafts, games, and activities are chosen for sensory value. It is a natural component of the first years of life, and one that is markedly absent in the experience of most children who have suffered early neglect and/or abuse. We believe that rich, safe sensory activities provide part of the pathway to healing for children who have come from hard places. Again, we are not the only ones to have discovered these principles. They can be found in the works of Carol Kranowitz (*The Out-of-Sync Child*) and Daniel Hughes (*Facilitating Developmental Attachment and Building the Bonds of Attachment*).

4. Reafference in learning is the fourth pillar. Dr. Ron Federici of Alexandria, Virginia, is our mentor in this concept. Reafference is achieved when an individual responds actively to the environment. It is NOT a lecture passively heard by a child, but rather

an active response in which the child uses their own body, thoughts, and words. A camp practice that embodies this principle is the "redo" in which the child has an opportunity to redo an interaction that was faulty.

In the camp environment, children are constantly given opportunities for active responding, which has proven efficacy for empowering, and deepening the learning process. Games and opportunities for active participation are an immutable pillar of the camp process. This goal is achieved through active games, such as the Thinking, Feeling and Doing Game, the Angry Monster Game, role playing, reenactments of appropriate and inappropriate interactions, script practice, and behavioral re-do's.

5. The fifth and final principle that instructs our work is attentiveness to the needs of the child. Hypervigilance in attending the child's body language, pupillary dilation, rate of respiration, and heart rate will provide significant clues to their needs. Aberrant behaviors often occlude the true needs of the child. Learning to observe behavior as an indication of submerged fear and pain can provide powerful insights to hearing and understanding the child's heart.

It is in learning to observe the children which has provided our most dynamic insights. They themselves have taught us what they need. Two questions emerge with every behavior: "What is the child saying?" and "What does he really need?"

In these things, the children have been our instructors, and have truly led us in this odyssey of discovery. Data from the past four summers support our belief that a sensory-rich, attachment-rich environment of "felt-safety" provide a unique opportunity for positive behavioral change in the children. Each summer during *The Hope Connection*, we have documented statistically significant positive

gains in attachment and prosocial behaviors. Decreases in depression, aggression, anxiety, thought problems and attention problems have been observed as well. And finally, we have recorded dramatic gains in communication skills including gains in expressive language and the ability to understand the meaning of facial expressions.

These documented changes have propelled us in our quest to understand the mechanisms that are driving such dramatic change. Although our inquiry into these mysteries is ongoing, we have become convinced that an environment such as The Hope Connection is a model laboratory for change in children with histories of early maltreatment or neglect. In what follows, we would like to share some observations and lessons learned regarding the specific behaviors reported by parents in the TCU Survey of the International Adoption Experience (see Table above).

#### ANXIETY and FEARFULNESS

Not surprisingly, anxiety and fearfulness were the most frequently cited behaviors of newly adopted or fostered children. There are many methods of treatment for anxiety and fear, but most are rooted in a few common underlying principles.

*Be aware of the possibility of overstimulation.* Because orphanages are notoriously austere, it is necessary to “ease” your child into their new environment. Begin by simplifying their room in ways that are familiar to them. Dr. Ron Federici, in his book, Hope for the Helpless Child, makes detailed recommendations about how to gently “de-institutionalize” you child by simplifying their activities and environment.

**MOST PARENTS ARE EAGER TO LAVISH THEIR CHILD WITH TOYS, WELCOME PARTIES, BRIGHTLY DECORATED ROOMS, TRIPS TO MACDONALD’S, AND EVEN DISNEY**

**WORLD. THESE ARE CERTAIN TO INDUCE ANXIETY BECAUSE OF THEIR UNFAMILIARITY. REMEMBER THAT YOUR CHILD HAS COME HOME TO STAY, AND THERE WILL BE A LIFETIME IN WHICH YOU CAN LAVISH THEM WITH GIFTS AND SPECIAL TRIPS. GO EASY FOR NOW!**

*Transitions and predictability.* A predictable environment has a tremendously calming effect on anxiety and fear. Whenever possible, give you child 5-minute transition statements such as “In a few minutes, we are going to get in the car and go to the grocery store.” For some children, it may be encouraging to help them make 3x5 note cards of “events of the day” such as classes at school. Your child could draw pictures of their teachers on each card, or use a small Polaroid photo of the teacher. On the card, help them write pertinent details such as “Social Studies – 12:45 to 1:25”. Cards may be kept in the child’s pocket for ready reference about the events of the day.

