

A much needed lifeline...takes parents on a step-by-step journey of transforming relationship with their adopted children; a healing path not only for the children, but for the parents as well.

— CARRIE KITZE, AUTHOR, ADOPTIVE PARENT, PUBLISHER- EMK PRESS

# From FEAR<sup>To</sup> LOVE

*Parenting Difficult  
Adopted Children  
Using a Love Based  
Family-Centered  
Approach  
(Effective for Foster  
& Many Diagnosed  
Children)*

**Bryan Post**

From Fear to Love • Bryan Post

Post  
Publishing

*From*  
FEAR  
*To* LOVE

# *What People are Saying About* **From Fear to Love**

*From Fear To Love* is a remarkably compelling, practical, and much-needed book that should be read by all adoptive families. It goes to the core challenges faced by adopted children and offers parents the tools through a love-based approach to implement sustainable solutions. As an adoptee, *From Fear To Love* gives me and I believe other adoptees the permission to name the fear and loss of our past and the encouragement and guidance to move to a place within ourselves where we can begin to thrive. Thank you Bryan for this invaluable and generous gift!

– RHONDA M. ROORDA, ADOPTEE AND COAUTHOR OF THE LANDMARK TRILOGY ON TRANSRACIAL ADOPTION - *IN THEIR OWN VOICES, IN THEIR PARENTS' VOICES, AND IN THEIR SIBLINGS' VOICES*

It was very helpful in understanding my adopted daughter's mind and how the state of fear causes negative behaviors. I realize that by giving her the attention that she so desperately needs, (holding her hand, playing games, smiling at her), she is a much calmer child. Simple stuff really. What struck me is that God did not place her in our lives to mold her the way we think she should be, but rather to protect, guide and encourage her as God molds her into what God wants her to be! I will read this often to remind me what needs to be done in parenting an adopted child.

– DONNA STRAINICK

Bryan Post has done what he speaks of - produced yet another book on the practical workings of love in profoundly chaotic homes. This love resonates within the entire family.

He uses "the term entrainment" which comes from the field of music because it speaks to vibration patterns. The way we communicate is through vibration. The vibrations in my family of origin and adoption by my stepdad were like constantly banging bass drums, always assaulting the senses. This book vibrates in my soul and rings "restoration is possible."

Bryan's focus on the imperative of parental engagement to the therapeutic process is essential for family growth and bonding. It moves the family from the child's behaviors to shared family responsibility to engage and grow with one another.

For those of us educated as therapists it requires a huge leap of faith to move from a cognitive "quick think-EBT model" to a more simplistic, peaceful and effective model of dealing with all the stuffed emotions of a lifetime, whether it is within the parent or the child. This model brings relief, restoration and renewal to families that have felt hopeless for far too long.

As foster parents for 20+ years, my husband and I are experiencing the economic

constraints on child welfare agencies and mental health systems. We are seeing children that were once automatically placed in residential centers, children with overwhelming emotional needs, placed in or referred to our home on a regular basis. These children previously were placed in residential and group homes. Every single day, as we choose love through this model, we glean a truth about ourselves and the children we support which brings more and more freedom to them and to us. (Yes--old dogs can learn new tricks!) You often hear foster parents say, "we want to help the children!" To help them to grow in love, it is needed for us to grow in love, also.

Thank you, Bryan Post, for continuing to search for truths that lead to freedom as your act of love to so many in need of restoration.

– MICHELLE HUSTED, LPCC-S MINERVA, OH

What great book! It's like all your lectures wrapped up in bright gift box! A thought provoking summary of all of your work to date. Nothing has been left out. It is easy and quick to read, with chapter summaries and highlights enabling the reader to return for jolts of inspiration. The truth that lies within revolutionizes the relationships between parents and children, building on the understanding of trauma and how it so deeply affects the human spirit. This book brings hope to the forefront, the one thing that stops us from quitting.

– MARIANNE ONTARIO, CANADA

Fast yet powerful read! I could have used this info before I became a parent of an adopted child; however, I may not have fully understood it until I lived through it. Once again, Bryan has offered a book that can help parents and children heal from early relational traumas with focus on the relationship verses the behaviors.

– HOLLY YINGLING, R.N. WITH FOCUS ON NEUROSCIENCE, MOM TO AN ADOPTED CHILD WITH SEVERE EARLY TRAUMAS, APEX, NC

I just read your new book. I currently supervise foster care and adoption and we are just starting to use love based parenting in training our resource parents. This book will be a great training tool for our families. It is easy to read and has so much information that is useful to families that we are trying to educate. I would highly recommend any foster or adoptive parent to read this book. I also like the articles for reference. I can't wait to use it with our parents. Your work helps us help our families help their children.

– PATTI MENOW, QUAKERTOWN, PA

This is a life changing book that will give hope to so many families. It takes away so much of the guilt and profound sense of failure that seems to sadly be part of many families involved in adoption. For me, the sentence that jumps out is: "until a child reaches his or her late 20's there is still great opportunity for healing and change to occur". For adoptive families that is such a major contrast to the usual doom of childcare "experts" and gives us the knowledge, based on brain research, that we can continue to make a difference in overcoming past traumas.



Bryan tells us that “healing happens in the home” and “the biggest difference in a child’s life is a well regulated parent”. This book will give people confidence in themselves as parents and to trust their own loving instincts. In contrast to many child care manuals based on traditional beliefs, Bryan’s paradigm is backed up by the latest research in neuroscience. It is a highly accessible book with key points highlighted allowing readers to dip back in to be reminded and reassured that you can indeed move to Love.

– JEAN BELTON, UK

This is a book I will recommended to anyone who has a child with severe behaviors. This is a book I wish I had when I met my son through foster care a few years ago. This book is such a powerful tool for all those parents who are struggling and do not know what to do. The book makes us understand why children react the way they do. This is the way to start the healing process. I really Love that book as it brings together all the elements a parent needs to know when parenting traumatized children. Bravo Post!

– FANNY MAGIER BEVERLY HILLS, CA

Bryan’s commitment of reaching out to those of us needing help parenting adoptive or traumatized children, is clearly demonstrated in this book. He offers a prescription for parenting based on understanding the child’s perspective, which has been compromised by trauma. Drawing upon the resource of unconditional love, this paradigm enables us to develop deeper, trusting relationships with our children, leading them towards greater healing. This book serves as an introduction to this model of parenting or as a tool to maintain our focus while parenting children with difficult behaviors.

– KAREN BOCKRATH WILMINGTON, DE

Bryan Post’s new book *From Fear to Love* is an exceptional resource for all parents, not just adoptive parents. The information in this book provides a framework for understanding how to parent children from a place of love instead of fear, how to recognize that when children exhibit negative behaviors they are communicating a need, and how parents can be the catalyst for change in the home. The book is easy to read and understand and Bryan has provided key points at the end of each chapter that can be used as a quick reference guide to help keep parents on track when facing a difficult situation with his or her child.

– KELLY JAMES, LPC REGISTERED PLAY THERAPIST-SUPERVISOR

Wow! I’m done. Read it twice. It was a blessing just to read it and it will change our lives. When I read, “Go claim your child’s heart”, I burst into tears. (And just did again) because I put my traumatized kids in public school for the first time to try and relieve some of the stress here at home. Things are not working out too well; I know I have to bring some of them back home to home school again.

I was stressed out because of all the behaviors our four adopted kids were displaying hourly and I ended up in the hospital. My thinking had become confused, distorted

& my short term memory gone. My major fear was that they won't ever heal—I failed them. The traditional views of RAD kids, the Christian views of discipline, the over 7 years of different therapists, psychiatrists, parenting books & programs did not help. In fact, they probably hurt my kids more than I want to admit. Finally, here is something that makes sense. Let's try love! There is no excuse not to read this book if you want to help your kids (and yourself). It's very easy to read & practical. Our home is going to be where their healing happens.

– VICKI OLER MAXELL, IA

The power of *From Fear to Love* is founded on the basic principle that love is enough. As a Christian counselor I find this very encouraging that underneath all the neuropsychology and brain research lies the simple truth that love never fails. This simple but profound message of Jesus resonates through out Bryan's latest writing. *From Fear to Love* should be a required reading for all adoptive and foster parents.

– KEN THOM, LPC CHRISTIAN COUNSELOR [WWW.KENTHOMCOUNSELING.COM](http://WWW.KENTHOMCOUNSELING.COM)

I've read the book twice and am really excited about it! I love the conversational style that makes me feel like you are sitting the room having a very in-depth conversation with parents. Your approach is, as always, to connect directly with the parents and help them to see that there is hope for their child and their family and one can really feel that connection with you. There is so much information packed into that little book that you are right to suggest that parents read it through on first reading and perhaps at the second or third reading take the highlighter in hand. And if one doesn't want to re-read an entire chapter, just reviewing the "Key Points" will help refresh the memory and one will know whether they need to read that particular chapter yet again. I already have several families in mind for which it will definitely be a "must read".

– ELAINE SPICER GARY, IN

This a much needed lifeline for parents who are struggling with the children who have become theirs to parent. Bryan Post takes parents on a step-by-step journey to transforming their relationship with their adopted children: a healing path, not only for the children but for the parents as well. Key to his model is that there are only two primary emotions that drive our actions: Fear and Love. Our children sometimes get caught in between two modes -- surviving or thriving-- and often the survival mode comes out as anger and aggression. Bryan challenges parents to come from a place of love to help resolve fears so that our children can move beyond them. When they can move beyond fear, the behavior is also left behind. It sounds simplistic, and the reality can be challenging for parents who have been raised to believe that parents need to control children or they will control you. This is a shift in thinking about parenting that can really make a difference in the peace and happiness within your own home. *From Fear to Love*, Parenting Difficult Adopted Children gives you the concrete tools and ideas to get you started.

– CARRIE KITZE, AUTHOR, PUBLISHER, ADOPTIVE PARENT, [WWW.EMKPRESS.COM](http://WWW.EMKPRESS.COM)

Several years ago I met Bryan Post when I attended his training for the first time. From that moment on, my foster parent training took a drastic turn – away from the traditional approach and towards the Stress Model™. As a result, our foster home disruptions have decreased dramatically. *“From Fear to Love”* is a clear blueprint for understanding traumatized children and helping them truly heal. I plan on providing a copy of this book to all of our foster families.

– GEORGIA PHILLIPS, LCSW FOSTER HOME COORDINATOR HENRICO, VIRGINIA

Dr. Post has successfully translated neuroscience into language that anyone can understand and apply to the very challenging task of parenting (raising) an adopted child. His insights are unique because he speaks from 3 perspectives – the child’s, the parent’s and the therapist’s. What valuable insight for those of us in child “caring” work! *From Fear to Love* should be standard equipment that comes with every adopted child and should be kept on the nightstand of every adoptive home. It deserves to be read and re-read as encouragement and confirmation on the good days and as guidance and direction for the others. Congratulations Bryan on this valuable resource for anyone, including teachers, in the care of difficult children.

