

Adoption 101

Heartland for Children's
Trauma Informed, Relationship Focused Adoption Training

Class One



Welcome To the start of your adoption journey!

- Ground Rules
- Purpose of Adoption 101 Training
 - Provide **information** related to public adoption.
 - **Prepare** you for adoption and provide information about benefits, resources, and support available to you.
 - **Education** to families regarding trauma, the impact of trauma over the lifespan, and best practices in raising a child who has been through trauma including Trust-Based Relational Intervention training. We will utilize group activities, watch videos, and assign homework to further expand on your education being provided.
 - **Assessment** is a big part of the adoption journey. We will challenge you to assess your own motivation for adoption and honestly assessing your ability to provide for the long term needs of a child who has come from a hard place.
- Introductions!



Adoption is not a single event, but a lifelong commitment

- The decision to adopt is not one to be taken lightly. There are many factors to consider including:
 - *Long term ability to provide for a child's current and projected needs*
 - *Support system*
 - *Motivation to adopt, including evaluation of expectations*
 - *Impact of adoption on family dynamics*
 - *Personal resolve and healing of own trauma and/or loss history*
 - *Openness to parent in a "non traditional" manner based on research findings on the effectiveness of relationship based parenting for children from hard places*



Families who may struggle with adoption....

- Unresolved loss or trauma
- Possessiveness of the child
- Desperation for a child, resulting in unrealistic expectations or attempts to fill a void
- Need for power & control
- High stress and anxiety
- Desire to "mold" and "remake" a child to fit in their family
- View emotional and behavioral needs as "willful" or "intentional" rather than a trauma response



Characteristics of Successful Adoptive Families

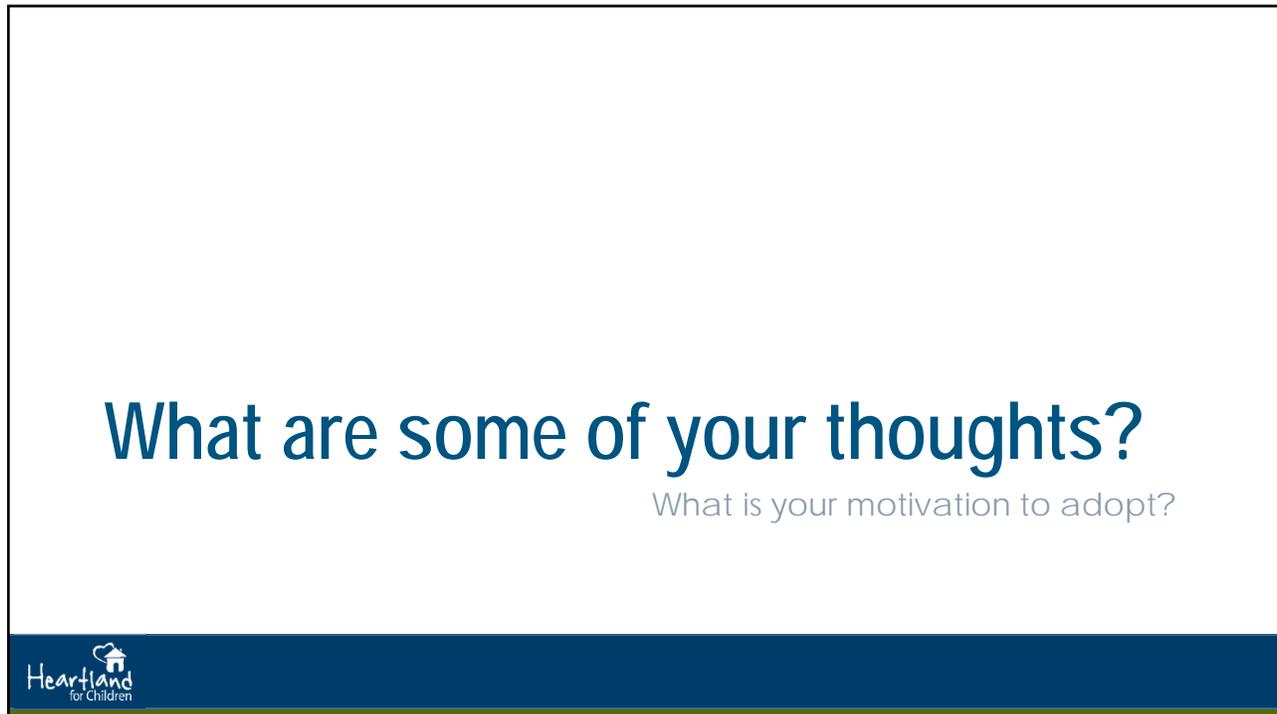
- Satisfied with their lives & able to meet own personal needs
- Resourceful & have a strong support network
- Flexible & has realistic expectations
- Likes to give & help others
- Tolerant of loss, anxiety, & rejection
- Able to delay parental gratification
- Involved in the community
- Accepting of the birth family and able to talk positively with the child about their birth family
- SELF CARE! *" When the caregivers and parents are healthy and strong, their capacity to be present, patient, positive and nurturing is enhanced. When the parent's needs are unmet, it is unrealistic to ask them to play a central role in the child's healing process." Dr. Bruce Perry*



We all want long term success!

- Motivation, support system, self care, and viewpoint regarding trauma and trauma responses are key factors in your ability to provide healing, therapeutic parenting and unconditional commitment!
- Watch this powerful message from Josh Shipp.....
(share this with your support system to help them understand!)





Let's talk about attachment

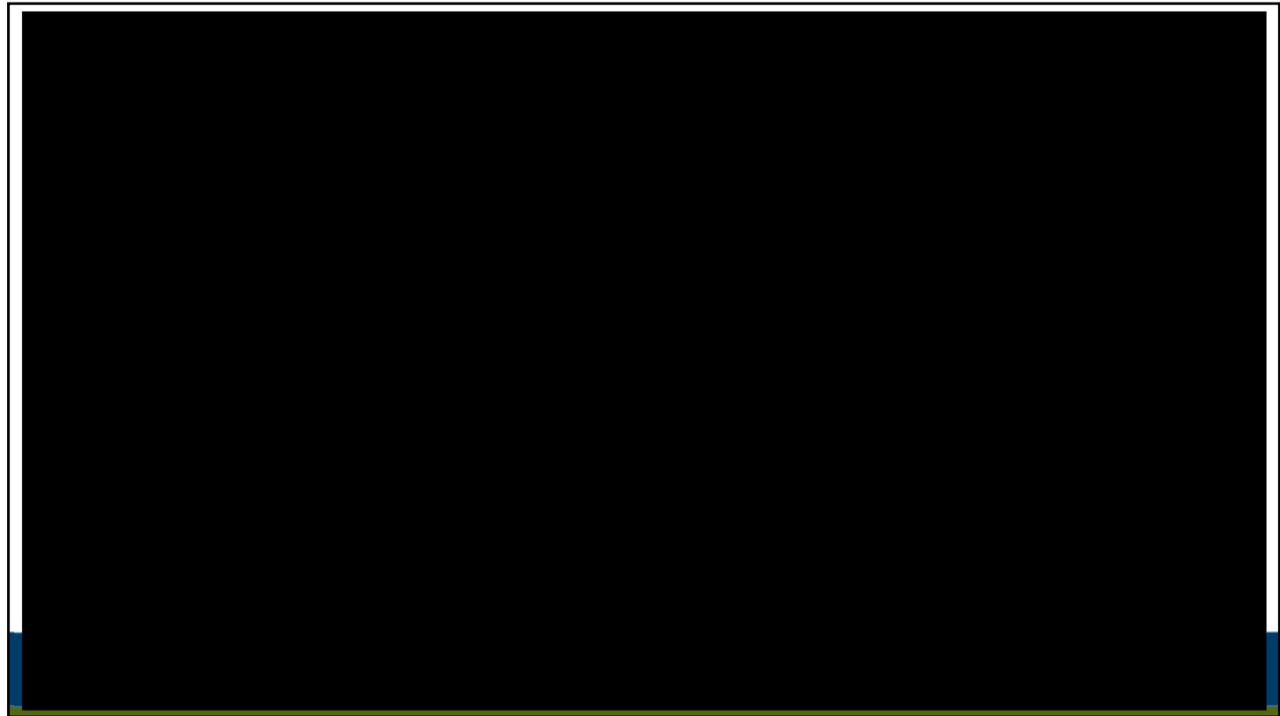
- Attachment experiences are vital to human development and survival!
- “The need for connection is so basic and primal, it operates well below conscious awareness, but influences almost everything that we do. This is why intense feelings, arguments, and strong pressure to either move away from or cling to close relations seem to come from nowhere”.