*Orient your child to novel environments.* Make a habit of orienting your child to new places such as new playgrounds, new buildings, and friends’ houses. For example, when visiting the home of a friend or acquaintance, ask your hostess, either ahead of time, or upon arrival if you may walk through the house with your child. On such occasions you become the tour-guide. “This is where the family has breakfast... This is Robert’s room... Oh look, this is where their puppy sleeps....” In this way, your child’s fears of the unknown may be allayed.

These techniques are often effective in ameliorating shyness and even bedwetting, which are often behavioral outcomes of fearfulness and anxiety.

#### EXCESSIVE EATING



Children who experience chronic hunger continue to be afraid of being hungry again. It is NOT a rational fear, nor is it a cognitive process – it is visceral and primitive. Historical reports of food deprivation during times of famine and war have documented the enduring effects of hunger on behavior. Food binging, hoarding, and hiding are traits that persist over years. You may remember the story of Sidney Poitier, the famous black actor, who told reporters that because he had been hungry so often as a child, even as a wealthy and famous actor, he always carried a candy bar in his suit pocket to be sure he wouldn't be hungry again. Although fear of hunger persists for many years, there are effective ways to diminish it.

*Respect the history of the child.* Hunger is registered in the brain stem – the most primitive portion of the brain. It is a survival need. Your child's response to the presence of food is a clue to the level of deprivation they suffered. NEVER shame your child over food issues – shaming, chiding, teasing – are NOT effective strategies. NEVER treat the issue as one of sheer compliance. Deep in shadowy memories, your child is afraid of hunger. Treat them and their food issues with respect.

*Acknowledge their history.* Acknowledge that your child's fear is residue from his past, while helping him embrace a hopeful future. Statements like "I know that it is true that in the past you were hungry many time before you came home (to us). But I promise that you will always have plenty of food to eat now. Just tell me when you are hungry, and we will find something for you to eat." These words acknowledge the child's history and at the same time, help them to embrace the hope of the present and future.

*Foster perceived control.* One way to help develop healthy food behaviors is to increase the child's perceptions about the availability of food. Getting them involved in shopping for food, and the preparation of

food, is a great way to help them restructure their perceptions and emotional responses to food and food-related situations.

*Celebrate healthy eating.* Making meals a celebration will enhance your child's ability to savor the experience of a shared meal. Let the child create place mats for the meal table; choose flowers from the yard or create a dinner-table centerpiece of favorite toys and articles. (There have been times we've shared the dinner table with a bowl of goldfish.)

*Let your child help choose favored foods at the grocery store.* Give them a predetermined, reasonable number of choices (4, 5... 7). Guide them in choosing healthy items – fruit, vegetables, nuts, etc. The grocery store time can become a favored outing and a time for learning!

Help your child prepare a small basket of healthy snacks and food items to keep in a conspicuous place in their room – fruits, nuts, oatmeal cookies... until he becomes secure in the knowledge that he will not suffer hunger in your home.

## SLEEP DISTURBANCES

Sleep disturbances have many causes. In most cases, the causes are multiple, and may require a multi-faceted intervention. Among the most common causes of sleep disturbance are depression, anxiety, and fear. Sleep disturbances are also part of the cycle of disrupted neuro-chemical processes in the brain of a child – which is a contributing factor in most aberrant behavior.

*Provide accelerated levels of physical activity during the day.* Sleep disturbances can be caused by elevated levels of cortisol – a stress hormone found in chronically anxious children. Cortisol is chronically in children with histories of neglect and abuse. It is known that strenuous physical activity

lowers cortisol An afternoon visit to the neighborhood park or swimming pool is often time well-spent. If elevated cortisol is contributing to your child's sleep disturbances, these activities should help induce normal sleep.