– ALETHA MCARTHUR, OCT, TEACHER SPECIALIST,  
BEHAVIOUR/LEARNING DISABILITIES,  
FOUNDER OF NEW GROWTH FAMILY CENTRE INC. MOUNT FOREST, ON

When does having a Masters Degree in Education and 11-yr’s of parenting suddenly become irrelevant? The minute you adopt a 13-yr-old from an Eastern European orphanage. Everything that you know to be true about raising children gets flipped upside down and you feel all out of sorts. Why? Because many of the children that are in the foster care system or orphanages from a far have significant trauma histories. These children can not be parented following the old paradigms we’ve all been taught. I needed help if I was going to love my new daughter through all of the pain that she has been through in her life and I found Bryan.

This short read talks about the Stress Model™ and how all our behaviors arise from a state of stress. That there are only two primary emotions, love and fear and that we as parents have to help our children get past that fear based state to a place where they can feel loved and safe. When they feel loved and safe the behaviors will diminish. Having this new understanding has helped my wife and I avoid being sucked into my daughters fear cycle as well as our own. We learned to not overreact and instead will Reflect, Relate, Regulate. Bryan’s three R’s have made a big difference when things start to unravel. What a simple concept and yet can have a huge impact on your relationship with your adoptive child.

If you’re an adoptive parent, choose to love and read this book. It’s a life saver.

– DAVID STRAINICK, PALMYRA, VA

Fear and Love is a small book packed with powerful parenting tools. Every line packs a punch! These tools, if practiced, can bring deep change for any family! The more difficult our family dynamics, the greater the motivation to make a change and this book inspires not only small changes, but complete transformation.

Parenting success lies in openness to learning and practicing new ways to love ourselves and our children, and the ideas in this book are the best tools I know of for doing this. I have healed, and my children are healing, from the impact of family rootlessness at least three generations long. This works!

– WILMA ICE, RICHMOND VA



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## Other Works by the Author:

### **BOOKS:**

*Beyond Consequences, Logic, and Control: A Love-Based Approach for Helping Children with Severe Behaviors (Co-authored with Heather Forbes)*

*For All Things a Season*

*From Fear to Love: Parenting Difficult Adopted Children*

*Going Home: A Survival Toolkit for Parents (Co-authored with Sue Grantham)*

*Healing Adult Attachment Handbook Vol. 1*

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*From*  
FEAR  
*To* LOVE

*Parenting Difficult  
Adopted, Foster and  
Many Diagnosed Children*

*(i.e. RAD, ODD, ASD, ADD/ADHD,  
PTSD, Bi-Polar and More)*

**B. Bryan Post**

## FROM FEAR TO LOVE

By B. Bryan Post

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*Dedicated to my mother, Opal Post, and my late father, Billie R. Post (1941–2004), for bringing me into a home where they parented the best that they knew how, despite a lack of understanding for my deeper emotional needs. They have made up for that lack of understanding by always providing me unconditional love, support, and encouragement. They are the two greatest parents God could have ever given me.*

*I wrote this book for adoptive parents everywhere.*

*Special thanks to David Strainick for assembling the beginning quotes and summarizing the key points for each chapter.*



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# Foreword

As I sit reflecting on my journey as the happy, anxious prospect of finally becoming a mother to a child that I wanted so much, I now wonder, “If *only* I had known then what I know NOW!” What a difference in parenting style I would have had! I was unaware of the upcoming emotional rollercoaster of being an adoptive parent.

I remember how wonderful it was to hold my baby for the first time. My heart was bursting with pride. My beloved late husband Bill and I named our son Bryan. A year later, we adopted our daughter Kristi. Although we are all now emotionally connected, the journey was filled with stress and emotional pain.

We hadn’t a clue about parenting children with significant emotional needs. Many years, many great challenges, and sleepless nights later, I can look back and forgive myself for the things my husband and I did not know. We did our best, and I’m sure you have as well. For all the painful memories, there are many great ones filled with laughter, pride, and thankfulness. I love my children dearly, and I always have.

I am so proud of my son. Through all the hell he raised as a child, he has grown into an angel. I take comfort in knowing



that we intuitively did many things right. One thing he has told me before that I want to offer to you is to never give up on your child—no matter what might happen and what you might go through. As long as God gives us air in the sky to breathe, there is hope.

Take these words filled with wisdom, understanding, passion, and insight that my son has provided you, and go claim your child's heart.

As I said earlier, "If *only* I had known *THEN* what I know *NOW*," my son might not have been able to offer this book to you. So, I hold no regrets—only hope for you and your children.

God Bless,

Opal Post

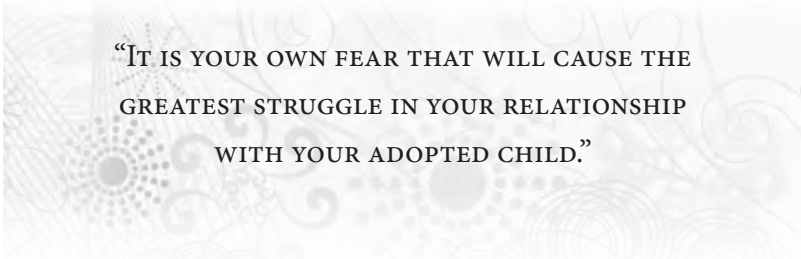
MOTHER TO BRYAN POST AND KRISTI POST-PLEW

MEME TO MIKALAH, MARLEY, \*ZELIJAH, KATALINA, AND ZELIAH

*(\*Zelijah, my daughter Kristi's oldest child, is now also my adopted son, thereby making me one of the many grandparents raising grandchildren!*

*May God especially bless grandparents who parent.)*

# *Introduction*



“IT IS YOUR OWN FEAR THAT WILL CAUSE THE  
GREATEST STRUGGLE IN YOUR RELATIONSHIP  
WITH YOUR ADOPTED CHILD.”

**T**his small book is packed with simple concepts to help you transform your relationship with your adopted child. If you have just become an adopted parent, it will help you start on the most effective parenting path possible. This is a fast-moving book. We will cover a vast amount of information in a short period. You will want to read this book from cover to cover as quickly as you can the first time; a little slower the next, making time to highlight and underline; and again, yet a little slower, adding your own thoughts, situations, and concepts. Finally, read it a fourth time to ensure that you fully grasp the concepts and are steadily becoming a beacon of love and understanding for your child.

The concepts in this book are part of a new parenting paradigm. What is a paradigm? It's a pattern from which you shape and live your life. Dictionary.com defines it as “A set of assumptions, concepts, values, and practices that constitutes a way of viewing reality for the community that shares them...” Changing our assumptions can be challenging, but that's exactly what



is required to properly take care of difficult adopted children.

The old paradigm says that the difficult child is angry and controlling, but this belief is misleading. The reality is that this child is caught in a stress-and-fear state, causing the body's natural fear reaction to go awry. The fetus, infant, or child is the product of an overly stressful environment or traumatic event, causing fearfulness and stress sensitivity. That fear and stress lead to the behaviors you might experience with your adopted child.

One critical concept that you must grasp as you seek to engage or reinforce this new parenting paradigm is that there are

only two primary emotions: love and fear. Our body only knows these two primary emotions. That is, your body-mind system only knows surviving or thriving. Cellular biologist Bruce Lipton informs us that during times of stress, the cellular system constricts into survival. The key to understand here is that stress can occur through any of our sensory pathways. What we see, hear, smell, touch, taste, and even temperature changes can all be a catalyst for stress. When the body-mind system constricts into survival, every cell in the body is in a state of fear.

According to New York University neuroscientist Joseph LeDoux, this state of stress causes confused and distorted thinking and suppresses short-term memory. Therefore, when stressed, we can't think clearly or remember things that happened recently. This finding's implications alone are enormous for your child, especially when you consider the educational system and how stressful that experience will be for your adopted child. Frankly, fear will cause the greatest struggle in your relationship with your child. The single most significant way you can improve your relationship with your child is by viewing him or her as fearful ("full of fear") and stress-sensitive. If you bring this view into all your interactions with your child, your relationship's dynamics will change.

Now, continue reading, because the new paradigm, as new tricks, is hard to learn. So, for the next few sections, I'll lay out for you the reasons why we must shift our thinking to become better adoptive parents and provide our children and ourselves with an opportunity for healing.



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### KEY POINTS:

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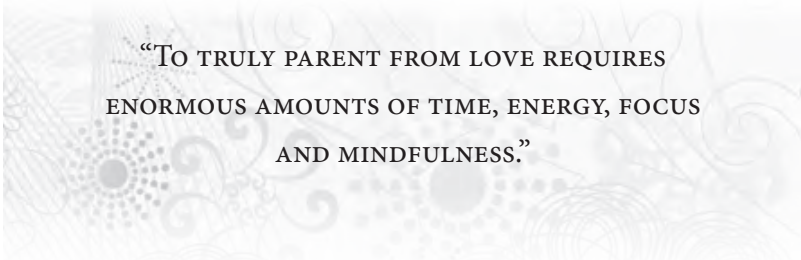
In this introductory section, we covered a few key things:

1. As adoptive parents, we're operating under an old paradigm saying the difficult child is angry and controlling. The new paradigm says that difficult adopted children are caught in a stress-and-fear state.
2. There are only two primary emotions: love and fear.
3. When an adopted child is stressed, his or her short-term memory is suppressed, and his or her thinking becomes confused and distorted.
4. It is your own fear that will cause the greatest struggle in your relationship with your adopted child.



# CHAPTER 1

## *Understanding Love and Fear*



“TO TRULY PARENT FROM LOVE REQUIRES  
ENORMOUS AMOUNTS OF TIME, ENERGY, FOCUS  
AND MINDFULNESS.”

**A**n emotion is energy in motion. There are only two states for this: thriving and surviving. A “feeling,” however, is the cognitive perception of an emotional state. This means that your brain translates its perception of the energy shift into a feeling. So, your brain takes your emotion of love or fear and interprets it as “I feel happy,” “I feel angry,” “I feel jealous,” and so forth. Many people find this difficult to grasp because we have a tendency to believe that anger is a primary emotion. Anger, however, stems from fear. Hate stems from fear. Jealousy stems from fear. Take a minute to think about that.

Now, let’s briefly discuss love. Whereas love is worthy of an entire book, it’s impossible to define it. But I’ll do my best to provide a framework for this powerful component of healing.

Love exists. It is the space all around us. The Bible says that love and fear cannot coexist. Where one is, the other is not. The confusion about love lies in the traditional teachings and par-

enting practices “based” on it. Most of us were taught that love is something you do to someone because you love them. As Dad used to say, “I’m giving you this whipping because I love you and want you to learn.” Or, “I’m sending you to your room without dinner because you gotta learn about manners and respect. If I didn’t love you, I wouldn’t care.” These messages could not be further from the truth of love and what it truly is. Love is not something you do to someone; it’s something you do for someone.