Attachment Style

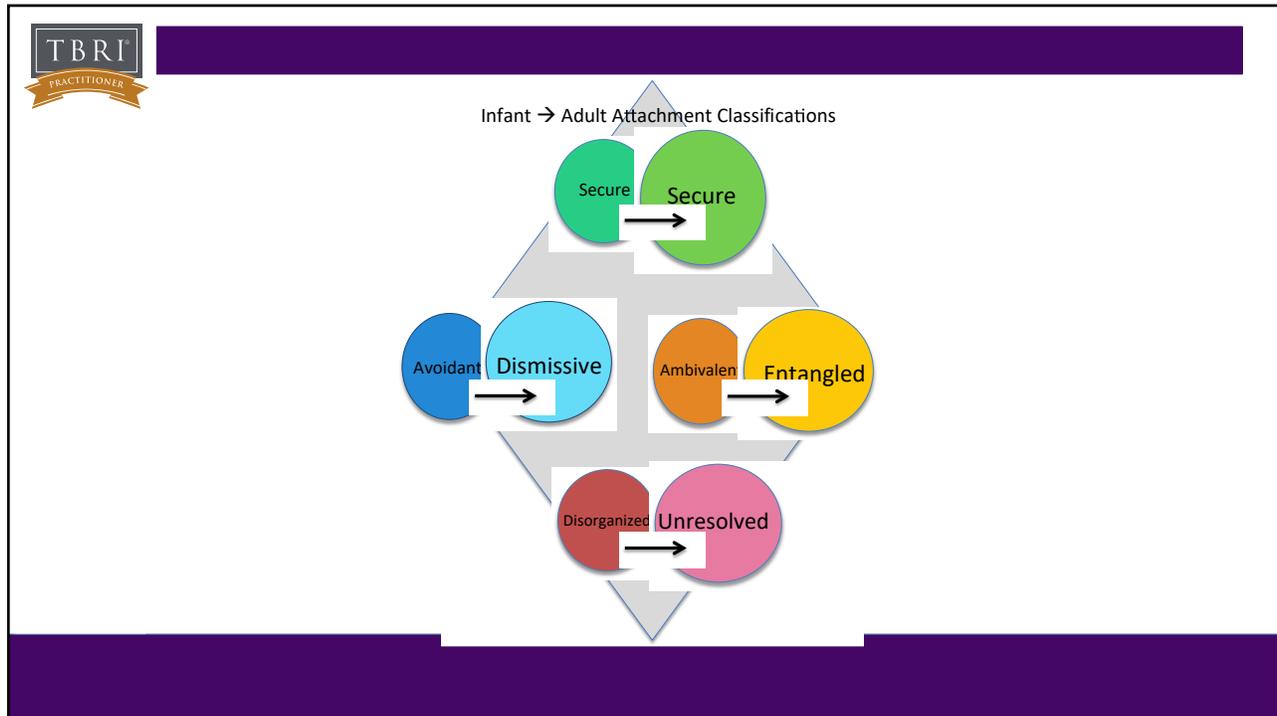
- Did you know that attachment is generational? The mother's adult attachment style matches the child's attachment style 81% of the time! *Thus, the greatest predictor of a child's attachment style is by looking at the parent's attachment style!*





Ask yourself Where you fall:

- How comfortable am I.....
 - Giving care to others
 - Receiving care from others
 - Negotiating my needs
 - Comfortable in my own skin



Secure or Earned Secure Attachment

- Caregiver style: Takes delight in their children and meet needs when the child is in distress.
- As adults: High competence, ask for help when needed, give help to others easily, persistent, well liked, creative, trusting, negotiates needs, values relationships over items, socially competent, comfortable in their own skin.

Avoidant....Dismissive

- Caregiver style: Consistently does not delight in their children and do not meet the children's needs when they are distressed.
- As adults: Prefers to be alone, values objects over people, masks vulnerable feelings, less likely to ask for help when needed, seek attention through negative behaviors, uncomfortable with intimacy, difficulty accepting help when distressed, blame others when things go wrong.



Ambivalent.... Preoccupied/Entangled

- Caregiver style: Inconsistently delights in their children and responding when their child is distressed.
- As adults: Demanding, clingy, needy, difficult to satisfy, low tolerance for frustration, unpredictable, uncomfortable in their own skin, fearful and unsure in relationships, easily upset, and sensitive.



Disorganized... Unresolved

- Caregiver style: They consistently respond to their children in a way that is fearful to their child
- As adults: Chaotic, unpredictable, escalates quickly to fear, aggressive, violent outbursts, withdrawn, unresponsive, confusion when responding to others, less likely to accept comfort from others.

Mindfulness

- Best thing you can do as a parent is to make sense of your own life first and be aware of your own attachment style and how it affects you, as well as your parenting!
- **HOMEWORK!**
 - *Identify at least 3 things that dysregulate, trigger you, or cause you stress*
 - *Identify at least 3 ways in which you typically respond when dysregulated/triggered/stressed*
 - *Identify at least 3 ways that you can self-regulate in times of dysregulation*
 - *With this mindfulness of identifying this about yourself, do you feel it may create change in the way you typically respond to dysregulation/stress/triggers? Please describe.*



Change is Hard!

- We need to have compassion for ourselves, be open and honest with ourselves, and ask for help when needed.



Adoption Paperwork & Homework

Mailbox Folder

Forms

Homework

Handouts

Binder



Thank you!

- See you all next week!
- Contact information
 - Arline: 863-519-8900 ext. 219, aherrera@heartlandforchildren.org
 - Paige: 863-519-8900 ext. 249, pross4@heartlandforchildren.org
 - Yolanda: 863-519-8900 ext. 218, ybaker@heartlandforchildren.org



Caregiver Name #1 _____
DOB: _____ Race: _____ Gender: _____

Caregiver Name #2 _____
DOB: _____ Race: _____ Gender: _____

{please print}

Preferred method of contact: cell home phone text email

Preferred contact number/email:

Best time to contact you:

Physical Address:

What is the best day and time for home visits:

Is English your First Language? Caregiver 1: **Yes** **No**

Caregiver 2 : **Yes** **No**

What is your highest grade level achieved?

Caregiver 1: Completed grade _____ graduated High School Graduated College

Caregiver 1: Completed grade _____ graduated High School Graduated College

How comfortable do you feel when working with computers?

For example:

1= I don't know how to turn a computer on

10= I work with computers on a regular basis

Circle which best describes your comfort level

Caregiver 1: 1 2 3 4 5 6 7 8 9 10

Caregiver 2: 1 2 3 4 5 6 7 8 9 10



Community Based Care: Hardee, Highlands & Polk Counties

Informed Consent & Release Authorization Form

I/We understand that Heartland for Children utilizes *NEO-PI Testing*.

- This testing is utilized as a tool to assist in the assessment of prospective adoptive parents. I/We understand that it is a general personality test evaluating one’s relational style and way of being by reviewing major domains of personality.
- I/We understand that we will be able to discuss the results of the NEO-PI testing with a licensed therapist, whom is also an adoption competent therapist.
- I/We understand that this information is helpful in revealing information to one’s abilities to provide a healing environment and provide therapeutic parenting.
- I/We understand that some personality traits do not relate well with traumatized children. If certain characteristics are identified through the testing that may support that becoming a therapeutic adoptive parent would be challenging, Heartland for Children can choose to select out the family from moving forward in the adoption process or make recommendations for further assessment or education.
- I/We understand that the adoption team at Heartland for Children will consider all information given as it relates to the prospective parent(s) for strengths and weaknesses in parenting a special needs or traumatized child before proceeding with a home study.
- I/We understand that if selected to obtain an Adoption Home Study with Heartland for Children, that the results of the NEO-PI testing will be referenced within the narrative of the adoption home study.
- I/We understand the importance of being honest during this testing.

Date _____

Signature Parent #1: _____

Date _____

Signature Parent #2: _____

I/We understand that Heartland for Children utilizes the *Diana Screening* tool to assist in the assessment/evaluation of prospective adoptive parents. Heartland for Children is committed to providing a safe environment for the children it serves. The Diana Screen® is an online sexual risk screening tool designed by Abel Screening, Inc. to help youth serving agencies screen candidates for staff, volunteer, and foster care positions with children.