*Melatonin supplements taken at bedtime.* Melatonin may be beneficial. Found at the health food store, this nutritional supplement has been reported by many parents to be "just what the doctor ordered". Natural, peaceful sleep follows for many children. Herbal teas, such as chamomile, may also be helpful in promoting restful sleep.

*Temporary adjustments in sleeping arrangements* has proven beneficial for some families. It is possible for parents to take turns sleeping on a cot or air mattress beside the bed of their child. Close proximity during the first weeks in their new environment gives parents an opportunity to speak calm, reassuring words about the strange noises, creeks and bumps and "night noises" heard by their child. It also heightens the child's awareness that the parent is "on-guard" for their benefit.

*Proprioceptive activity before evening baths is very calming.* Any activity which involves deep muscle work, is considered proprioceptive activity. There is a broad literature, which documents the calming affect of proprioceptive input. Lifting light weights in the evening may become a special time for father and son, as they build muscles, relationships, and at the same time, engage in an activity which is beneficial for inducing restful sleep.

## ROCKING

Rocking was reported by nearly one-third of adoptive parents. Rocking is a form of self-comfort and of self-stimulation. It serves an adaptive function for children who have been without external stimulation or comfort. For

most children, this behavior subsides in time; however, there are methods, which may abbreviate the duration of this mechanism.

*Ask permission to rock your child.* It may become a special time in which you spoon-feed them ice cream or another special treat while you gaze gently into their eyes. Rocking may also be achieved as special time on a back-porch swing, or even as special time on a swing-set, as you interact playfully with the child.

*Provide appropriate sensory stimulation.* Playground activities, a small trampoline, a rocking horse – are among dozens of physical activities that will meet their need for sensory input. (Carol Kranowitz book, *The Out of Sync Child*, is full of suggestions for providing safe levels of sensory input).

*Rock with your child.* Depending on the age of the child, you could participate in their rocking. Joint them quietly, rocking beside them or, for an older child you could ask permission to rock with them.

*Rock against your child,* by rocking in the opposite direction. Some specialists advise this technique as a mechanism for extinguishing the rocking behavior. When the child rocks one direction, the parent rocks the opposite direction. It is important to remember that this method does nothing to meet the underlying needs for security or sensory inputs. It is merely a method of interrupting the behavior by drawing the child's attention to it, and making it less pleasant.

## DEPRESSION

Depression among children is a poorly understood disorder, despite the fact that it is becoming painfully clear that large numbers of children suffer from this disorder. There are several things parents should be aware of in regards to childhood depression. Foremost



among these is the fact that depression in children manifests itself in more complex ways than it apparently does with adults. Although classically categorized as an “internalizing” disorder, children who are depressed may be angry, hostile, and noncompliant. Since these behaviors are “attention grabbers” for the adults who work with these children, the underlying depression may go unrecognized in many children.

The second point we would like to make about depression is that all adopted and foster children are at very high risk for depression, because of their backgrounds of abandonment and trauma. It is likely that only the most resilient children, as well as those whose circumstances prior to adoption were the most favorable, are likely to escape the negative feelings and cognitions associated with depression. Furthermore, it is important to recognize that virtually everyone experiences depression in one form or another at some point in their life, and children are no exception. The truly bad thing is when depressive symptoms persist and begin interfering with normal development for longer periods of time. If this is the case, it is warranted to see a child psychiatrist to investigate the possibility of medication.

The good news about childhood depression among these children is that the intervention strategies we have advocated in this chapter are going to benefit the depressed child. Acceptance, an emphasis on the positive, restructuring of maladaptive behaviors, growth of attachments and felt safety, are all going to be effective antidotes. Depression is treatable, and even if medications are employed, behavioral strategies are also required. Our argument is that when the underlying fears and anxieties are addressed, as well as the child’s poor ability to regulate emotion and sensory input, a significant start will have been made towards alleviating the child’s depression.