We have been taught that love includes spanking, yelling, control, force, power, punishment, and much more, but these actions are fear disguised as love. The reason we struggle with love and to be “in love” so much is because we seldom know what it is. Love is understanding, flexibility, acceptance, tolerance, patience, and faithfulness. In love, there is joy and pain, worry and concern, but those states don’t last when we dwell in love. Instead, they are fleeting.

Love exists. When we fall in love with someone, it’s beautiful and all-consuming, but then, what happens? We try to grab it and control it. We try to make this person all ours because we believe he or she created the good feeling in us. But the act of trying to hang on to love, to make it ours and to capture it, shifts us into fear. From that place, we continue to experience and lose love.

To truly parent from love, you must commit enormous amounts of time, energy, focus, and mindfulness until you have reconditioned yourself to dwell in the state more continuously. When you’re finally able to shift from fear to love, your parenting actions and the manner in which you relate to your adopted child will have more ease. Your relationship will become

more fluid, and your trust and faith will grow with leaps and bounds.

God did not place your adopted child into your life for you to mold him the way you think he should be, but rather to protect, guide, and encourage him as God molds him into what God wants him to be. Your goal is to become increasingly more aware and conscious of your own fear so that you can breathe through it, understand it, and process it. This provides you with the opportunity to move into love, and you want to parent from that space. In the space of recognizing your own fear, you can more readily see the fear of your child. When you can see your child's behaviors as driven from stress and fear rather than control and willful disobedience, a natural love revolution will happen in your relationship. You will move from the old to the new. Now, let's learn more about how stress and fear function in your adopted child's life.

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#### KEY POINTS:

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In this section, we talked more about love and fear and the reasons these two emotions determine how we parent our children:

1. Anger stems from fear.
2. Love is not something you do *to* someone; it is something you do *for* someone.
3. Your goal is to become increasingly more aware and conscious of your own fear.

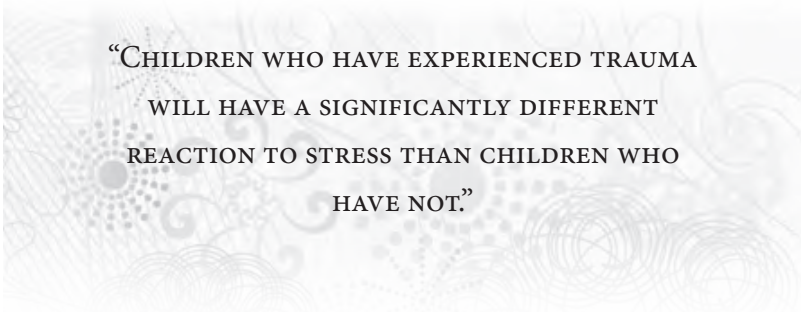
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## NOTES

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# CHAPTER 2

## *What Does Stress Have To Do With It?*



“CHILDREN WHO HAVE EXPERIENCED TRAUMA  
WILL HAVE A SIGNIFICANTLY DIFFERENT  
REACTION TO STRESS THAN CHILDREN WHO  
HAVE NOT.”

**W**e all hear about stress regularly, and we know more about it now than in any other time in history. The 1990s, now recognized as the Decade of the Brain, propelled the field of neuroscience forward as it related to mental health, psychology, and psychiatry. With groundbreaking works presented by Bruce Perry, Joseph LeDoux, Daniel Goleman, Daniel Siegel, and many others, we began to see firsthand the true impact of stress and trauma on the developing brain. But what role does stress play in parenting our adopted children?

Stress is at the core of these relationships, especially when the child is difficult. The first thing we must understand about stress is that it is unavoidable. The second thing is that stress is necessary to our lives. That's right! We cannot avoid stress because it keeps us healthy. Laughing causes a state of stress. Hans Selye, the father of stress, says, “Stress is the spice of life” because without experiencing stress in some amount, we couldn't

exist. We couldn't thrive as a species. Bruce Perry, a pre-eminent neuroscientist, who has conducted some of the most important work regarding children and trauma, says that we all respond to stress in one of two different ways: by becoming hypo-aroused or hyper-aroused.

Hyper-arousal leads to hyperactivity, agitation, and/or aggression. If we respond to stress in a hypo-aroused way, we tend to withdraw, become a bit depressed, and perhaps resistant. An oppositional-defiant child, for example, is a scared hypo-aroused child.

Adoptive children tend to experience much stress because of the internalized dynamics of rejection and abandonment



that are stimulated in utero, not to mention the array of other negative events that might occur after birth, which I'll discuss more later. What does all this mean? The behaviors of hypo- and hyper-arousal in adopted children are greatly heightened as compared to other children.

When dealing with children who have difficult behavior problems, you must remember that these children have experienced trauma. As I mentioned in the introduction, this trauma heightens the child's responses and reactions to stress, making these children fearful and stress-sensitive. This is a simple, yet concise, way of viewing your adopted child and enables you to see the world through his or her eyes.

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#### KEY POINTS:

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The role stress plays in parenting our adopted children is important to understand. Keep in mind the following:

1. Stress is unavoidable.
2. Stress is a necessary part of our lives.
3. Stress will cause either a hypo or hyper-aroused state in your children.
4. Children who have experienced trauma will have a significantly different reaction to stress than children who have not.

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## NOTES

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# CHAPTER 3

## *Don't Underestimate the Role of Trauma*

“AS YOUR CHILD BEGINS TO WORK THROUGH  
THE HEALING PROCESS, JUST LISTEN, SUPPORT,  
AND ENCOURAGE.”

Let's define exactly what trauma means. Trauma is any stressful event that is prolonged, overwhelming, or unpredictable, and when that event continues unexpressed, unprocessed, and misunderstood, it becomes long-term trauma.

For example, let's say a child is adopted at an early age, perhaps at birth. Mitch Gaynor, author of the *Sounds of Healing*, says that as early as the fourth week after conception, the fetus can hear. Thomas Verny, author of the *Secret Life of the Unborn Child*, emphasizes that as early as the second trimester, the fetus can already think about what's going on both inside and outside the womb. Both these books are excellent resources for understanding pre- and perinatal processes at a deeper level.

Many adoptive parents discount the birth process' impact on their adopted child. This is a mistake. Often, the birth process is traumatic simply because the child has been separated from his or her biological mother. Don't forget that this baby has heard his mother's heartbeat, heard her voice, and smelled her scent



## I HEAR YOU!...

for nine consecutive months. Suddenly, everything familiar is gone and will never be there again. When an adopted child is taken away from his or her biological mother, a grief reaction is created within the baby's body-mind system, and the physiology is disrupted in many ways.

This is what is so significant about grief, a neurophysiologic disruption of the brain and body systems. How many babies have an opportunity to express, process, and understand that trauma? Not many. They might cry, but that's hardly processing and understanding, is it? As the adopted child gets older, the grieving and longing process for the biological parent might continue to be unintentionally downplayed by the adoptive parents. Typically, adoptive parents will view their adopted

child's grief or longing for the biological parent as some parental shortcoming on their part. This is yet another error in judgment and reflects more the parents' own insecurities and fear than anything else.

Think about what you are feeling regarding your child's grief and loss of the biological parent. Does it make you feel guilty, sad, or angry? Typically, there is an abundance of mixed feelings but all arise from your own fear. As you accept your own feelings, give your child permission to do the same. It's best to simply say, "Honey, I can understand why you would feel that way," or "It's very natural to have those feelings; I'll bet they are very sad ones." Give your child permission to grieve. Hold her tight as she cries and asks questions. You don't have to know any or all the answers. Just listen, support, and encourage her to keep talking to you. This is the first part of allowing grief to happen. When the grieving process can finally begin, it will work itself through in time, and your adopted child can heal and fully allow you to love her without resistance.

Remember, that grief is a natural element of your adopted child's process. Too often, we simply don't permit it to happen because we make well-intentioned but invalidating statements such as, "Well, Honey, I love you, and if your mother hadn't allowed you to be adopted, I would never have met you," or "But you're my child now; aren't I enough for you?" Worse yet are statements such as, "Why would you want your mother back or cry for her? She gave you away!" Such statements do nothing to help your child heal. They reflect your own insecurities. Honor those feelings for yourself, but don't let your fear impede your child's own healing process. It's the only way to help your child get past the trauma of losing his or her biological parents.

As I mentioned before, trauma is defined as any stressful prolonged, overwhelming, or unpredictable event. Within that definition, there are three kinds of trauma:

1. Traumatic stress, which includes neglect or physical, sexual, or emotional abuse
2. Shock trauma, which includes bombs, car accidents, earthquakes, and any other immediate unavoidable events
3. Developmental traumas, which are traumatic stressors occurring during childhood that impede developmental progression, including shock trauma

Adoptive children have usually experienced both traumatic stress and developmental trauma. Adoption—both pre-adoption and post-adoption—is a traumatic experience. Pre-adoption factors might include the birth trauma, drug abuse, rejection, violence, and malnutrition, all extremely stressful and traumatic.

Post-adoption factors often include, but are not limited to, abuse, neglect, and frequent moves. If an adoptive placement doesn't work out, the child might then be sent to a group home or one foster home after another. Moving is one of the top three most stressful events that we encounter in life as adults. Imagine how stressful frequent moves are for children. Then, consider the grief and loss involved. You can understand why these events are traumatic.

Here's an example. At the beginning of one of my lectures, a parent said to me, "I'm here because my son is encopretic—he poops in his pants. He's 11 years old, and he poops in his pants every day." He had come just to accept that he had to wear a diaper to public school.

I said, "Well, tell me a little bit about his history."

"He was adopted at the age of four," she responded. "Between

the ages of zero and four, he went back and forth between his birth mother and adoptive family because the state wanted to reunify him with his mother. Back and forth, back and forth, back and forth. His biological mother was a drug addict. She'd go to jail, get out of jail, and the state would reunify them."

The adoptive mother continued, "At the age of two, we almost had him potty trained, but his birth mother got out of jail, and they took him back. Then, when he was four, they terminated her rights, and we adopted him."

The adoptive mother insisted that her son was pooping in his pants intentionally. "You don't understand," she told me, "he's trying to control and manipulate us. When he poops in his pants, it's like him saying, 'Poop on you, Mom and Dad!' Could you accept that in your child?"

Rather than try to fight against her rigid belief system (the old paradigm), I suggested we continue with the lecture. I thought something might hit home with her later. During a break, I showed a video and wanted to get through to this mother. So, after the break, I walked back up to the front and said, "I'll tell you what, Mom, if you work with me for two weeks on the phone, I will guarantee you a dramatic reduction, if not a complete elimination, of his pooping in his pants behavior."

She said, "That sounds pretty good, but you're probably pretty expensive."

I said, "Well, I am, but I'll do it for free. All you have to do is let anyone in the audience call me after the end of the two weeks so that I can tell them whether the results were successful or not." She agreed, and I told her to see me personally after the lecture.

At the end of having heard the remainder of my lecture during the day, she came up to me and said, "You're telling me that my son poops in his pants because he's scared."

I said, “Yes! Hallelujah! She got it!”