I/We hereby give my/our consent to take The Diana Screen® as part of Heartland for Children’s Prospective Adoptive Parent selection process.

I/We understand that:

1. Failure to consent to and complete The Diana Screen® will result in denial of Heartland for Children to select your family to move forward in the adoption process.
2. My Diana Screen® answers and result will be identified in the computer by a test identification number only. My name will not be entered into the computer nor provided to Abel Screening, Inc.
3. My individual answers to the questions on The Diana Screen® will not be shared with anyone at Heartland for Children.
4. My answers will go to Abel Screening, Inc., in Atlanta, Georgia for scoring.

www.heartlandforchildren.org

1239 E. Main Street • Bartow, Florida 33830 • (863) 519-8900





Community Based Care: Hardee, Highlands & Polk Counties

What Adoption Is & What It Isn't

| What It Is | What It Isn't |
|---|--|
| We are here for the kids. | The kids are not here for us. |
| We are here to provide a forever family to a child by providing a safe, loving, and nurturing home. | We are not here just to provide “three hots and a cot”. Adoption is much more than just the necessities. |
| We find the right family for our children. | We don't find children for families. |
| It's about providing an unconditional commitment. | Children are not disposable. There is no trial period or stating “if I get one I don't like, I will ask them to be moved and get another one”. |
| This is a big commitment that must be a priority in your life. | It is not something you fit into your life or do in your spare time. |
| Adoption is a life time commitment, the same as if you gave birth to the child. | Something you try to see if you “like it” or a last resort to have a child. |
| As parents, we need to work our life to accommodate the child. | The children do not need to work themselves into your lives. |
| We are providing the highest quality standards for our children and are more than parents, but therapeutic parents providing a healing environment. | We are not about just doing the minimum requirements and expecting only the child to do the work/changes. |
| We are open to learning, growing and trying new parenting techniques to be the best therapeutic parents possible. | We will not be closed off to learning and utilizing new ways of thinking and parenting. |
| Again... we are here for the kids! | THE KIDS ARE NOT HERE FOR US. |

Prospective Parent #1

Prospective Parent #2

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Community Based Care: Hardee, Highlands & Polk Counties

5. My pass/fail results will be provided to Heartland for Children and may be used as part of this agency's decision on whether I move forward in the adoption process. **Please note, if a fail result comes back, Heartland for Children can deny the family the opportunity to move forward and/or recommend if they want to move forward further assessment/evaluation must be completed that may be at the financial cost of the prospective parent.*
6. Abel Screening, Inc. will use my answers without my name for research to protect children.

I/We understand and agree to release Abel Screening, Inc. and Heartland for Children from all liability for damages that may result from the use of The Diana Screen® in the selection process for positions that work directly with, around, or provide care for children. This release is binding, now and in the future, on my heirs, assigns, associates, and personal representative of any nature.

Date _____

Signature Parent #1: _____

Date _____

Signature Parent #2: _____

I/We understand that Heartland for Children utilizes the ACE Score as a tool to assist in the assessment/evaluation of prospective adoptive parents. I/We understand that this information is helpful in the assessment of prospective adoptive families. I/We understand the importance of being honest during this testing.

Date _____

Signature Parent #1: _____

Date _____

Signature Parent #2: _____

I/We understand that our Adoption Home Study will be entered into our Statewide Data System, FSFN, and thus authorized personnel working within FSFN may have access to our Adoption Home Study. Please note, workers authorized to work in FSFN are only authorized to look up information on an as needed basis.

Date _____

Signature Parent #1: _____

Date _____

Signature Parent #2: _____



Community Based Care: Hardee, Highlands & Polk Counties

Adoption 101 Participation Ground Rules

1. Call in on time; class will end on time.
2. Please mute your phone unless speaking to cut down on background noise.
3. Make all efforts to be in a space where you can focus on the information and reduce all distractions around you. As we all adjust to this new way of being, it may be difficult to focus without wanting to take care of things at home etc. It's important you are able to pay attention to the information.
4. We will take regular breaks.
5. Ask questions for clarification, if needed.
6. Confidentiality – People may share personal stories, keep them confidential.
7. Respect the views and opinions of others.
8. Do not interrupt others. It may be difficult with several people on the phone. If you would like to share, let the facilitator know and you will have an opportunity.
9. Email all paperwork in a timely manner.

I/we agree to follow the Adoption 101 Participation Ground Rules:

Parent #1 Signature

Date

Parent #2 Signature

Date

One per person



Adoption 101: Homework, Class 1

Name: _____

Identify at least three things that dysregulate, trigger you, or cause you stress

Identify at least three ways in which you typically respond when dysregulated, triggered, and/or stressed

Identify at least three ways that you can self-regulate (calm) in times of dysregulation (stress)

With this mindfulness of identifying this about yourself, how do you feel it may create change in the way you typically respond to dysregulation, stress/, and riggers? Please describe.

(Please attach page if need more space)

One per person



Adoption 101: Homework, Class 1

Name: _____

Identify at least three things that dysregulate, trigger you, or cause you stress

Identify at least three ways in which you typically respond when dysregulated, triggered, and/or stressed

Identify at least three ways that you can self-regulate (calm) in times of dysregulation (stress)

With this mindfulness of identifying this about yourself, how do you feel it may create change in the way you typically respond to dysregulation, stress/, and riggers? Please describe.

(Please attach page if need more space)

ATTACHMENT 101

Thousands of research studies conducted over the past fifty years document the fact that the quality of children's early attachment relationships with their primary caregivers predicts both short- and long-term consequences of behavioral, emotional, and social outcomes into adulthood.

What is Attachment?

Attachment is the relationship bond that typically develops between a child and his or her primary caregivers. The formation of a secure attachment is essential for healthy social and emotional development¹. Infant-caregiver attachment is an organizing core in development that is integrated into later experiences. Two important ways that caregivers promote attachment are through sensitive and responsive interactions with their children² and through safe touch (e.g., holding, massage).³ Massage has been shown to lower cortisol stress hormone levels in infants of depressed mothers and depressed children and adolescents. The positive effects of massage therapy can be seen on a variety of medical conditions and stressful experiences.

Why is Attachment important?

Attachment experiences are vital in human development. Attachment is important because the attachment style that develops at an early age predicts specific behavioral and relationship patterns into adulthood. For example, children with secure attachments have a greater capacity for emotional regulation, self-reliance, & social competence than those with other attachment styles.⁴

What can be predicted from Attachment?

Without secure early attachment relationships, researchers have documented developmental issues including: increased behavioral problems,⁵ increased emotional and psychiatric problems,⁶ increased reactivity to stress, decreased cognitive functioning,⁷ decreased social competency and self-confidence,^{8,9} decreased behavioral, emotional and social outcomes into adulthood.

¹ Bowlby, J. (1988). *A Secure Base: Clinical Applications of Attachment Theory*. London: Routledge.

² Mahoney, G. (2009). Relationship focused intervention (RFI): Enhancing the role of parents in children's developmental intervention. *International Journal of Early Childhood Special Education*, 1(1), 79-94.

³ Field, T., Hernandez-Reif, M., & Diego, M. (2005). Cortisol decreases and serotonin and dopamine increase following massage therapy. *International Journal of Neuroscience*, 115, 1397-1413.

⁴ Sroufe, L.A. (2005). Attachment and development: A prospective, longitudinal study from birth to adulthood. *Attachment & Human Development*, 7(4), 349-367.

⁵ Lieberman, A.F., Weston, D.R., & Pawl, J.H. (1991). Preventive intervention and outcome with anxiously attached dyads. *Child Development*, 62, 199-209.

⁶ Fisher, P.A., Gunnar, M.R., Dozier, M., Bruce, J., & Pears, K.C. (2006). Effects of therapeutic interventions for foster children on behavioral problems, caregiver attachment, and stress regulatory neural systems. *Annals of New York Academy of Sciences*, 1094, 215-225.

⁷ Landrey, S.H., Smith, K.E., Miller-Loncar, C.L., & Swank, P.R. (1997). Predicting cognitive-language and social growth curves from early maternal behaviors in children at varying degrees of biological risk. *Developmental Psychology*, 33(6), 1040-1053.