#### HYPERACTIVITY

Many children with histories of neglect or maltreatment appear to be hyperactive. Most are not truly hyperactive – they are hypervigilant. Young children raised in nurturing homes from birth, know that they have a “safe-base”. If they perceive threat, they scamper to their parents for protection. You may remember watching nature shows in which baby animals scamper to the safety of their mothers and cling to them. They know that their mothers will fiercely defend them from approaching danger.

Children raised without this awareness of a protective caregiver, are chronically “on-guard” for danger. They must constantly scan the environment for signs of danger. They feel constant threat of harm. They must diligently study all people, places and things for hidden danger.

This type of hypervigilance will typically yield in time, as the child begins to feel safe. Previous suggestions will also help build a sense of security in your child. The general heuristic, or rule-of-thumb, is that it doesn’t matter if YOU KNOW, as a parent, that the child is safe. It only registers in the child if THEY KNOW they are safe!

An apt example is that of a 12-year-old girl adopted from a Russian orphanage who was afraid to ride her bike three blocks to the neighborhood school. Two birth children from the same home had attended the school previously, and the parents knew it was a safe neighborhood. Aware of her daughter’s fear, however, this wise mother walked beside her daughter to school in the morning, and in the afternoons, met her at school to walk her home. In time, the child realized that she was safe to ride home alone.... The key point is that it is the *child’s* emotional responses – her fear and anxiety – that determine her behaviors. Her parents’ feelings are largely irrelevant in circumstances such as this.

#### TANTRUMS, MANIPULATION, and PHYSICAL AGGRESSION

These externalizing issues were reported by about a third of adoptive parents. Aggressive behaviors may have their roots in the child's early history and deficit of care. In many circumstances, children become aggressive or manipulative in order to survive harsh environments. The root cause of externalizing behavior is very similar to that of internalizing behavior.

*Parents should use as few words during emotional upheavals as possible while encouraging the child to use more words! Children in emotional upheaval are unable to process language or logic at a deep level. Mini-sermons, lectures, and instruction are lost during these times of crises. Instead, use calmer times for teaching and instruction. During crises, an effective "mantra" (short phrase which may be repeated several times) is "Use your words - not your behaviors!"*

*The goal is to simply calm the child during times of aggression. Instruction in reason is reserved for "after the storm". Using "words" is an important life-lesson for children who have learned to express needs and feelings through aberrant behavior. Be*

prepared to coach your child in expressive communication by listening attentively!

*Levels of Response are metered responses in which a caregiver uses ONLY the amount of "force" which is required to get the child's attention and compliance. In our camp intervention, The Hope Connection, we use three levels of response. The first is playful engagement; the second is giving choices; the third is "think-it-over". A fourth and final level is the therapeutic hold, which is used only in cases of significant physical aggression by the child in which they become an active threat to themselves or others.*

The example used in the chart on the next page is that of a child, who at camp one day commanded her college-student mentor to pick her up and carry her in from the playground. Our first response is "playful engagement" and a response such as "Are you asking me or telling me?" If the child says "Well, I was asking you" then the mentor would say, well, "try again" – giving the child an opportunity for a behavioral "re-do" in which she could practice asking politely and with respect.

Level One Challenge

Child is non-compliant and/or controlling (e.g. "Pick me up and carry me back into the building")

Level One Response

Playful engagement (e.g. "Are you asking me or telling me?")

Level One Resolution

Playful affirmation and choices (e.g. "Well, if you are asking me, I'd love to carry you! Do you want to ride piggy-back or papoose style?")

Levels of Response:

Gaining Compliance

(Goal: After every level of resolution, swift return to playful engagement!)

Level Two Challenge

Child is defiant (e.g. "I'm telling you!")

Level Two Response

Expression of verbal authority, given at child's level, with full eye contact and firm voice (e.g. "If you are telling me, the answer will always be NO! Now would you like to try asking me?" OR "You have two choices. You may walk beside me, or walk beside me and hold my hand. Which do you choose?")

Level Two Resolution

Child responds to verbal authority (e.g. "OK, I was asking!" OR "I'd like to walk beside you and hold your hand.")

Level Three Challenge

Child continues defiance (e.g. "You're not my mother and you can't boss me around!")