“You’re telling me he’s not doing this to control us.”

“Absolutely,” I responded emphatically.

“Well, I’m not buying it!” she said.

I don’t mind admitting that this was a shot to my ego, and I was becoming desperate to get her to understand this. So, I hit the table hard—BAM! What do you think she did? She jumped!

I asked, “Did you see the way you jumped? I want you to control it.” I hit the table hard again—BAM! She jumped again, and I said, “No, really, I want you to control it.” I swung all the way around, jumped back to face her, and hit the table again—BAM! Finally, she said, “Okay, okay, I get it!”

“For your son, it’s no different,” I told her. “The trauma he has experienced has made him very sensitive to perceived threats.”

Why? There is a part of the brain called the amygdala, the fear receptor in our brains. It has neurocircuitry that runs down the spinal cord. Guess where that neurocircuitry lands. In the intestines! That’s why we have butterflies. That’s why we get intuition in the “gut.” That’s why we get an upset stomach when we’re nervous. The neurocircuitry of the amygdala runs right down to the gut and causes all these things to happen to us when faced with a threatening or fearful situation.

So, when the amygdala of this woman’s son became triggered—BOOM! He pooped in his pants. When he was two years old, he was taken back to his biological mother right before he was potty trained. So, he was never properly potty trained. “It’s so bad,” I told this mother, “that just moving from one classroom to the next, your son will poop in his pants.” She said, “Absolutely!”



“Not only that,” I said, “but when you’re in your car with him, and you say, ‘Hey, let’s go to a restaurant,’ he poops in his pants.” She said, “Yes, absolutely!”

I started to feel like a preacher by this point. “Not only that,” I went on, “but it’s so bad, that he could be in the living room playing with his friends and say to you, ‘Mom, we’re going in the backyard,’ and he will poop in his pants.” She said, “Yes, you’re right! Absolutely!”

The boy had trauma around transition. “If you want to help your son,” I told this mother, “we have to interrupt this transi-

tion. We have to bring insight and awareness to him. We have to say, ‘Son, in those first years of life, you were back and forth, back and forth, back and forth. Now, anytime you have to go back and forth anywhere, you get terrified and poop in your pants. Not only that, but you were never potty trained.’” So, we have to finally get him potty trained and get him started on a schedule to relieve his fearfulness, the triggering of his amygdala, and the physiological reaction of pooping in his pants. Simple, right?” The sad part is that I never heard from this mother again, so I don’t know if this boy ever got better.

I tell you that story for three reasons: I really care about children and families and know this family and child were struggling; I know that it’s really scary and difficult to change your paradigm; and I know this works. I know I’ve watched it work time and time again.

This mother was locked in the old paradigm that her son’s behavior was angry, controlling, and manipulative. What we fail to understand is that we’re all controlling and manipulative when we’re scared. When we try to exert control, it’s a survival mechanism. If I’m stressed out and scared, I feel desperate to get some control.



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## KEY POINTS:

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We learned in this section that trauma is “any prolonged, overwhelming, or unpredictable, stressful event.” Here are some other key points to remember:

1. As your child begins to work through the healing process, just listen, support, and encourage.
2. Honor your children’s feelings, and avoid letting your own fears about what they share with you impede the healing process.
3. Your child may have experienced three kinds of trauma: traumatic stress, shock trauma, and developmental trauma.
4. Adoptive children have usually experienced both traumatic stress and developmental trauma.
5. The part of our brain responsible for our physiological reaction to fear is called the amygdala, and the amygdala is responsible for that “gut feeling” you get.
6. Control is a survival mechanism, and we only try to exert control when we are scared. So, when your child is trying to control a situation, it’s because he or she is scared. Stay mindful of that.

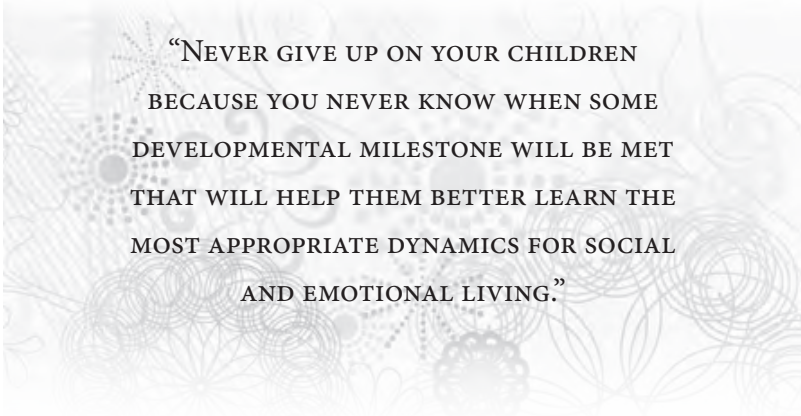
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NOTES

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# CHAPTER 4

## *Regulation and Dysregulation*



“NEVER GIVE UP ON YOUR CHILDREN  
BECAUSE YOU NEVER KNOW WHEN SOME  
DEVELOPMENTAL MILESTONE WILL BE MET  
THAT WILL HELP THEM BETTER LEARN THE  
MOST APPROPRIATE DYNAMICS FOR SOCIAL  
AND EMOTIONAL LIVING.”

Regulation has become a popular term, especially in neuroscience, because it deals with “affect regulation,” the regulation of the emotional state and behavior. It is, in a sense, like balancing on a seesaw. You get stressed out, but if you can stay in balance, you don’t become too angry or too sad. That’s regulation within your window of tolerance—the degree of stress that you can tolerate without getting out of balance.

Dysregulation, on the other hand, is the body’s state of stress *outside* that window of tolerance. When you’re dysregulated, you move outside your body-mind’s ability to tolerate that stress.

The hypo-arousal and hyper-arousal that I previously mentioned are states of dysregulation. When we become angry, we are dysregulated and hyper-aroused. In a dysregulated hypo-aroused state, we might become depressed.

Difficult and challenging adopted children are chronically dysregulated and struggling with their ability to self-regulate. Regulation is what allows you to sit still, focus, concentrate, smile, wake up in the morning, say “good morning,” eat your breakfast, go to school, and have a good day at school. All those things are regulatory abilities. Without those abilities, a child will suffer throughout every day.

Dr. Perry refers to this state in children as an “amygdala hijacking.” As soon as the amygdala senses a threat through a sensory pathway (what we see, smell, hear, touch, taste, or feel—even body temperature), it has a reaction. The amygdala is not a part of your thinking brain. It’s a part of your emotional brain, and it sits right above your brain stem.

Remember the story about the boy who pooped in his pants? His amygdala was hijacked every time he had to deal with a transition. This is how it works. The amygdala senses a threat in the environment and pumps out these important stress hormones, which go to the pituitary gland and make their way to the hippocampus. The hippocampus is considered the amygdala’s modulator because the hippocampus helps us to think clearly in the midst of stressful situations. In stress, however, with all those hormones coming its way, the hippocampus has a hard time doing its job properly.

The hippocampus is also largely responsible for our short-term memory. Remember that in times of overwhelming stress, our thinking processes become confused and distorted, and our short-term memory is suppressed. So, children in a chronic state of dysregulation are confused. They suffer from distorted thinking and suppressed short-term memory, and that’s why they struggle in school from time to time. So, it’s no wonder that these children often have learning difficulties.

It's a common phenomenon. A child who does really well in school has to take a standardized test. The teacher has said all week, "These tests are very important. We have to do very well, you guys. I know you can do it." The test day comes, and the child freezes up, unable to think clearly.

When this state of stress is prolonged and overwhelming, stress research shows that neuronal damage can occur in the hippocampus. The hippocampus can even develop new neuronal connections that make a child more sensitive. It's a survival mechanism, but it builds in an ultimately destructive way.

If the amygdala is being triggered, it is in the process of learning that it has to stay on alert all the time. In this heightened state of alert, the amygdala is exercised more, and the hippocampus begins to break down. The child's ability to focus suffers; the child's ability to regulate suffers; and the child's ability to relate to others in a positive way suffers.

The hippocampus is also connected to an important part of our brains called the orbital frontal cortex, considered the executive control center for all our social and emotional relationships. This is why adopted children exhibiting difficult behaviors often struggle in relationships. So, how do we heal the hippocampus if it has been damaged by frequent amygdala hijackings?

There are two ways to change the brain: positive environment and positive relationships, plus the positive repetition of both. When stress is interrupted for prolonged periods, the hippocampus can regenerate. The orbital frontal cortex—the social and emotional control center—is one of the few brain areas open for change and development throughout our life spans.

Before we move forward, I would like to mention a few developmental milestones about each brain structure and tell you



about a recent discovery that is going to change the parenting platform.

The amygdala is already “online” at birth. Its growth rate is equal to the brain stem’s. By the time an infant reaches 18 months of age, the amygdala is already fully developed. Therefore, the infant’s ability to sense threats, fear, and stress is functioning. On the other hand, the hippocampus—the part of the brain that contributes to calming the stress and helping the child to think more clearly and feel less overwhelmed—doesn’t complete its development until the 36th month of life. This is important because it establishes a neurologic basis for why we shouldn’t allow babies to cry themselves to sleep. It’s too stressful for their developing brain structures. It tends to lead to stressed and overly sensitive babies. This is not an ideal state for babies because they encounter far too much stress to begin with when

you consider the high use of day care, manufactured formulas, sleep in cribs rather than in the family bed, and so forth.

So, if possible, when helping your child settle in for naps and at night, lie down with him until he falls asleep if the family bed isn't an option. This will help him to learn to regulate his internal state for sleep through your influence.

Another point of interest is that the orbito-frontal cortex does not complete its development until we are 25 years old! The part of our brain most readily responsible for how we get along in society is not completely developed until we are well into early adulthood. We call 18-year-olds adults, but this is seven years before their brains are neurologically equipped to function as an adult. The other point here is that the mental health system often says that a child is beyond help or destined to be a certain way. But until a child reaches the ages of 25–28, there is still a great opportunity for healing and change to occur.

As I said earlier, the orbito-frontal cortex is one of the only areas of the brain open to change throughout our lifespan, so as long as we are breathing, there is hope for change. Just consider the Disciple Paul or St. Francis as examples. Never give up on your children because you never know when some developmental milestone will be met that will help them better learn the most appropriate dynamics for social and emotional living.