⁸ Leerkes, E.M., Blankson, N.A., & O'Brien, M. (2009). Differential effects of maternal sensitivity to infant distress and nondistress on social-emotional functioning. *Child Development*, 80(3), 762-775.

⁹ Beckwith, L., & Cohen, S.E. (1989). Maternal responsiveness with preterm infants and later competency. In M. H. Bornstein (Ed.), *Maternal responsiveness: Characteristics and consequences*. *New Directions for Child Development*, 43, 75-87.

Transfer of negative parenting style to the next generation has also been documented.^{10,11} Patterns of resistant or avoidant attachments in infancy are viewed as potential risk factors for later disturbances or possible psychopathology. Having a disorganized attachment style is strongly related to early adulthood behaviors such as cutting and burning.¹²

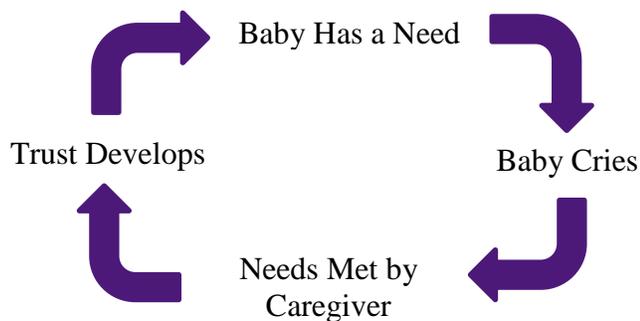
How can Attachment be measured?

Attachment classification can be measured in children using a procedure called The Strange Situation. The development of Ainsworth's Strange Situation¹³ was pivotal in the study of attachment in infancy. The Strange Situation is the most frequently used measure of infant attachment, and has become the basis from which all other infant and early childhood assessments of attachment are measured. Adult attachment classification can be measured using the Adult Attachment Interview (AAI).¹⁴

What are the Attachment classifications?

Mary Ainsworth was among the first to test these ideas empirically with the Strange Situation procedure. Attachment styles that emerged from her observations were: (A) Insecure/Avoidant, (B) Secure, (C) Insecure/Resistant, & (D) Disorganized/Disoriented. Approximately 62% of the population is secure, 15% of the population is insecure/avoidant, 9% of the population is insecure/ambivalent, and 15% of the population is insecure/disorganized.¹⁵

What is the Attachment Cycle?



Healthy Attachment Cycle

As can be seen in the figure to the left, a baby expresses a need with a cry, the need is met by the caregiver (changes diaper, feeds, snuggles, etc.) and trust develops. This is what is referred to as the Attachment Cycle. This cycle occurs thousands of times in early childhood.

In summary, knowing and understanding one's own attachment style can greatly increase the positive outcomes of our children's futures. It is vital to take a thoughtful and purposeful journey through one's own past histories in order to gain the profound awareness necessary for creating the most organic and holistic environments for our children and future generations to come. It will be well worth the journey!

¹⁰ Sroufe, L.A. (2005). Attachment and development: A prospective, longitudinal study from birth to adulthood. *Attachment & Human Development*, 7(4), 349-367.

¹¹ Waters, E., Merrick, S., Treboux, D., Crowell, J., & Albersheim, L. (2000). Attachment security in infancy and early adulthood: A twenty-year longitudinal study. *Child Development*, 71(3), 684-689.

¹² Wilson, S.L. (2001). Attachment Disorders: Review and Current Status. *The Journal of Psychology*, 135(1), 37-51.

¹³ Ainsworth, M.D., Blehar, M.C., Waters, E., & Wall, S. (1978). *Patterns of Attachment: A Psychological Study of the Strange Situation*. Hillsdale, New Jersey: Lawrence Erlbaum Associates, Inc.

¹⁴ Hesse, E. (2008). The Adult Attachment Interview: Protocol, method of analysis, and empirical studies. In J. Cassidy & P.R. Shaver (Ed.), *Handbook of Attachment 2nd Edition: Theory, Research, and Clinical Applications* (pp. 552-598). New York: Guilford.

¹⁵ Van Ijzendoorn, M.H., Schuengel, C., & Bakermans-Kranenburg, M.J. (1999). Disorganized attachment in early childhood: Meta-analysis of precursors, concomitants, and sequelae. *Development and Psychopathology*, 11, 225-249.

ATTACHMENT 102: SO WHAT?

The research article, discussed in “Attachment 101” mentions that attachment is “essential for healthy social and emotional development.” While this is true, attachment is also needed for our very survival. As adults we understand that an infant will die if there is not someone to provide care. The newborn, wriggling to seek the breast, shows that this need for care is hard-wired into our DNA. The infant “knows” that without external care, its survival is in jeopardy. By the time the infant has become twelve months old, this press for security of attachment has morphed into one of the four patterns that are mentioned in the research article. Because the need for connection is so basic and primal, it operates well below conscious awareness, but influences almost everything that we do. In all of our interactions with others, but especially when our sense of attachment gets threatened in some way, we experience these early patterns of relating without even knowing what is happening. That is why intense feelings, arguments, and strong pressure to either move *away from* or *cling to* close relations seem to come from nowhere. In essence, we become little twelve-month old children who are either secure, avoidant, ambivalent, or disorganized, bringing our early relational patterns and strategies into our closest connections.

Our attachment style infuses everything that we do and every interaction that we have. If we have deficits in our abilities to relate securely, they will impede our relationships, cutting us off from others rather than increasing closeness. Because we are wired to connect (The Commission on Children at Risk, 2008), progressing toward an increasingly secure attachment style is highly desirable for our long-term happiness and satisfaction. This is also highly desirable if we hope to enhance our abilities to connect with children and other adults who may have been through serious trauma that has influenced their own attachment style. However, in order to help others develop more secure relational patterns, we must find ways to increase our own security so that we can be anchors for those around us.

The “So what?” of attachment is, “How can we know our basic style and how can we use that knowledge to improve our interactions with those we desire to be close to?” The following descriptions may help you to recognize or refresh your awareness of your basic “default” attachment style. This really is like the factory settings on your computer that will automatically reset when you go through a restart. We must be constantly vigilant and aware to persist towards ever increasing security in our personal attachment style.

Secure (Free/Autonomous)

Many of us will already have a primary attachment style that is in the secure, or free/autonomous, range. This will be characterized by four basic skills (Cassidy, 2001). These include the ability to give nurturing care, to receive nurturing care, to negotiate our needs, and to have a healthy sense of autonomy. The real trick here is to have others who know us well that can attest to our abilities to do these things. People will often feel that they have a secure style, but their friends or spouses will experience them differently. Because our style is attained so early, it becomes so much a part of us that we rarely can have much insight without the help of caring others. If we are able to accomplish those four skills, then we will consistently have our own needs met, leaving us free to be present with others for authentic interaction. The real life demonstration of this is the young toddler in the Strange Situation Experiment that has been able to reconnect with his or her secure base and is then free to explore and play.

Insecure/Avoidant (Dismissing)

If we come from a background where we were consistently responded to in ways that dismissed our feelings and our need for personal connection, then we learned that the pathway to any closeness was to suppress our internal state. Only through this process of suppression, were we able to ensure that the caregiver would not be upset and

create further distance. We settled for proximity in the place of relational closeness and learned that expressing ourselves meant risking rejection by, and distancing from, our attachment figure. Now, we find it extremely hard to

express needs, to admit weaknesses or failures, to depend on others, or to be around emotional intensity. We find ourselves moving away from relational situations that call on us to be open and authentic. As in each of these insecure categories, awareness of these dynamics is only the first step and must be combined with action. For those of us who have this dismissing style, this involves courageous movement towards expressing our needs and making ourselves vulnerable so that we can learn to trust others to attune to us and to respond well. We must learn to recognize our own feelings and to join with the feelings of those who are close to us in order to strengthen attachment.