Level Three Response

Expression of verbal and physical authority (e.g. "I'd you to go to the 'think-it-over' spot. I'll wait nearby, and when you are ready to tell me what you did, just say 'ready'. OR "Your mother gave me permission to be your boss while she was gone, and I think you need to 'think-it-over'. Let's go to the think-it-over spot.")

Level Three Resolution

Child complies - the adult swiftly returns to a manner of playful engagement.

If the child persisted, saying "I am TELLING you carry me inside!" the buddy would get close to the child, and hold up two fingers near the child's face and say with a calm, but firm voice, something like "You have two choices – you can walk beside me and hold my hand or you can

walk beside me (implied here –I am NOT going to carry you)".

If the child continued to persist in defiance, the adult would tell them they are going to need to "think-it-over" and would take them to a quiet,

safe spot to sit and think. “Think-it-over” is a modification of the “time out” technique used by many parents. A major goal for our at-risk children is to avoid isolation such as sending them to their room. In think-it-over, the child is invited to see what they have done wrong and how they could do it better. The parent stays close-by. The child is instructed to say “ready” when they have figured out what they did wrong and how they could do it better. Then the parent listens attentively and affirmatively. The adult would remain nearby and when the child had thought through their action, they would say “Ready” at which time the adult would go and ask them what they did wrong and how they could ask appropriately for their needs. At that point, the child would be given an opportunity for a “re-do” in which they asked respectfully for their need or want, for example, “Would you please carry me inside the building?” After such re-do’s, praise the child for practicing the appropriate behavior.

Our goal in all interactions is to build relationship and trust however the child who is in control, and who is “the Boss” can never become truly attached to their parent.

If the child present a physical threat to himself or others during times of aggression, it may be necessary to use a therapeutic hold until he is calm. (Instructions for therapeutic holds may be found in Help for the Hopeless Child.) Once the emotional storm has passed, calmly sit face-to-face with your child, hold their hands, look gently into their eyes and ask them to use their words to tell you what they need or want.

#### EVALUATE, STRATEGIZE and PLAN!

Carefully evaluate times and places where your child is most frequently out of control Think critically – is it times when he is tired, hungry, over-stimulated? One of the most important messages we have learned from our work with at-risk children, is that it is imperative for

parents to be proactive in developing preemptive strategies. Careful evaluation of each aberrant behavior is essential. Does the behavior (tantrum, anger, withdrawal, etc.) occur in specific situations? Does it occur at the same time of the day? Does it occur more often when the child is hungry or tired? The answer to these will help you plan proactively for the welfare of your child.

Treat his “system” as fragile and deregulated. Low blood sugar; fatigue and reactivity to sights, sounds and places are areas of significant challenge for most at-risk children. Remembering to give your child a nourishing snack or meal every two hours may significantly reduce the number of “melt-downs”. Until they learn self-regulation the steady level of blood sugar will help them maximize clear thinking an appropriate responding.

Behaviors of at-risk children can be baffling and confusing to parents and professionals alike. However, with persistent, firm intervention, most inappropriate behaviors will give way to new, healthy behaviors. Thinking of old behaviors as maladaptive survival skills will help direct the parent-course for teaching new life-skills.

#### *INDIVIDUAL CAMPER PLAN*

**Name: Alexandra (“Alex”) MacKinsey**

Gender: Female

DOB: May 31, 1990

Parents: Tom and Sarah MacKinsey

Siblings: Birth sibling, Meika (age 9),

Adoptive sibling Stephen (age 11)

Adoptive sibling at college

Address: 3461 Riverside Drive.

Fort Worth, TX 75019

Phone(s):817-346-3907

Medications:

Clonidine 0.1 mg at bedtime if needed for rest

Trileptal 300 mg taken morning and evening

Zyprexa 2.5 mg taken morning and evening

Paxil 10 mg taken daily in the morning

**Brief History:**

Alexandra was with her birth mother until the age of two, at which time she was abandoned to a Russian orphanage. During her eight years of institutionalization, she experienced multiple incidents of abuse, including physical, sexual, emotional abuse and food deprivation. She was adopted at the age of ten.