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## KEY POINTS:

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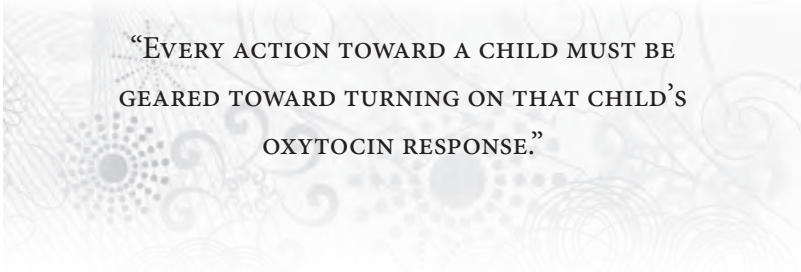
We learned in this section that our ability to stay balanced in a state of stress is what neuroscience has termed “regulation.” On the flip side of that is dysregulation, and our goal as parents of adopted children is to stay regulated and to help our children stay regulated. Here are a few things to keep in mind:

1. Difficult, challenging adoptive children are chronically dysregulated.
2. Adoptive children in a chronic state of dysregulation are often experiencing an amygdala hijacking. Their bodies are flooded with hormones in an effort to deal with the threat. It is not a thinking response. It’s an emotional response causing short-term memory loss and distorted thinking.
3. The body has a traffic cop called the hippocampus whose job is to modulate the amygdala’s response, but this natural modulator can become damaged if the child is in a constant state of stress.
4. There’s hope, though! By creating both a positive environment and positive relationships with/for the child, the hippocampus can regenerate, and the child’s response to stress will begin to moderate.
5. Until a child reaches his or her late ’20s, there is still a great opportunity for healing and change to occur.



# CHAPTER 5

## *The Oxytocin Response*



“EVERY ACTION TOWARD A CHILD MUST BE  
GEARED TOWARD TURNING ON THAT CHILD’S  
OXYTOCIN RESPONSE.”

Next, I would like to share with you one of the most exciting breakthroughs I’ve heard about in some time. This finding has the potential to change the manner in which we relate to all children. It’s called the oxytocin response. For the most hands-on, specific, layperson information on this scientific advancement, I suggest that you stop reading right now, go to [PostInstitute.com](http://PostInstitute.com), and purchase a copy of Susan Kuchinskas’ book *The Chemistry of Connection*. I’m not kidding. Stop reading, and order a copy of the book now—it’s that important!

*The Chemistry of Connection* explores a little discussed hormone secreted by the hypothalamus called oxytocin, called the anti-stress hormone and, sometimes, the bonding hormone because of its power to soothe. As I explained earlier, when the amygdala secretes stress hormones, they pass through the pituitary gland. Alongside the pituitary sits the hypothalamus. When the stress hormones pass through the hypothalamus, it’s supposed to turn on the oxytocin response, flooding the body simultaneously with oxytocin. This hormone helps to regulate the body’s stress response system.

Oxytocin is generally referred to during the birth process because it is needed to help contractions to start. It's also the critical hormone released when a mother breast-feeds her newborn. It plays an important role in the attachment between mother and child—called the attachment process. Oxytocin's ability to regulate the body-mind system is what makes attachment possible.

Now, you might ask what this means for parenting. Well, there are more implications than I will go into here, but for starters, the research has discovered that the oxytocin response is a learned response. It isn't something that just occurs naturally. Attuned and attentive care giving is required to initiate the oxytocin response. Without attuned and attentive care giving, the response doesn't become adequately conditioned in the face of chronic stress, abuse, or emotional absence. So, an adopted child might grow up with a poorly developed oxytocin response system, making the child prone to prolonged states of stress, high anxiety, aggression, depression, and an abundance of other emotional triggers.

With attuned and attentive care giving, however, your adopted child will begin to have a healthy oxytocin response and will be better able to engage in healthy social and emotional relationships. All this goes miles and miles toward helping your child become more regulated, develop secure relationships, and feel happier. The bottom line is that oxytocin is critical.

From this research, we cannot deny the importance of attuned and responsive care-giving practices. I believe that this is the single biggest breakthrough in parenting history in creating healthy attachment. Every action toward a child must be geared toward turning on that child's oxytocin response. This includes, but is hardly limited to, smiling, being present, listening, hug-

ging, holding, rocking, playing, sharing meals, laughing, massaging, patience, making eye contact, encouraging, not shaming, not blaming, not threatening, and not yelling. When you as a parent mess up, it means going back to the child and sincerely apologizing. You have just been anointed with the preferred hormone of the love revolution!

The power of the oxytocin response cannot be overemphasized. I believe it's that important. Consider this carefully because we live in such a stressful, threatening society that there are few times when we interrupt the stress that children experience. All too often, they stay overwhelmed, without opportunities for prolonged regulation. A number of the things that we think are positive for these children create more stress and more difficulties in them later. These things include early socialization, pressure for both athletic and academic accomplishment, and traditional punishment practices of spanking, yelling, isolating, time-out, behavior modification, and consequences. Such common practices create minimal opportunities for the oxytocin response to kick in, so regulation doesn't occur. Instead, our children are left with more stress, anxiety, and upset emotional states than they know how to handle.

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#### KEY POINTS:

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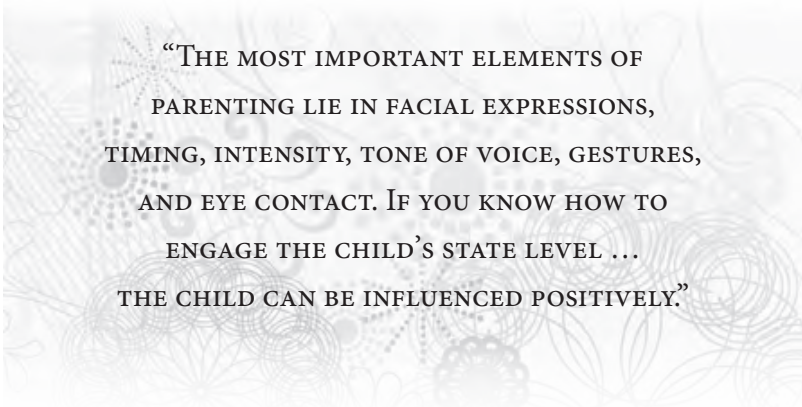
In this section, we learned that the hormone oxytocin helps to regulate the body's stress response system. Here are important things to remember:

1. Without attuned and attentive care giving, the oxytocin response doesn't become adequately conditioned in the face of chronic stress, abuse, or neglect.

2. When they receive attuned and attentive care, children can begin to have a healthy oxytocin response and engage in healthy social and emotional relationships.
3. When you as a parent mess up, go back to your child and sincerely apologize.
4. Early socialization, pressure for accomplishment, consequences, behavior modification, and traditional punishment practices create minimal opportunities for the oxytocin response to kick in.

# CHAPTER 6

## *Ages and Levels of Memory*



“THE MOST IMPORTANT ELEMENTS OF PARENTING LIE IN FACIAL EXPRESSIONS, TIMING, INTENSITY, TONE OF VOICE, GESTURES, AND EYE CONTACT. IF YOU KNOW HOW TO ENGAGE THE CHILD’S STATE LEVEL ... THE CHILD CAN BE INFLUENCED POSITIVELY.”

**B**ruce Perry said, “All of us during times of stress revert to our developmental zone of comfort.” This means that your child reverts emotionally to an early experience of trauma, what I call a “trauma barrier.” Whenever a child feels stressed, the trauma barrier kicks in, and that child reverts to the age of the trauma barrier. Research says that adults can revert to infancy when under high levels of stress. That’s why you can have a 13-year-old who acts like a 3-year-old at school. If you mention to a schoolteacher that the child’s trauma barrier is age three, the teacher will often say, “Oh, you’re absolutely right! She acts just like a three-year-old.”

We all have three different ages: cognitive age, emotional age, and chronological age. Chronological age is the number of years we have lived, but cognitive and emotional age both have to do with development. So, what happens with a 13-year-old who acts like a 3-year-old? Obviously, it isn’t the child’s chrono-

logical age. If the stress is strong enough, and the regression is to an infantile state, a child's cognitive processes can be temporarily disrupted, bringing the child's cognitive age down to the age of 3. More often than not in this situation, however, the child is reverting to an emotional age of 3. Here's an example.

Let's say that this 13-year-old goes to school, gets stressed out, and regresses to the age of 3 emotionally and cognitively. She says, "I can't do my work! I can't do my work!" We might reply, "Well, you did it yesterday! So, I know you can do it today!" When an exchange like this occurs, what does it create for the child? More stress!

In addition to these developmental stages/ages, we have four levels of memory: cognitive, emotional, motor, and state. The cognitive level of memory is considered the easiest level of memory to influence. Cognitive level of memory involves concepts such as  $2 + 2 = 4$ , names, phone numbers, addresses, and so on.

Face recognition is what occurs when I have moved into emotional memory. I might meet and learn someone's name in the morning, but if I haven't made a conscious effort to store the memory for immediate recall, I might not remember his name by afternoon. I might see him later, and the first thing I would do is smile at him and look at him. I will have an immediate reaction to him, but it is a love-based reaction, rather than a fear-based reaction. I might say, "I remember you," and he might respond, "Oh, yeah, I was in the restaurant this morning." My response might be, "Oh, yeah, Joseph!" That's when the cognitive memory kicks back in. Emotional memory comes into play when we see someone's face or when we have a feeling or emotion about a person.

Don't forget that an emotion and a feeling are not the same thing, though. An emotion is what you feel with your body. A



feeling, on the other hand, is what you create with your brain through your cognitive process.

Next is the motor level of memory, which is unconscious. This includes activities such as walking, talking, blinking, writing with your ink pen, and scratching your head. Rarely, do we think, “I’m blinking now” because it happens unconsciously. Until we focus our consciousness on the unconscious action, it remains unconscious.

Finally, our state level of memory is the most important one to discuss here because it is believed that trauma impacts the state level of memory. This level of memory is associated with your brain stem. It develops very early in life. It is believed that the time from *in utero* to the first four years of our lives is the

most important for our brain development and for all our experience.

In the seminal work, *Secure Base* by John Bowlby, the father of attachment, he says, “The first three years of our life establishes the blueprint for all of our future relationships.” We know that before birth, the brain has already developed every neuron we’re going to have for the rest of our lives. A pruning process happens right before birth when the brain pares down some unneeded neurons. It’s critical to understand that high levels of stress and trauma impact the state level of memory and affect our personality traits. Perry says, “States become traits.” What happens at the state level of memory develops the personality. Therefore, if a child has experienced trauma at that level, it’s significant.

Scientists have also said that the state level is the most difficult level of memory to influence. From our traditional perspectives of talk therapy, this is a true statement, but when we work from an emotional perspective geared toward the oxytocin response, it isn’t true. The challenge is that we generally operate from such a cognitive perspective that we miss vital opportunities to influence the state level. It’s simply a matter of engaging the state level.

It’s critical to understand that parenting is much more an emotional exercise than a cognitive one. The most important elements of parenting lie in facial expressions, timing, intensity, tone of voice, gestures, and eye contact. These are the most influential pathways to a child’s state level of memory. The state level of children who have experienced trauma is accessible 24 hours a day. If you know how to engage the child’s state level, which involves going beyond mere talking, the child can be influenced positively.



For example, to engage your state level, all I have to do is stop talking to you and touch you. Putting my hand on one shoulder will engage your state level. At that instant, your focus becomes about whether I'm a safe person or a threat. This happens without saying a word, but it happens at the state level.