Insecure/Ambivalent (Entangled/Preoccupied)

We may have come from a background where we were inconsistently cared for – a situation where our caregiver was only there part of the time because of illness, mental health needs, substance use, needing to work several jobs to survive, or due to their own insecure relational patterns – OR – our caregiver may have been too intrusive, over-involved, or needy, but even though they were physically present, they were not emotionally responsive to our needs in a consistent manner. Either way, we experienced inconsistent authenticity, affection, and responsiveness from our parents, and we learned that the pathway to any closeness was to express our needs continuously, because we weren't sure of the reliability of our caregiver. We learned that the expression of the need was the only way to insure that our caregiver would stay close. We exchanged that type of coerced attention for real responsive and attuned care. Therefore, we now find it hard to really receive and trust any nurturing care that is offered, often feeling more comfortable spinning in our own feelings of being upset, hurt, offended, or overlooked. We have a great capacity to connect with the feelings of others, but less skill at really being present with them. Our feelings, once surfaced, become dominant and controlling of our actions, leading us to jump into situations in which we really are not needed or wanted. Our constant question to others in close relationships is, "Are you staying with me?" and we tend to drive others away because of our insecurity about that central issue. Similar to the dismissing style, our awareness of our own personal strategies must be combined with taking new actions when we feel fearful of losing the connection that we have in our close relationships. For the person with an entangled/preoccupied style, these actions would include learning to slow down our own responses, learning to really receive encouragement from others that things will be alright, learning to dampen our desire to jump in and fix every other situation, learning to acknowledge and attune to the needs of others, and learning that being separate from others at times is a good thing.

Insecure/Disorganized (Unresolved)

If we come out of a background in which our caregivers were either frightening to us personally or were themselves so frightened that they could not give consistent care, then we have not been able to formulate any sense of strategy related to maintaining contact with our primary caregiver. In these situations, we had no good options. Our natural instinct provided motivation and direction to seek *comfort from* and *proximity to* the caregiver, but the caregiver's actions or state of mind put our survival in jeopardy if we approached them. We could form no clear strategy, so our behaviors at twelve months were bizarre, senseless, and repetitive. In adulthood, this type of response would include both self-destructive and irrational behaviors. The scoring indicators within the Adult Attachment Interview for this style are primarily lapses in logic and rationality that surface in the speaker's language. By extension, if this were our primary style, our close relationships would be marked by more extreme disconnection and bizarre behaviors at those times when we might feel that those relationships were threatened. Just as the disorganized toddler will show elements of the other insecure strategies, the unresolved adult might swing between dismissing and entangled strategies. As with the other insecure styles, the solution here combines self-awareness with the implementation of the four skills of secure attachment within the context of trustworthy relationships.

The common goal for all of us is to continually increase security in our relational style so that we can provide security and responsiveness to others around us. This is not an easy task, for our nature and the complexities of life combine to get in the way of authenticity and vulnerability in relationships. As we combine awareness of ourselves and of those around us with specific, targeted actions that will work to keep us connected, we can use this knowledge to bring healing to those around us.

References:

Cassidy, J. (2001). Truth, lies, and intimacy: An attachment perspective. *Attachment & Human Development*, 3, 22, 121-155.

The Commission on Children at Risk (2008). Hardwired to connect: The new scientific case for authoritative communities. In K. K. Kline (Ed.), *Authoritative communities: The scientific case for nurturing the whole child* (pp. 3-68). New York: Springer.

ATTACHMENT CYCLE

The Attachment Cycle

The Attachment Cycle shows how *connection* is crucial for both *felt-safety* and *self-regulation* – parents are not only important for connection, but also for security and regulation.

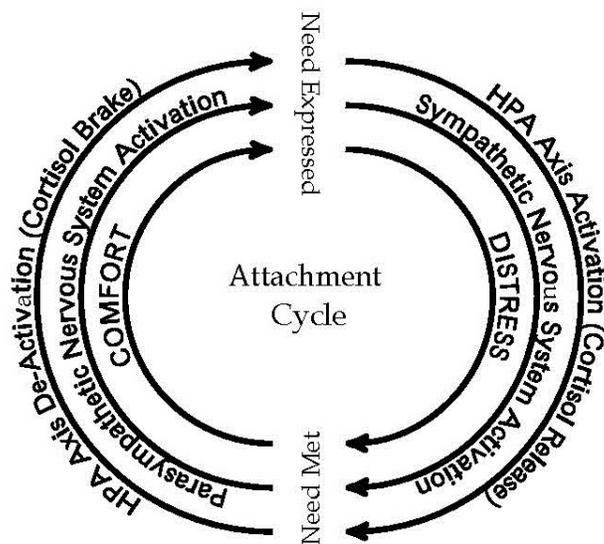


Figure 7: The attachment cycle represents the behavioral, emotional, and physiological events that occur tens of thousands of times during a child's life. Guided by the amygdala (part of the downstairs brain), the sympathetic nervous system and the HPA axis are responsible for the body's "fight, flight, or freeze" responses, including release of cortisol. Guided by the prefrontal cortex (part of the upstairs brain), the parasympathetic nervous system is responsible for calming and self-regulation. The repeated exercise of *both* sides of the attachment cycle leads to emotional, regulatory, and behavioral balance.

INFANT & ADULT ATTACHMENT CHARACTERISTICS

| Infant Attachment Style | Adult Attachment Style |
|---|--|
| Secure Infant | Free/Autonomous Adult |
| Seeks proximity with AF (Attachment Figure) | Speaks comfortably about AF |
| Maintains contact with AF | Secure in relationships/forgiving in relationships/valuing in relationships |
| Easily comforted & returns to play | Can explore all aspects of the attachment relationship |
| Play themes are rich | Metacognitive process is rich AR: Appearance-reality distinction RD: Representational diversity RC: Representational change |
| Avoidant Infant | Dismissing Adult |
| Avoids AF (avoids eye/body contact) | Avoids conversation about AF Loss of memory and Derogation |
| Easily occupied with toys/objects | Materialism (relationships as secondary) |
| Pressed by AF for early independence | Claims of strength |
| Appearance of disconnection from AF | Idealization of parents (parents are an idea, not a relationship) |
| Very brief and incomplete “reunion” | Violation of Grice’s Maxim of Quantity (<i>conversation is very brief & incomplete</i>) |
| Ambivalent Infant | Entangled Adult |
| Seeks & Resists AF (push/pull behaviors) | Seeks conversation about AF (push/pull descriptors) |
| Appears angry & difficult to soothe | Appears angry & uses “psycho-babble”/ “mindreading about AF” |
| Reunion goes on and on and on | Violation of Grice’s maxim of quantity (<i>conversation goes on and on and on</i>) |
| Disorganized Infant | Unresolved Adult |
| Disorganized approach to AF (avoids eye/body contact) | Disorganized conversation about AF |
| Contradictory behaviors (sequentially or simultaneously) | Contradictory strategies in conversation |
| Incomplete movement or expression | Unfinished thoughts or sentences |
| Repetitive movement & strange postures | Strange thoughts and/or ideas (“dead as though alive”) |
| Freezing and/or fearful behaviors | Freezing during conversation |
| Disorientation and/or disorganization | Loss of coherence during portions of interview |

REFLECTIONS

Girl on Fire: Empowering voice in a little girl who didn't know she had one.

by Amanda Purvis
April 2013

Voice.

Empowerment.

Strength.

Courage.

These are the things we want to see blossom in our almost four year old little girl this year. You see we adopted her about 7 months ago. She has been in our home for almost two years now. But before us her life was anything but stable, and after being moved into foster care at 10 months of age she bounced from home to home four times before finally being thrust into the back of our car for a ride home that will always be etched in my memory.

Dr. Purvis talks about giving voice to children consistently. In one video I was watching recently she said something so profound when speaking about children who's needs were not met as infants. She was speaking about the studies that show if an infant's needs are not met within the first 30-60 days of life they will stop crying. (Anyone else been in a silent orphanage? I have.) She says this, "The legacy of a lost voice is great." (insert my tears here). Unfortunately I have seen this in our little girl. And so this year I have purposed to give her voice, to make her feel powerful. It has been only a few weeks since implementing our new empowerment strategies with her and I am already seeing my quiet, victim-like, compliant to a fault, no fuss, no tears little girl disappear.

Here are some of the things we have instituted in an attempt to empower our little girl. You might disagree with some of them. But I'm not parenting your child, so don't worry.

Laila is allowed to hit, push, shove, etc.

If Laila needs something she needs to yell it.

She got a super-hero cape that she can wear at all times if necessary.

She gets to pick her clothing everyday, no matter what.

And for me:

When Laila asks for something that she needs I must stop, look, and listen, and respond appropriately.

I cannot mumble to myself about her "victim-mentality."

I have to let her pick her clothing, no matter what.

I need to help facilitate mirror time every day.