**Camp Experiences:**

Teacher: Rene Allen

Buddy: Mary Dawn Parker

Affectionate, polite and respectful if things go her way. Problems occur when things don't go her way, she doesn't get her way, or someone does not treat her as she thinks they should.

**General Behavioral Camp Goals:**

Learning to be respectful of others  
"Who's the boss?" (Obeying authority figures)  
Making appropriate choices

*HELPING ALEX SUCCEED*

**Alexandra's Strengths:**

In spite of her history of chronic neglect and abuse, Alexandra exhibits notable resilience in several areas.

- She is still capable of genuine compassion
- She is still able to trust safe individuals
- She is bright, clever, charming and witty
- She expresses a significant measure of self-awareness

**Alexandra's Challenges:**

- Control issues
- Compulsive behaviors
- Self harm, poor choices
- Sexualized behaviors

**Neural Development:**

Like most children with Post-Traumatic Stress Disorder (PTSD), Alex exhibits behaviors of a child with altered brain chemistry. It is known that early neglect and/or abuse significantly alter the levels of serotonin and cortisol in the brain. Serotonin is the "master regulator" of the brain and is associated with sleep, pleasure, contentment... Cortisol is a stress hormone associated with the "flight or fight" system, and in adaptive situations, empowers escape from harm and enhances chances of survival. However, in children who experience chronic stress and abuse, from which there is no escape, the level of cortisol remains chronically high, causing cell death in important brain centers. Chronically elevated levels of cortisol are known to induce psychotic behaviors. Lowered levels of serotonin are known to induce sleep disorders, mood disorders, eating disorders, and compulsive behaviors...

Children, like Alex, who suffer abuse and neglect early in their development, are vulnerable to any trigger that sets off their PTSD. Alex's greatest need is "felt safety"! It is not enough that her caregivers know that she is safe. SHE MUST FEEL SAFE! Otherwise, insignificant issues set off her fear system, and elevated levels of cortisol induce episodic behaviors. Unfortunately, elevated cortisol is correlated with reduced levels of serotonin. Lowered serotonin results in an increase in obsessive-compulsive behaviors.

Undoubtedly, the worst of Alexandra's behaviors are chemically driven. The greatest opportunity for Alex to succeed will come in an environment in which she feels safe.

**Alexandra's Issues - Pragmatics:**

**CONTROL ISSUES:**

Like most victims of neglect and abuse, Alex tries to maintain control of every

component of her environment in order to assure her safety. Wrestling control from her becomes a life and death battle for both Alex and her perceived “adversary”. Many control battles can be avoided when Alex experiences “felt” safety. Possibly the most effective strategy to preempt major control battles is building a relationship with Alex which will defuse the appearance that you are her adversary. In addition, there are numerous other strategies, which may be effective.

*Strategies:*

- Developing her awareness of safety
- Giving appropriate choices when possible
- Developing firm strategies for compromise
- Practicing compromise

**OBSESSIVE-COMPULSIVE BEHAVIORS:**

Many child-victims exhibit traits of Obsessive-Compulsive Disorder (OCD). Alex is among them. However, these behaviors are significantly reduced when she experiences felt safety (and the attendant elevation in serotonin).

*Strategies:*

- During times when she appears to obsess or ruminate on specific details, redirection of her thoughts and activities may be successful
- Chewing several pieces of gum at one time provides deep muscle input, and can be very calming for this anxiety-driven state
- Physical exercise also releases serotonin which is calming, such as
  - A walk with a buddy
  - Time on the playground
  - Other physical activities (swimming, etc.)

**POOR CHOICES (SELF/OTHER HARM):**

Harming self and others is also chemically driven and is most often induced by elevated levels of cortisol. During her times of elevated cortisol, reasoning with Alex will

be impossible! She is being chemically driven during those times, so give up on lectures and mini-sermons. They will only exacerbate the situation. Caregivers must make opportunities during calm periods to help her determine healthy good choices, and practice them so that they ultimately become automatic.