The state level is always present and always accessible, but we often reinforce the state level in a negative way. Dr. Perry states that, "Upon encountering a novel event, all human beings perceive that event as a threat until deemed otherwise." It's automatic. Bear in mind that any transition, such as moving from one side of a room to the door, is a novel event. An adopted child's reaction to a novel event is intensified because of his early body-brain experience. His amygdala is more sensitive, so transitions can be highly traumatic.

What happens when you say to a child whose amygdala has become overly sensitive, "Bryan, get up and go out the door!"? The child will stop and say, "No!" What would the typical adult do if someone said, "Get up and go out the door!"? An adult would stand there for a minute and ask why the person is asking for such a thing, but the adult would probably start toward the door because, in his brain, he'd be able to say, "That's not such a big threat." But the child who's told to get up and walk out the door will freak out because the command is immediately a huge threat to that child. In many situations, it feels like a life-or-death threat. The child freezes just because someone says to get up and walk out the door.

Now, you might ask why that is so threatening. The answer to that could be lengthy, but I will simplify it by answering with a "what if." What if the child had been asked to go out of a door in the past, and he was taken by social services or the police and never returned? Or, as with an infant, going out that door

might represent never seeing his mother again. Can you grasp the magnitude that even the simplest request might have on an adopted child? Unfortunately, we are quick to chalk it up to the child just being controlling or defiant, a sad misjudgment of an adopted child's heart.

As many of us learned in Psychology 101, we have two initial reactions to a frightening event: fight or flight. In the past 20 years, however, scientists have added a third reaction—freeze. Whereas the freeze reaction is new, it's important because it's the first reaction we all have. We freeze before we fight or flee. No one just runs up to somebody and starts fighting. No one automatically runs away. They freeze at first, long enough to perceive the other person as a threat.

The fight response comes after the freeze response. We feel fear first. Anger is a survival mechanism because it isn't used to fight and attack, but to push others away. That's why when you get too close to a mother bird's nest, she starts to squawk. As you get closer, she swoops down at you. She shows you that she's angry, but at the root of that anger is her fear. We only become angry when we're scared.

So, it's important to understand that when a child perceives a novel event—and any situation for a traumatized child can be a novel event—the freeze reaction is the first response. This might then be followed by fight (anger) or flight (withdrawal), depending on whether the child is hypo-aroused or hyper-aroused.

That's why these children have so much difficulty with transitions from the house to the car, from one classroom to another, or even from the living room to the bathroom. "Everything is a battle," the parent says, and the parent is right. When the survival mechanisms are in gear, everything is a battle.



Here's a scenario: You're enjoying an evening with your child, and you're feeling very calm. You say, "Hey, Sam, get up, and take out the trash." The problem is that Sam is watching TV, and you're asking him to transition. He says, "Yeah, yeah, yeah," but keeps watching TV. You're not stressed, and you leave Sam alone. About five minutes later, you say, "Sam, I really need you to take the trash out." This time, Sam gets up and takes out the trash. Without that five minutes, Sam would have had an amygdala reaction: "It's a threat, it's a threat, it's a threat!" But that extra space you gave him to transition in his mind gave his hippocampus time to kick in with, "Maybe it's not so much of a threat." He was able to emotionally prepare himself to switch from watching TV to taking out the trash. He became more flexible because he had time to regulate.

Adopted children are chronically inflexible. They're inflexible

because they're frozen, so often stuck in freeze reaction. Now, what happens if you lose patience with Sam when he doesn't take out the trash? Let's say you lose your temper and say, "Take out the trash NOW!" What happens in Sam's brain? He becomes more stressed and more scared. His amygdala kicks in, there is no oxytocin response, and his hippocampus is unable to do its job. Such common parental reactions undoubtedly go into creating years and years of negative conditioning between parents and children simply because we lack understanding.

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#### KEY POINTS:

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We learned in this section that we have four levels of memory that impact how we react to the world: cognitive, emotional, motor, and state.

1. Cognitive memory is where we store things such as names, phone numbers, and so on.
2. Emotional memory is where we store faces and experience feelings and/or emotions about a person.
3. Motor memory is unconscious and is where we store the commands for walking, talking, and so forth.
4. State level memory is where adopted children store the traumas they have experienced. It's also the level requiring the most attention from adoptive parents trying to help their kids.

# CHAPTER 7

## *Exploring What's Below the Surface*

“WHAT HAPPENS WITH CHILDREN IS THAT WE LABEL THEM BASED ON THEIR BEHAVIORS AS HYPERACTIVE, DEFIANT, OR AGGRESSIVE. AS SOON AS WE DO THAT, WE’RE GUILTY OF LOOKING ONLY AT THE TIP OF THE ICEBERG.”

It's important to understand what's under the surface of the adopted child's behavior. If you're floating around in your canoe, and you see an enormous piece of ice, what do you say to your companion? "There's an iceberg!" But what you're seeing isn't the totality of the iceberg; it's the tip of the iceberg. Scientists say that only 10%–15% of an iceberg is above the surface, whereas the rest is below. That large ice structure sitting above the water is only 10%–15% of the magnitude of what is there under the surface. The same can be said about adopted children and their behaviors. When we see a child's behavior, we only see the tip of the iceberg.

What happens with children is that we label them because of their behaviors as hyperactive, defiant, or aggressive. As soon as we do that, we're guilty of looking only at the tip of the iceberg. We've based assumptions solely on the behavior, but

there's something deeper than just the behavior that we have to understand.

We must get down to the bottom and swim where the rest of the iceberg lies. But our own fears set in. "It's too big! Let's go back up to the tip." We want to ignore what's below the surface, but the solution requires that we get the iceberg out of the way. We can try chipping away at the iceberg from the top, but what happens then? The next layer of iceberg underneath just floats to the surface. What we must do is swim down there with some dynamite and blow up the bottom. When we take care of the situation from the bottom—the source—the tip just floats away. With difficult children, those with trauma histories like adopted children, we must get underneath the behavior and deal with it on that level.

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**KEY POINTS:**

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This section illuminates how the source of a child's behavior is often below the surface. Remember these key points:

1. We must get below the surface and take care of the situation from the bottom.
2. Difficult behaviors must be dealt with from the source.

# CHAPTER 8

## *The Stress Model™*

“YOU CAN MAKE THE BIGGEST DIFFERENCE IN YOUR CHILD’S LIFE WHEN YOU LEARN HOW TO BE RESPONSIVE RATHER THAN REACTIONARY TO YOUR ADOPTED CHILD’S BEHAVIOR.”

A big piece of the new paradigm is the Stress Model™, a simple theoretical formula I use in my work. Of course, its simplicity is what makes it so difficult for people to grasp. We’re not a society that views things simply. Why? It all comes back to stress once again, which distorts the the hippocampus’ ability to think clearly. Because stress causes confused and distorted thinking, we tend to see things as more complex than they really are when we’re in a state of stress.

In all its simplicity, the Stress Model™ purports that all behavior arises from a state of stress. Between the behavior and the stress is a primary emotion. Remember that there are only two primary emotions: love and fear. It is through the expression, the processing, and the understanding of the fear that we can calm the stress and diminish the behavior. I have applied this model with great success to even the most severe cases.

Remember the 11-year-old boy who couldn’t stop pooping in his pants? That is a prime example of behavior arising

from a state of stress. A core principle of the Stress Model™ has to do with the difference between reacting and responding—something parents must learn. A parent can make the biggest difference in a child's life when that parent learns how to be response-able rather than reactionary to the child's behavior.

Let's take the example of lying. (We'll discuss lying in more detail in the next chapter.) When a child lies, the parent has the opportunity to respond or react. If the parent reacts, he might say, "Don't lie to me!" A response, however, might be, "Wow, something must be going on with you." The reactive state, of course, is purely fear-driven, but responding also involves fear. To reach the responsive state, the parent might have to talk to himself or herself and say, "I can be calm and respond, and I know that everything is going to be okay." Trusting that, however, can be scary.

Here's what I consider an ideal example of responding. The grandson of the great Mahatma Gandhi once had to pick up his famous grandfather at the airport. He was late, and when his grandfather asked him why he was late, he lied. But his grandfather had already made a phone call and knew exactly why he was late. Mahatma Gandhi got the biggest tears in his eyes, and they streamed down his face. He looked at his grandson and said, "I must give repentance for whatever it has been that I have done to scare you so much that you would need to lie to me. I will walk home these 18 miles in order to repent." Mahatma Gandhi's grandson drove five miles per hour in the dark as he watched his grandfather walk home those 18 miles.

You might think this is a big guilt trip, but it isn't. It's the ultimate form of responsibility because the grandson learned from that point on that he could be honest with his grandfather, no matter what. It was the grandfather's ultimate responsibility. In





essence, he said, “I’m not going to do this to you. I’m going to do this because I have to repent to something much higher.” It’s powerful, isn’t it?

In our society now, we tend to say, “Well, the child lied, so he’s the one who should have been walking the 18 miles.” That’s an example of being reactive versus responsive.

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**KEY POINTS:**

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In this section, we learned about the Stress Model™, which says, “All behavior arises from a state of stress.” This is critical to our understanding of the challenges we face with our adopted children.

1. Remember that your children are stressed out and that the stress causes short-term memory loss and distorted thinking.
2. As parents, we can make the biggest difference in our children’s lives if we learn to be responsive instead of reactionary. Gandhi got it, and so can you!

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# CHAPTER 9

## *Lying*

“WHEN A CHILD TELLS A LIE, IT COMES FROM A PLACE OF SHEER TERROR.”

Most parents struggle with lying behavior in children. I want to give you a formula and a way of understanding it that will make influencing the behavior much more possible. Lying is common, and the formula I use is effective. Some parents have found that it works the first time they try it. They’ve said, “I tried it once, and my child has not lied since.” One mother told me that after trying the formula for a few weeks, her two adopted children lied to her less and began to catch themselves before they lied.

She told me a story about her 12-year-old son who broke one of his sister’s toy dolls and asked his mother how much they cost so that he could buy his sister another one. His mother thanked him profusely because before she had begun using the lying formula, he would have buried the broken doll at the bottom of his toy chest to hide what he’d done. He never would have admitted it.

The formula for helping a child overcome lying is to ignore the lie but don’t ignore the child. Let me say this again: Ignore the lie but don’t ignore the child. When you ignore the lie, you’re ignoring the child’s fear and stress state. When a child tells a lie,

it comes from a place of sheer terror. Remember the story about Mahatma Gandhi and his grandson. We all tell lies, but those lies come from stress and fear. Children with trauma histories lie because for them, it's a life or death situation. These children believe that telling the truth will mean abandonment. So, they have to lie to you, and they cling to the lie out of survival. Their lies are so convincing because their lives depend on those lies. These beliefs might be a distortion of the mind, but those distortions are real to the child.

What happens when you threaten an adopted child's placement because of his/her behavior? What happens if you say to that child, "If you don't start acting better, we're going to have to find you another home," or "If this lying doesn't stop, you're out of here"? This is a prime example of a truth: Action without understanding leads us back to darkness. John Bowlby said, "The threat of loss is equal to loss itself." As soon as you threaten the child, you initiate a grief reaction that elicits fear and stress. You know what comes next—confusion and distortion.