Here are a few of my thoughts behind these crazy new rules.

You need a little background to the dynamics around here. We have five children. Demetrius (5) and Tre (6) rarely hurt Laila (4), and if they do 95% of the time it is accidental. But Noah (2) is an entirely different story. He hurts Laila often. On purpose. And she does nothing about it. She will let him chase her around as he tries to hit her with a toy. When she won't call out from the bathroom for help, he will go in and bite her while she is on the potty. He will throw toys at her, etc. We are working on this with him. (He is very, very gentle with Charli (10 months) and treats her so well. It is how Laila has reacted to him that has created this dynamic, but he does get punished when this occurs. And that is an entirely different article.

When we made the announcement to the boys that Laila is allowed to push and hit, I thought Demetrius was going to fall off his chair. He couldn't believe it. But here is what we said, "Boys, Laila is allowed to hit for now. (Insert faces of utter disbelief, envy, and shock.) She cannot hit to be mean. She can hit to defend herself. If Noah is biting her, or one of you hit her, she will hit back. Right Laila?" She nodded her head with a devilish grin spreading across her sweet cheeks. "Boys, Laila is precious. And she is powerful. She is not going to let people hurt her anymore. Will you please help her learn to defend herself?"

Then we had about ten minutes of questioning and clarification from the boys. So Laila can hit us if we hurt her on purpose, but not just to be mean? Can we hit each other now? Is punching hitting? What about karate? Does tripping count? How long will this last?

We were sitting at Del Taco during this conversation. I'm fairly certain the other patrons were flabbergasted. At one point my husband looked at me and said, "Maybe this was a mistake?"

But honestly it has gone so well. Yesterday they were all playing in the basement and I heard Demetrius and Tre encouraging Laila. "Laila if Noah is hurting you, you need to grab his hand and stop him. He can't hit you with a toy. You are precious and powerful!" "Oooo-kay." came a little meek voice.

When I see Noah hitting her I say, "Laila stop him." Instead of rescuing her.

There is a history here that will not repeat itself. There is a generational message that she has received since in-utero that will stop in our home. She will learn her worth, her value, her preciousness, and her power here. She has a voice that is commanding and will be heard.

When children do not feel that they have a voice; they feel that they are not important, that they are not worthy of love and care, that their needs and desires will never be met. And so they manipulate and control in order to get their needs met. They feel that if they were to just ask, to simply use their voice, no one would ever hear them, meet them, love them, or care for them.

Not Laila.

This morning she came upstairs and said, "Why is Noah up here with you?"

I said, "He needed some loves." (We were sitting on the couch cuddling).

She looked down at her toes, and quietly whispered, "I need some loves too."

"What?" I said, gently prompting her to lift her chin and look at me.

I smiled.

"I need some loves." she said quietly.

I picked her up and loved her for as long as she'd let me, which wasn't very long. Because really she just needed to see if I would hear her.

And I will.

So far we have been jammin' to Girl on Fire every morning in front of the mirror. And I find her singing it throughout the day. I talk to her about how much she needs and how I am here to meet those needs for her. I talk to her about how powerful she is and that she is in control of her body. She decides how much she eats, when she goes potty, what she wears, who can touch her and how. I talk to her about her voice and the power she has when she uses it.

I have been reading her books from the library like "Beautiful Warrior" and "The Princess Knight", "Nzingha" and, "The Skin You Live In" books of empowerment and worth.

This afternoon she told me, "I do not want to take a nap. I did not have enough time to play today!" It was a mini fit. I was so, so proud.

And so my girl on fire she will become.

She is powerful and precious. And deserves for her voice to be heard.

Amanda Purvis (no relation to Dr. Purvis) is a TBRI[®] Practitioner, social worker and adoptive mom in Colorado. She attended TBRI[®] Practitioner training in September 2013 and helps to train adoptive and foster parents throughout Colorado. She blogs at purvistribe.blogspot.com.

RESOURCES

Videos:

See the Karyn Purvis Institute of Child Development at TCU website (www.child.tcu.edu) for the following videos that address attachment; available on DVD and for digital download:

- *Attachment: Why It Matters*, Healing Families Series
- *Playful Interaction*, Healing Families Series
- *The Attachment Dance*, Lecture Series

Websites:

- *Attachment training and resources* <http://attachment-training.com/at/>
- *Empowered to Connect* www.empoweredtoconnect.org
- *Circle of Security* <http://circleofsecurity.net/>
- *The Theraplay Institute* <http://www.theraplay.org/>

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Lisa Firestone Ph.D.
Compassion Matters

How Your Attachment Style Affects Your Parenting

Experiencing an insecure attachment pattern as a child can hurt us in many ways.

Posted Oct 19, 2015

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Like it or not, our childhood has a lot to do with how we parent. In fact, attachment research has shown that **our attachment style with our own parents is the biggest predictor of the attachment style we'll have with our child.** Attachment style refers to the internal "working models" we develop of how relationships function. They influence the way we relate to important people in our lives. The attachments we form in our early relationships with caretakers can have a serious impact on our feelings of insecurity, anxiety, fear, avoidance, and satisfaction in our closest relationships throughout our lives.

Experiencing an insecure attachment pattern as a child can hurt us in many ways. However, it does not mean we are doomed to repeat the past. The good news is that attachment research has also found that it isn't what happened to us as children but how much we've felt the full pain of our childhoods and made sense of what happened to us that predicts what kind of parent we will be. No matter how bad things may have been, if we are willing to explore and face even the painful realities of our childhood and create a coherent narrative of our story, then we can become a different kind of parent and have a healthier more secure attachment with our children.

In aiming to better understand our past, it's helpful to explore what attachment style we may have had with our parents or other influential caretakers. Keep in mind we can have different attachment styles with the different figures in our lives. As you become familiar with your attachment style, you may have insight into many of your relationships, past and present.

Secure Attachment – Dr. Daniel Siegel co-author of *Parenting from the Inside Out* often refers to the **four S's of attachment in which a child feels safe, soothed, seen and secure. This creates what is called a secure attachment.**

Children with a secure attachment can see their caretaker as a secure base from which to venture out and explore the world. They feel they can move freely, but that they can always come back to the parent to feel safe.

To form a secure attachment, it's necessary for parents to create a compassionate environment and to have the ability to regulate their own emotions and reactions. They can also help their child learn these skills. Parents who form a secure attachment see their child as a separate person and tend to be able to attune to the child's needs. They're able to **empathize** with the child's experience and remain **present** or "be there" for the child. This doesn't mean the parent has to be perfect. No one is attuned to their child 24/7. In fact, according to attachment researcher Edward Tronick, even the best parents are only attuned to their children about 30 percent of the time. However, as Dr. Siegel puts it, if parents are able to "repair the ruptures" that occur between them and their kids, a secure attachment can be sustained.

The "working model" of relationships that a **securely attached child forms is that you can trust others to be there for you when you need them.** Children who form a secure attachment grow up better able to maintain their unique sense of identity, while still being able to connect with others. They can feel secure in themselves, while engaging in healthy modes

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Anxious/Preoccupied Attachment - Children may experience an anxious or preoccupied attachment style when they have a **parent who is sometimes there for them but sometimes isn't**. These parents tend to be **intermittently available or rewarding, then inexplicably unavailable and misattuned, leaving the child confused and frustrated**. Parents who form this style of attachment may regularly (though unintentionally) **look to their kids to meet their needs instead of vice versa**. They **express an "emotional hunger" that drains the child and acts as an unfulfilling substitute for real love and nurturance**. **As a result, the child may feel clingy, desperate, or anxious around the parent who isn't meeting his or her emotional needs**.

The "working model" a child with this type of attachment forms is that you have to always be vigilant and attentive in relationships to get your needs met. When children grow up with an anxious attachment style they have **difficulty trusting that others will be there for them when they need them**. They may also **continue to feel clingy or insecure in their adult relationships**. This is why, as parents, it's **essential that we not use our children to make us feel better or loved**. For the sake of our children, it is essential that we get our adult needs met by other adults. It's important to evaluate how often we turn to our children to make us feel good within ourselves. We also need to pay attention to how much of the time we are distracted and inconsistent in how we relate or respond to our kids.