*Strategies:*

- Make a list of new, healthy options: “When I am angry, I will...”
- Help her develop and practice these strategies
- Role-play a “scene”
- Use animal puppets to rehearse new choices
- Watch a movie scene, which shows a child or adult making a poor choice or a good choice and discuss how it could have been done differently.
- Make a poster of new options she is choosing and put it up on her wall in clear view
- Get a poster of feelings and help her begin to identify the triggers that begin the downward spiral. Begin to teach her to ask for help EARLY, before a full melt-down
- Provide her with a bracelet or other personal item that will affirm her and remind her of making new healthy choices
- Videotape behavioral rehearsal and play it back for her with praise and affirmation
- Videotape an actual “scene” and talk about it later with her in a time of serene calm (but NO SHAMING, only as instruction!)

**SEXUALIZED BEHAVIORS:**

Like other children who have been sexually abused, Alex at times tries to re-enact the abuse. In spite of her precocious sexual behavior, she desperately needs appropriate, healthy affection from caregivers.

*Strategies:*

- Help her develop a sense of appropriate behavior



- Define the parameters of affectionate interactions
- “ASK before giving me a hug”
- “Don’t come up behind me and touch me”
- “Please don’t rub my arm, but you can pat it”
- “I will be glad to give you a hug if you ask”
- Because at least one of her offenders appears to have been female, for a time, until the parameters are firmly in place, “side hugs” may be wise.
- As soon as parameters are clearly in place and effective, try to respond to Alex’s bids for affection as you would to any normal child. Her need to develop healthy affectionate bonds is great!

### General Camp Staff Instructions

#### ACTIVE LISTENING!

CAMP BUDDY must MODEL active listening:

Be an active listener. Pay attention. Look at her eyes when she speaks. Show her that her thoughts are important to you. Speak slowly, abbreviate instructions, and repeat what you have said. Reinforce verbal messages with gestural communication, facial expressions, hand movements and body language. (Kranowitz)

*Ultimate goal:* To teach appropriate life-skill by modeling it.

#### ENCOURAGE PROCESS!

- Observe her for signs of sadness, remembering that “failed mourning” may present itself as anger and aggression, as well as in the more easily identified lethargy.
- Give the child “permission” to process feelings. (e.g., “It’s okay to feel angry.

Sometimes I feel angry too! What are some good ways to deal with anger?”)

• ***Give Alexandra mechanisms for identifying and processing sadness, anger, etc.***

- Have her identify the feeling on the feeling chart
- Comfort and/or rock her if she requests it
- Encourage her to identify what she needs
- Guide her in appropriately asking for her needs
- Play the “feeling game” with her
- “Draw” the feeling
- Ask what “color” the feeling is...
- Affirm the feeling
- Possibly recommend to the parents that they develop a “Life Book” to help the child process and release their shadowy sense of the past.

*Ultimate goal:* To help Alexandra identify their feelings and process them, so she can come forward to the present into satisfying relationships with her peers and family.

#### “LISTEN-TO-YOUR-HEART”

These words are designed to encourage the child towards increased awareness of her needs and desires as well as towards learning to ask “safe adults” to meet those needs in an appropriate manner.

- Invite her to “listen to their heart”.
- NEVER use these words in a trite way; they are ALWAYS and ONLY intended as a sincere invitation to process in the presence of a safe adult!
- Guide Alex to find a quiet place where she can “listen” to her heart.
- Guide her towards a quiet place that is comfortable, and welcoming to her; a place that is a “happy” and safe.
- It could be a used slide on the playground, if you’re at the playground; it could be a small tent inside the camp setting, etc...

- Be certain that this does not have the appearance of a “time-out” or other disciplinary action.
- Encourage Alexandra to go and sit quietly for a few minutes and to call for you when she has finished “listening” to her heart.
- Help her identify the issue she is “listening” to hear.
- Assure her you will be close by waiting for her to call you.
- When she has finished listening, and calls your name, ask her to tell you what she heard.
- Affirm her ability to identify/know/understand her own needs/desires.
- Empower her to act on that need in an appropriate manner.

*Ultimate goal:* To help Alex develop a clearer understanding of her needs and how to recognize and ask for those needs to be met in an appropriate manner.