In that distorted thinking state riddled with fear, the child will only think, "Oh, boy, I just have to lie better now. I have to be *really* convincing." The child is convinced that her life is in danger. Remember that these are unconscious behaviors. Children unconsciously act out. Children act out from an unconscious fear and stress-driven place. They act out of their terror.

So, when a child tells you she didn't eat the cookie, even though she has crumbs all over her mouth, she's lying to you because she's terrified. Ignoring the lie is difficult for parents because it puts the responsibility back on us as adults. We have our own fear reactions when a child lies. So, we have to calm ourselves down in this circumstance. Then, we can say something like, "I love you, I care about you, and everything is going

to be all right. Do you understand?” This creates support for the child, who is in a state of stress. Responding rather than reacting avoids creating more stress for the child. More stress only makes matters worse. The child then shakes her head in disbelief because we haven’t shouted or smacked her. So, ignore the lie, but not the child.

As a parent, after I have offered my child this support and love—my child who has just told me a lie—I can walk away and vent in my bedroom, if necessary. During this time, I can calm down, and it gives the child time to calm down as well. A few hours later, I can come back and say, “Honey, when you lie to me, it really hurts me. It scares me, and I need you to know that everything is going to be okay.” When I do this, I’m addressing the child at the heart level. The definition of discipline is to teach, not to punish, so if I truly want my child to learn and not lie again, I have to teach her. I must first give her the time and space to calm down from the stress so that her thinking becomes clearer.

When the child moves out of the stress state, her thinking will be clearer, and her short-term memory will become available. That’s when she will be able to *learn*. Of course, it might take repetition of this formula before you see major results, but it will have a dramatic effect on the child the first time you use it. Here’s a free gift for you: Go to [www.postinstitute.com](http://www.postinstitute.com) to download my e-book *How to End Lying Now!* It’s free to you as a reader of this book, and my hope is that you will pass it on to many other parents in need.

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## KEY POINTS:

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In this section, we learned that children lie for reasons other than what is traditionally thought. These principles are not easy to apply, but you can do it!

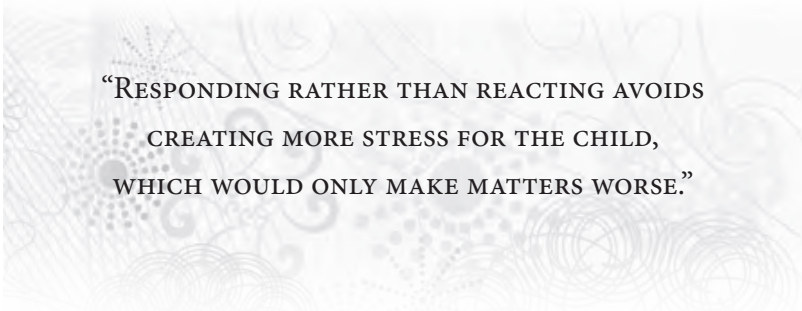
1. Ignore the lie, not the child.
2. Your adopted child will lie out of a need to survive.
3. Children act from an unconscious fear and stress-driven place.
4. Use a love-based approach to addressing the behavior.



By: Bryan Post Illustrated By: Mark Trotter

# CHAPTER 10

## *Stealing and Self-Mutilation*



“RESPONDING RATHER THAN REACTING AVOIDS  
CREATING MORE STRESS FOR THE CHILD,  
WHICH WOULD ONLY MAKE MATTERS WORSE.”

**W**hy did I put stealing and self-mutilation together in one section? Because both behaviors are addictive. An addiction is an external attempt to soothe an internal state. The child has learned that he can steal or hurt himself as a way of getting a positive payoff. When a child steals or cuts himself, it creates a chemical release within the brain and the body, allowing him to feel the relief he needs in the moment. Again, this all happens unconsciously.

Let's say a child enters a Wal-Mart store, and the sensory stimulation in such a big store overwhelms him. So, what does he do? He puts something in his pocket. The moment he puts that thing—whatever it is—in his pocket, it feels good to him, and he relaxes.

When I was nine years old—I was already an accomplished thief at that point—I went into a pharmacy planning to steal something. I didn't even own a cassette player, but I was standing in front of the cassette tapes. One seemed to be saying, “Take me, Bryan,” and another one said, “No, Bryan, me!” Still another

one said, “No, Bryan, I’m the one you want!” So, I took all three, stuck them in my pocket, and walked out. As soon as I took them, it felt good. I walked to the main street corner, crossed the street, threw the tapes on the ground, and kept walking. I didn’t take the tapes because I wanted them or needed them. I took them because I needed the *feeling* that those tapes brought me, and that feeling was enough to get me through until the next time I was stressed and needed relief.

I was adopted when I was about three months old. I spent some time in foster care, but not a long time. Any time in foster care, however, is too much time for any child. I made that statement once on a radio show for Australia’s NPR. The interviewer asked me why I made the statement, considering that foster care takes children out of bad situations. I answered that foster care isn’t a bad thing, but it isn’t a permanent situation for a child, which makes it stressful, no matter how you look at it. Moreover, any child who must be placed in foster care has already been through more pain than a child of such a young age should have experienced. Additionally, because of the frequent moves that occur in foster care, there is rarely a true opportunity for the child to heal. Instead, the trauma is just reinforced and layered.

I’ll share a story about my own foster/adopted child. She came to my wife and me at the age of 18. When I found her, she was homeless and living on the streets. A system that had spent an average of \$10,000 a month on her care for the last 10 years had permitted her to sign herself out of care, no longer receiving any support at all. From the time she entered foster care at the age of 8 until she was 19, the longest she had ever lived in one place other than a residential treatment center was for just three months! Now, you can’t tell me that foster care was any-



thing but traumatic for this young girl, and it shows. It shows every single day as we try to help her heal.

So, if such early traumas can cause stealing behavior, what can you do to stop your child from stealing? The first thing is to help him become aware of the reason he steals. You might put it to him this way, “Honey, you know what? When you go to school, the reason you steal is because you get stressed out and overwhelmed. You feel really scared, don’t you? And when you feel really scared, you want to do things that make you feel better. So, you put things in your pockets that don’t belong to you. Have you ever thought about that?” Even this small amount of awareness can begin to significantly impact the child. When the child begins to put something in his pocket, he’ll think, “I’m really scared right now.” In the beginning, he will probably put the item in his pocket anyway, but the awareness has begun. And that’s the first step.

The second thing to do about stealing is to understand that it’s usually a result of the child becoming overwhelmed in a certain environment such as a store. The child becomes over-stimulated by the number of people and the amount of activity in that environment. This over-stimulation, in turn, causes stress. Stealing then helps the child to calm the stress. Can you see why I say that stealing is an addiction?

Any severe behavior is usually predictable. If you take the time to watch, you’ll usually notice when it happens, what time it happens, how it happens, and what brings it about. You’ll see what the child is reacting to, which causes the severe behavior. This awareness can be empowering for an adoptive parent who feels completely out of control.

The true definition of control, by the way, is the ability to influence another’s behavior. Notice that it isn’t the ability to

*overpower* another person, but simply the ability to *influence*. Daniel Goleman, author of *Emotional Intelligence*, says, “The calmer amygdala has the ability to soothe and regulate the more dysregulated amygdala.” My wife’s calm amygdala has the ability to soothe my stressed-out amygdala, and your calm amygdala has the ability to soothe your child’s stressed-out amygdala. You do this through the positive vibrations you send.

So, helping a child to understand why he is stealing begins the process of regulating the child’s amygdala—the brain’s fear receptor. The third thing you want to do is create more containment in the environment. You might say to your child, “When we go to Wal-Mart, you’re going to hold my hand and stay with me. Yes, I know you’re 14 years old, but you’re going to hold my hand anyway.” That’s containment because you’re reducing the child’s stress and reducing his fear in this over-stimulated environment. If the child resists the hand holding or suggestion of riding in the shopping cart (if the child is small enough), don’t scold the child or force the child. That will only create additional stress for you both.

There’s a difference between a punitive fear-based approach and a love-based approach to getting the child to hold your hand or ride in the cart, and that difference is all in the way you say it! Here’s an example of a punitive, fear-based approach: “Honey, get in the cart because I’m not going to have you stealing anything in this store and embarrassing me, getting us kicked out.”

Here’s an example of a love-based approach: “Honey, I know when we come to these stores, you get overwhelmed. So, I’m going to have you get in the cart because that way I know that I can keep you safe. We’ll both have a very good time here. Okay?” The words you use lay the groundwork for your children to ac-

cept what they're hearing. Many adopted children never got this love-based parenting. So, when they feel scared, they have nothing to fall back on. Rather than scold a fearful child, you soothe the child, and that is how you change the behavior.

How does all this relate to self-mutilation? Again, it's an attempt to soothe stress. The kids who cut themselves are generally depressed adolescent girls. Many of them have borderline personality disorder and are in an extreme state of hypo-arousal.

When you ask one of these girls why she cuts herself, she's likely to say, "Because it feels good." It's difficult for adults to understand that. How can it possibly feel good? But these children feel numb, so when they cut themselves, it feels good for a moment because they feel something. They get a payoff—a release. Angelina Jolie used to cut herself and said in an interview, "I cut myself and just watched the blood run down because it gave me a rush."

Children who self-mutilate have trauma histories. There aren't many children who cut themselves who haven't experienced significant trauma in the past. For many of these children, the trauma involves sexual abuse. Just as with stealing, you must bring the reasons for the cutting into the child's consciousness. You can say, "You cut yourself when you feel really stressed out and scared." Again, you want to create an environment for the child to express, process, and understand the trauma that caused this behavior.

If you know the details of the trauma, you can create the narrative for the child. Hold her in your arms, and tell her, "When you were a little girl, this happened, and it was really scary for you. And that's why you cut yourself." Help her to make that emotional connection so that she can process and understand it. That will begin to help her stop the cutting behavior.

It's important for parents to understand that it doesn't help to say, "Don't cut yourself. It isn't right!" Don't scream at her, "How could you do that?" This behavior is the only way that she knows how to deal with the stress and fear. If you see that your child has cut herself, try saying something such as, "Wow, what's going on? What happened?" Because the next time it happens, you want to make sure that you're there. If you react rather than respond, causing the child to feel more stress, she will hide the behavior from you. That will prevent you from having the opportunity to be there for your child to regulate her and change her behavior.

It's important to understand that a self-cutting child is going to cut if that is what she's driven to do. This is difficult, but you must be able to say to your child, "Cut yourself if you need to, but I would really like for you to come and tell me when you're feeling like you need to cut yourself. Come to me before you do it." When you do this, you offer the child the opportunity for safety and containment. If your child spends time with you, and you offer her comfort and support, she will calm down. Eventually, she might not feel the need to cut herself. Can you imagine that? It's the power of taking that unconscious experience and making it conscious. As soon as you do that, the pain from the cutting intensifies, and it stops feeling so good. She will begin to cut herself and will be more aware of what's happening. Suddenly, she'll think, "I'm cutting myself. Ouch!" She's no longer so numb.