Avoidant/ Dismissive Attachment – In an avoidant/ dismissive attachment, the parent **may meet the child's basic needs, but he or she will have trouble responding to the child on an emotional level**. For the child, the parent may feel like an "emotional desert." **Children in this situation learn that the best way to get their needs met by their parent is to act like they don't have any**. They adapt by becoming removed from their own emotions and developing a **pseudo-independent stance, (i.e. i can take care of myself)**.

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The "working model" of relationships for a child with this type of attachment is that you should **avoid expressing your needs and wants and should keep an emotional distance from others to be safe**. This early lack of emotional closeness can make it hard for children to be in touch with their own desires or **take a chance on getting close to others once they've grown up**. In adulthood, they may **struggle with intimacy and have a hard time being vulnerable or showing any dependence on others**. They often **ward off partners' attempts to be close, experiencing them as "needy"**. They may also have difficulty remembering much from their childhood, and they may see early experience as having no impact on who they are as an adult.

Our children need us to be emotionally available and connected to them. Just meeting a child's basic needs is not enough. It is important to explore ways we might be inward or distant from our own emotions. We can ask ourselves, are we making time and giving importance to having an emotionally close relationship with our children?

Disorganized Attachment – A **disorganized attachment** can form when a parent is frightening to their child or when they are frightened by the child. In this scenario, the parent reacts unpredictably. For example, the parent may at one moment laugh and reward a certain behavior and, at another, explode with anger at the same behavior. Because of this erratic and unpredictable way of acting, children have no organized strategy to get their needs met. They experience fear without solution. They want to go to their parent for safety, but the closer they get, the more fear they feel. Kids need consistency to feel safe and secure. Instead, what they are getting is a parent who is actually terrifying at times. These children often display emotional turmoil and a confusing mix of behaviors, because they lack a basic feeling of safety.

ARTICLE CONTINUES AFTER ADVERTISEMENT



The "working model" of attachment a child with this type of parent forms is that others are dangerous and will hurt you, but that you desperately need them. This style of attachment can cause people to feel both avoidant and anxious in their adult relationships. They may feel desperate or clingy when someone pulls away, then aloof and withdrawn when someone comes toward them. Their behavior in relationships is often erratic and even scary for their partner.

Understanding the impact of our early experiences and how we adapted allows us to better understand ourselves as people and as parents. The influence of our early attachments on how we learned to relate should not be underestimated; it can offer us valuable insight into how we may behave as a parent. Yet, in all cases, no matter what our attachment style was, being a good parent starts with exploring our own story and being willing to look at the inevitable pain we experienced in growing up.

We can develop ourselves and develop healthier "working models" of relationships, which will allow our children to have a healthy secure attachment with us. But in order to make that happen, we have to be open and focus on ourselves. This self-reflective approach to parenting is one I illustrate at length in an online course I teach called "Compassionate Parenting." In the course, I devote an entire week to attachment style, because it is such an influential and fundamental concept to understand when having children of our own.

As we look into our attachment history and the implications it may have for how we relate as adults, it's important to practice self-compassion. To change our attachment style will mean working on making sense of the most painful parts of our childhood. This process can bring up a lot of emotion, and it's vital to be on our own side and not turn on ourselves. Remember that reaching a level of self-understanding is an essential part of growing and developing. At any point in life, we can start to change our attachment style by being willing to look at what hurt us, creating a coherent narrative of our story and by seeking therapy.

Read more from Dr. Lisa Firestone at PsychAlive.org

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Characteristics of Successful Adoptive Families

1. *Tolerance for ambivalence and negative feelings*

Successful adopters keep going when "the warm, mushy feelings are gone." They do not judge themselves too harshly for experiencing negative feelings toward their child. They accept the inevitability of such feelings given the child's behavior. They understand that they may feel angry without acting on that anger.

2. *Entitlement*

Successful adopters feel that their adopted child is truly theirs. They make the transition from a tentative parental stance to being the parent in a relatively short time.

3. *Intrusive and Controlling Qualities*

Successful adopters are comfortable giving direction and providing structure for their adopted children. As the adults in the family, they take the lead in the relationship and are intrusive and controlling in a caring way. They assume control, try to anticipate behaviors, interrupt negative behaviors early, and provide a great deal of praise and physical affection. They are not deterred by a child's protest or withdrawal.

4. *Flexible Expectations*

Successful adopters, primarily of children with special needs, have realistic, flexible expectations of themselves and their children. They do not work to remake the child, but strive to help the child achieve success by acknowledging and appreciating small steps toward goals.

5. *Tolerance for Rejection*

Successful adopters are able to withstand testing behaviors by their adoptive children, including hurtful, angry, rejecting behaviors. They do not take it personally if the child is rejecting, because they recognize the rejection as the child's fear of closeness. They realize that the child's ties to the birth family, former foster families, and others is not a rejection of them.

6. *Ability to Delay Parental Gratification*

Successful adopters are aware that the relationship with their adopted children may not be reciprocal. They can give nurturance without receiving much in return. They can postpone their own rewards and not equate the child's behavior with failure as a parent.

7. *Sense of Humor*

Successful adopters are able to use humor to cope with the stress that can result from adoptive parenting. They can laugh and vent feelings, finding humor in daily exchanges with their children.

8. *Ability to Meet Personal Needs*

Successful adopters know how to take care of themselves. They refuse to be martyrs and recognize that taking personal time as a couple and as individuals is necessary. They take breaks from the child, using respite care and other resources to do this.

9. *Ability to Use Resources*

Successful adopters seek and accept help. They learn how to identify and access help and support. They may do this on a formal or informal basis, seeking assistance ranging from self-help support groups to professionally facilitated therapy. They let others into their family system to get the additional support they need.

10. *Flexible Family Roles*

Successful adopters share the responsibility of parenting and nurturing. They look to the total family system to find answers for problems. Parents are able to detect signs of "burn out" in their partner, and share the care-giving role for the children. Such flexibility greatly increases the likelihood of success.

These characteristics develop over time. Successful adopters are those who are willing to grow and change in order to maintain their commitment to their adopted child. They are also families who feel good about asking for help and use it appropriately.

National Resource Center for Special Needs Adoption

Revised August 1994

From the videotape, "Characteristics of Successful Adoptive Families," © *Spaulding for Children*, 1989, and adapted from ideas first put forth by Katz, Linda, "Parental Stress and Factors for Success in Older Child Adoption." *Child Welfare*, LXV, 6, November-December 1986, pp.569-578.

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Characteristics of successful resource families in working with the older youth who have moderate to serious emotional and behavioral challenges

Attunement - the ability to be aware of, understand and be sensitive to the specific responses and needs of a youth at any given time, despite the degree to which the youth expresses these needs directly. Being in tune with moods, exhaustion, hunger, rhythms, responses, and needs for physical contact, affection, security, stimulation, and movement, with the goal of building a trusting environment. Being sensitive and empathic and staying regulated while helping the youth regulate their emotions.

Acceptance - an understanding and a sense of respect for youth who bring a different set of values with them. They are able to reconcile that the youth's behaviors and values may not align with their personal values and that this will feel uncomfortable and at times very wrong. They know that if not resolved/accepted, this can be a real source of discontent, tension and conflict.

Advocate – the ability to challenge the “status quo” and bend the rules to help their youth succeed. They are aware of their right and responsibility to speak on behalf of their children, and know that they provide a sense of security for their children by being in charge and by advocating for them.

Adaptability / Flexibility - the willingness and ability to make changes in their parenting style/responses to be accommodating, encouraging and supportive to the needs of the youth. They share the responsibility of caring for children and are not restricted by typical male/female, adult/child, or conventional kinship roles. Successful resource parents are comfortable acknowledging when something isn't working and able to try a different approach, or modify the expectation to the needs of different youth based on their experienced physical and emotional trauma. These methods help youth develop the skills and abilities to grow and strengthen their own internal competencies and compassion for others. Understands that creating a new family requires accepting that enormous changes, some predictable, but many not, will occur. Caregivers recognize that a child cannot move in and adjust totally to the family as it exists, but rather the family must do some adjusting and changing as well. They are willing to make changes and are comfortable with unknowns.

Appreciation - the ability to identify opportunities to recognize (sincerely compliment) the youth's good work or good effort. They acknowledge and appreciate small steps toward reaching a goal.

Attentiveness - the ability to concentrate on the most important event/element at a given time. It begins with the observation of an event and the conscious effort to observe it and gather information on why it's happening and what the best response would be.

This project was funded by the Children's Bureau, Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services, under grant #90CO1132. The contents of this article are solely the responsibility of the authors and do not necessarily represent the official views of the Children's Bureau.”