#### ENCOURAGE THE POSITIVE!

- Lavish her with encouragement and praise. Look for opportunities to praise her. Be certain your voice and body language affirm the sincerity of your words.
- “Catch” her being good and praise her unexpectedly
- Be especially vigilant to verbally reward any semblance of positive behavior in areas of good choices, showing respect, and other specific camp goals

*Ultimate goal:* To build self-esteem and strengthen positive behaviors.

#### BE VIGILANT!

Monitor her for over-stimulation. It may be necessary at times, to let her find a quiet place to still herself. She may need to be

monitored for anxiety and/or agitation when there is too many or too much activity around her.

Watch the pupils of her eyes for clues to her physiological state!  
Do this consistently during the day.

It may be helpful to encourage her to go sit somewhere quietly and “listen to her body” and see what it is feeling (e.g., “tired”, “hungry”, “sad”, “afraid”, etc.)

*Ultimate goal:* To recognize physical and biological markers of stress and over-stimulation, and to help the child begin to identify what she is feeling.

#### PROVIDING SAFETY THROUGH PREDICTABILITY

- Upon her arrival at camp, her buddy will assist her in becoming acquainted with the camp setting by walking her around the campus and explaining each area.
- Clarifying transitions will help her feel safe. Five minutes before each change of group or location, tell Alex that “In five minutes, we will be going to \_\_\_\_\_”. Simply having information about her activities will disarm much of her anxiety about transitions.
- When you leave for a break, errand, or other absence, be CERTAIN to tell Alex where you are going and when you will be back. Knowing these details will prepare her for your absence, and will disarm the potential for a fear/anxiety response.

*Ultimate goal:* To lessen her anxiety about what will happen next, and give her a sense of appropriate control and safety over the events of her life.

#### CHOICES & COMPROMISES

- During the course of the camp day, Alex will be given choices at times, under the guidance of her buddy. Choices over whether she would rather have her juice first or her snack; whether she'd like to use markers or Crayons to draw with; whether she'd like to take a nap, or simply rest quietly during rest time...

- Simple choices such as these help Alex feel safe, feel empowered, and help her begin to trust that she is being heard, and that her needs and desire have currency with the adults around her.

- These simple choices also set the stage for times of compromise when Alex cannot choose, and cannot have her own way.

- The goal here, is to wrest the control of her entire life from her, and return a portion that she is adequately prepared to participate in.

- Giving choices within appropriate options helps build a sense of teamwork, as well a greatly needed sense of safety and empowerment.

*Ultimate goal:* To encourage her cooperation as well as a sense of safety and belonging. To give her many opportunities to practice making appropriate decisions.

#### “RE-DO’S”

- Watch carefully for opportunities to help Alex “re-do” words or actions, which were inappropriate.

- Model the appropriate way to complete the action.

- Re-do’s should be “in-kind” (e.g., physically acting out, redone with appropriate physical actions; verbally acting out, redone with appropriate verbal actions).

- Praise her lavishly (AND SINCERELY!) upon completion of the corrected act.

- The redo should be directed in a playful and fun manner; it IS NOT intended to be punitive, but rather, instructive.

*Ultimate goal:* To build self-esteem through success and to shape positive behaviors.

#### “BRING ME THE REAL GIRL”

At times when Alexandra is acting silly, obnoxious or foolish, this request has the efficacy to remind Alex that she is a precious, valuable child while also helping her find that part of herself that is often obscured by her maladaptive survival skills.

- Ask for her hands

- Take both of her hands in your (physical contact is often calming, and is enough contact to call the child to self-discipline)

- Look calmly into her eyes and ask her to “Bring me back the real child”

- Immediately upon receiving sincere, calm eye contact, praise her and affirm how precious she is, and how much you enjoy the real girl!

- With practice, Alex will be able to “retrieve” herself from obnoxious behavior with simply the verbal reminder

*Ultimate goal:* To remind a child who receives a great deal of negative attention from her negative behavior that she is precious, while building in a new, positive mechanism for calling her back from inappropriate and/or destructive behaviors.