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Collaborative / Team Player - The family needs to be viewed as a team that works together. When problems arise, they concentrate on the family as a unit, rather than on one specific member. This may mean that roles within the family need to adjust and remain focused on the specific need / concern. If the caregivers begin to compartmentalize thinking and remain committed to traditional roles within the family, this can lead to blaming and scapegoating.

Compassion – the ability to perceive/feel the anguish of the youth. It requires that the resource parent look past the current behavior and find the core distress related to the youth response. They know they cannot shield the child from pain, but must allow the child to experience and express pain and grief.

Committed – the ability to be dedicated to a youth, sticking with them no matter how difficult the journey. Carefully and consciously considering the requirements of fostering a youth and understanding that it is not about fulfilling their own needs. They recognize the role may not offer much validation and reinforcement of their skills and talents, but are willing to commit to the long-term unconditional parenting and promoting child well-being. They believe in commitment, and are able to persevere in the face of adversity. They are secure in their commitment to their children and know that they are doing the right thing.

Communicators – good at expressing themselves clearly and actively listening to others. Caregivers who can express their feelings are ready to become good role models in expression.

Creativity - This is often referred to as “thinking outside the box.” Caregivers are able to take situations and view them from a “fresh” perspective, offering innovative and unconventional insight into existing challenges. Caregivers have the ability to perceive situations/events and behaviors in new ways.

Honoring Relationships / Attachments – the ability to recognize and value the importance of all prior relationships to the youth. Shows respect for the birth family and previous relationships and to the youth. Understands the youth’s self-perception and identity is based on current and former attachments. Caregivers move beyond any anger or jealousy they may feel toward birth families in order to help the children resolve relationship issues with birth family members and former foster families to ultimately grieve losses, maintain connections, and feel good about themselves.

Hopeful – having the ability to maintain a positive outlook and focusing on possibilities; being optimistic. Successful resource parents have a unique ability to remain hopeful, even in the face of very small gains.

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Integrity – the ability to be honest and truthful in a manner that conveys compassion and understanding of differences. Follows the golden rule: “treating others as you would wish to be treated.” The ability to be candid and transparent in communication; no hidden agendas or meanings that are not communicated. Successful resource families understand they are not perfect and will reflect on the situation and use it as an honest opportunity to model how to nurture a thoughtful relationship.

Lifelong learner - Embracing every learning opportunity with a sense of adventure and curiosity. Seeking knowledge without knowing the answers. Understanding that there is usually no simple answer or response that fits all youth and situations. Believing that learning continues through the lifespan of all adults and staying open to all possibilities. The sincere desire to seek understanding and approaching new situations with openness and enthusiasm. Conveying a sense of playfulness in learning rather than rigidity.

Motivated– feeling inspired and driven to become a caregiver and support the needs of youth enthusiastically.

Patience/Perseverance – the ability to “wait” for answers / solutions without giving up. Having a sense of determination and persistence to ensure the needs of youth are met, but also recognizing solutions / answers may be slow in presenting themselves. Able to feel uncertain and afraid and yet continue to search for answers. They stay strong in the face of difficulty and stand up for what they believe in and what is right. Facing challenges and new situations with a sense of determination and encouragement.

Predictable and Consistent – the ability of caregivers to be reliable, dependable, stable and unswerving. Youth are able to develop a sense of trust and safety as they can anticipate reactions and outcomes as a result of the consistency and predictability. Caregivers have the strength to set limits while balancing the unique needs of the youth and situation (not being rigid). Successful resource families understand that for youth to feel safe and heal they need to have consistency and structure.

Resourcefulness - knowing how to identify and use help when needed. They regard the use of supports as a strength and are not afraid to ask for help. They know that they are not alone in their experiences and feelings. They reach out for help in many forms, ranging from self-help support groups to therapy. They also let others into their family system provide additional support. Beyond their immediate household, they build a network of supporters who will help in times of crisis. They are willing and able to pull people into their lives, and find it natural to integrate another person into their family.

Resilient - able to withstand “testing” behaviors by their children, including hurtful, angry, rejecting comments and actions. They are willing to initiate interactions with their children without the

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expectation of “give and take.” They can tolerate giving love without expecting much in return and don’t take it personally when children reject their overtures. They do not expect their children to reciprocate or express appreciation for their efforts.

Risk Taking – Those who are comfortable seeking and welcoming new challenges and new relationships without a sense of dread tend to be more successful. Successful resource families understand that the job of parenting and healing a youth will include many times of “not knowing what to do” or that other helping professionals won’t have the answers either. They are ok with trying new approaches and advocating for services that some may consider non-conventional.

Realistic – having an understanding that there will be varying degrees of success with different situations and with different youth. They understand that the efforts that they provide may not be realized in a change in a youths understanding or behavior until much later. They are able to make mistakes, adjustments and allowances as they re-evaluate expectations.

Security/Self-Confidence – the ability to get beyond the “WWPT’s” (“What will people think?”) – accepting the fact that their children may embarrass them in public, their friends may disapprove of their choices, and that the family they created through foster care or adoption may not “look like” the average family. They feel confident that they are doing the right thing and do not dwell on the opinions of others. The capacity to feel they can successfully parent and manage doing things for youth to help them grow and learn, protect them, address concerns, and perform other parenting responsibilities. They trust that whether or not they ever get a “thank you,” the rewards of raising their children will come later.

Self-awareness / Self-regulation - knowing how to take care of themselves, because they know they have to be strong to take care of the children. They feel good about taking personal time as a couple, and as individuals. They take breaks and use respite care to prevent burnout. Has a tolerance for ambivalent and negative feelings in oneself. Caregivers need to have the ability to expect some powerful and negative feelings in reaction to the child’s behaviors and to understand that those feelings are normal and can pass. They accept the new complications in their lives -- such as community criticism -- that results from raising children from the system. They do not personalize these issues. This will allow the caregiver to forgive themselves for having negative feelings; moving from disappointment to acceptance.

Self-Control / Tolerant – having a sense of self-discipline, willpower, tolerance and self-restraint. Recognizing the value of regulating one’s own emotional responses and modeling that behavior for youth. They allow themselves to get angry and trust themselves not to act on that anger. They do not

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CORE: Teen

CRITICAL ON-GOING RESOURCE FAMILY EDUCATION

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personalize these issues. Successful resource families remain committed when “the warm, mushy feelings are gone.”

Sense of Humor – The use of humor to cope with the stress that can result from raising children who have lived in the child welfare system. They allow themselves to laugh and find humor in daily exchanges with their children. They also help their children to “lighten up” and experience the fun, playfulness, and laughter of family life.

Solution focused problem-solving – They avoid linear thinking, and instead examine a problem from many angles, using creative solution thinking. They are comfortable with collaborative decision-making; looking for the best solution rather than the easy answer. They have the ability to take complex issues and focus on the importance and reason for solving it. This allows resource parents to approach problems by taking small steps towards the solution. This method helps improve the situation as quickly as possible and helps parents increase their own problem solving skills. Parents clarify the reasons why an issue/behavior or response needs to be improved/resolved and then puts their energy towards the solution. This works for situation where there is little understanding of why the behavior is occurring or when the behaviors trigger core value/belief/attitudes.

Spirituality – Resource families who have a sense of perspective (spirituality) take one day at a time; “today was hell, but tomorrow will be better.” There is an understanding of the long-term nature of change; typically accompanied by a sense of spirituality and a positive outlook on life. They view the world as a potentially good place and the future is promising. This can also translate into a belief that there is a reason for everything, so they can endure. Believing there is a “bigger meaning” to their purpose supports a long-term commitment to the youth and their potential.

Supportive - Supportive resource families redirect and support the development of new behaviors through sympathy, empathy, thoughtful and respectful transactions between resource parents and youth. Supportive resource parents move from being reacting to behavior (sometimes as a way of becoming more self-regulated) to being an investigator on a mission to discover the needs leading to the behavior. This allows the resource parent to be in a position to craft solutions together with the youth, while keeping all parties dignity intact.

Trustworthiness - Being able to create an environment that helps develop trust and attachment starts with preparation of yourself and for the youth. Trust and attachment is based on understanding the importance of consistency, routines and rituals and then being able to implement these. It requires the ability to be in tune with a youth - being aware of, and responsive to how they are feeling.

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