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### KEY POINTS:

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As a quick review of this section, here are some practical things for you to remember. Again, these principles are not easy to apply, but you can do it!

1. An addiction, such as self-mutilation or stealing, is an external attempt to soothe an internal state. That state is FEAR.
2. Two quick tips for stealing:
  - a. Help your child understand the reason he/she steals.
  - b. Reduce the level of stress with containment.
3. Create environments where the child can express, process, and understand the trauma that has caused the stress and leads to the behavior.
4. Use a love-based approach to addressing the behavior.

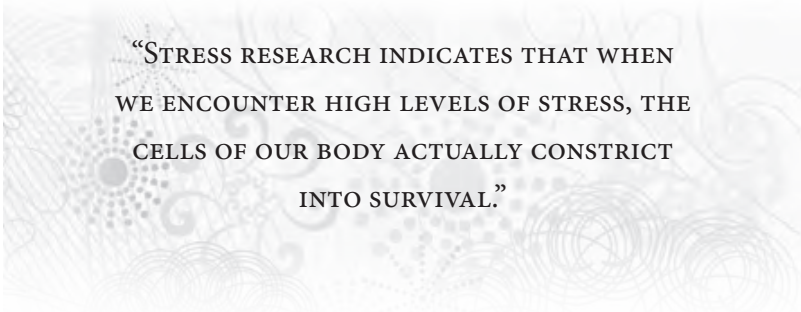
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# CHAPTER 11

## *Aggressive Behavior*



“STRESS RESEARCH INDICATES THAT WHEN WE ENCOUNTER HIGH LEVELS OF STRESS, THE CELLS OF OUR BODY ACTUALLY CONSTRICT INTO SURVIVAL.”

**A**s I quoted Perry earlier, “When any of us encounter a novel event, we perceive it as a threat until deemed otherwise.” If you walk past me, and I can’t perceive in the moment that you’re safe, I will immediately perceive you as a threat. If I’m an adopted child without the ability to determine that I’m not threatened in what others would consider a safe situation, I might hit you as you walk past me.

Let’s say your child is on the playground at school. Another kid is running past him and not even playing with him, and your child trips or bites this kid. Understand that in that moment, your child could not perceive that this other kid wasn’t a threat. It’s an impulsive act; it has to do with impulse control.

The same is true of children who harm animals. Some children who do cruel things to animals, however, are reenacting an early trauma. If the child experienced abuse, this cruelty might be a distorted way in which the child is attempting to heal that trauma. I can’t tell you how many children I have worked with who have starved an animal because they were chronically ne-



glected and not given enough food in the past. These children are trying to work through the trauma and are not aware of what they're doing. Again, these beliefs I hold are contrary to popular opinion. I encourage you just to try looking at your child in a different manner for a short period. Perhaps you, too, will see that there is a different perspective than the one we have been taught.

A child who has difficulties with others, especially peers, is a child who has regressed to a younger emotional age. As a result, the child's social skills suffer. Stress research indicates that when we encounter high levels of stress, our body cells constrict into survival. In that situation, we cannot have a conscience because in high stress levels, the only thing that we can focus on is our own survival. That's why these children seem to have no con-



science, but this is a huge misconception. When they become regulated and are no longer in survival mode, we find that they do indeed have a conscience.

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**KEY POINTS:**

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Aggressive behaviors can be frightening, but it's important for parents to remember that these behaviors are the result of a child perceiving an event as a threat. Remember:

1. Some children who do cruel things are reenacting an early trauma.
2. If the child experienced abuse, the behavior might be a distorted way of trying to heal that trauma.
3. When the body cells constrict into survival during high levels of stress, we cannot have a conscience because we are only focused on our own survival.
4. When these children become regulated and are no longer in survival mode, they do have a conscience.

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# CHAPTER 12

## *What Do Chronic Lying, Stealing, Fire-Setting, Killing Animals, and Hoarding Food Have in Common?*

“UNCONVENTIONAL PARENTING TECHNIQUES  
HAVE BEEN TAUGHT TO PARENTS IN ORDER  
TO CONTROL THESE CHILDREN—KIDS  
WHO ARE REFERRED TO AS ‘DISTURBED’ OR  
‘UNATTACHED.’”

Each of these behaviors is related to a psychiatric diagnosis mental health professionals across the nation are quickly recognizing as Reactive Attachment Disorder (RAD). Once a little-known, seldom recognized mental health diagnosis, RAD has become the new buzzword of the mental health industry.

RAD was first introduced about 20 years ago. Since that time, much of the information regarding this disorder has painted a dismal and often dangerous picture of those diagnosed with it—most often children. Books and articles have compared children with RAD to serial killers, rapists, and hard-core criminals. Unconventional parenting techniques have been taught to parents to control these children—kids referred to as “disturbed” or “unattached.”

The main premise of RAD is that the child cannot form positive, lasting relationships. The RAD child seems unable to socially connect with or attach to others. Many of their behaviors appear frightening and downright dangerous, leaving parents feeling resentful, blamed, and chastised by others. Such behaviors include defiance; frequent and intense anger outbursts; manipulative or controlling patterns; little or no conscience; self-destruction; destruction to others and property; gorging or hoarding food; and preoccupation with fire, blood, or violence.

The causes are complicated. Typically, any trauma occurring from conception to the first five years of life can create the potential for attachment challenges. Some examples are physical or sexual abuse, neglect, parental depression, premature birth, birth trauma, domestic violence, or frequent moves. These can all contribute to a child's inability to form attachment. Such events impact the child's ability to tolerate stress and anxiety, exposing him or her to ongoing states of fear. Over time, this constant fear leads to an inability to trust others, even after years of diligent care. But as I said before, when these children become regulated and are no longer in survival mode, we find that they can better trust others.

We hear much about attachment disorder, a diagnosis given to many adopted children. As long as a child is in states of stress and fear, he cannot develop attachment. As long as the parents are in states of fear and stress, they can't bond with the child, either. Kennel and Klaus, the pioneering attachment pediatricians, say, "Attachment is the behavior from the child to the parent, and bonding is the behavior from the parent to the child."

We talk so much about attachment disorders without realizing that the problem might be a bonding disorder. Attachment and bonding is a two-way street. We can't focus on a child's ability to

attach without focusing on the parents' ability to bond, because if the parent also has a trauma history, he/she will have an impaired ability to bond as well. Many parents grew up with parents who had impaired attachment abilities, so their own parents were both prone to dysregulation, making it difficult to engage their child's oxytocin response. When these children become adults and parents themselves, they struggle to create healthy attachments and regulation. Therefore, they inadvertently prevent a healthy oxytocin response in their own children. All these issues create negative neurophysiologic feedback loops.

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### KEY POINTS:

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In this section, we learned about Reactive Attachment Disorder (RAD). Remember that as long as a child is in states of stress and fear, that child cannot develop attachment, In turn , when a parent is in the same states, that parent cannot bond with the child.

Here are the key points to remember about children diagnosed with RAD:

1. The main premise of RAD is that the child cannot form positive, lasting relationships.
2. Any trauma occurring from conception to the first five years of life can create the potential for attachment challenges.
3. Over time, this constant fear leads to an inability to trust others, even after years of diligent care.
4. When these children become regulated and are no longer in survival mode, we find that they can better trust others.

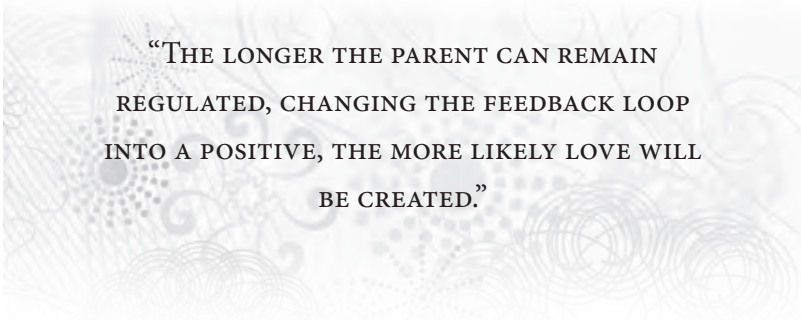
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# CHAPTER 13

## *Feedback Loops*



“THE LONGER THE PARENT CAN REMAIN REGULATED, CHANGING THE FEEDBACK LOOP INTO A POSITIVE, THE MORE LIKELY LOVE WILL BE CREATED.”

The most significant regulatory figure in the adopted child’s environment is the parental figure. This person might be a foster parent, direct care staff member, grandparent, teacher, or bus driver. It doesn’t matter who this person is. The person who will allow the child to have the most regulatory experiences is the parental figure. According to the Stress Model™, “Parental regulation is ultimately the single most important factor in the development of successful independent regulatory functioning in children.” Nothing makes as big a difference as a regulated parent does. The parent’s own state of regulation will help to bring the child from dysregulation to regulation.

What we have to understand is that it’s all about the approach we take. It’s how we engage our children, how we educate them, and how we get them to understand. It’s the rhythmic relationship of the family. The Stress Model™ says that family members are connected through an intricate rhythmic process known as entrainment. The term *entrainment* comes from the field of music because it speaks to vibration patterns. The way we communicate is through vibration.

Entrainment is the process of physiologic alignment, occurring by way of the sensory pathways. So, we experience entrainment through all our senses. The continual sensory engagement and activation of family members becomes an engrained pattern of interaction and reaction to each other's physiologic responses, resulting in the rhythmic relationship of the family, and I call this the secret life of the family. That's all a scientific way of saying, "If Mom isn't happy, nobody's happy."

If a family member is dysregulated, every family member is dysregulated because families are connected through their physiology. When you adopt a child, this child and you become enmeshed physiologically over a period, and that's why the child becomes upset when you're upset. In addition to that, this child is naturally more sensitive than anyone else because of her early trauma. These children can read you because their brain *must* read you. Out of survival, the child's amygdala senses your physiology.

When I work with families, I must begin by helping the parents see that they are just as integral to the treatment process as the child is. I must help the parents understand that they must move beyond the cognitive level to the state level where the trauma is stored.

Three things every parent should avoid when working with these children are fear, threat, and isolation. The reason is a dynamic called a "negative physiologic feedback loop." When we communicate with one another, we create a feedback loop. That loop can be positive or negative, and we can either add to a feedback loop or change it. So, what does a negative feedback loop look like? Here's a scenario:

Parent: "Take out the trash."



Child: “No, I’m not going to.” A feedback loop has just begun.

Parent: “I said to take out the trash!” And the loop gets bigger.

Child: “No, I’m not going to!”

Parent: “You’re going to do it because I said so!”

Child: “I don’t care what you say!”

Parent: “Don’t talk to me like that!”

Child: “I’ll talk to you any way I want!”

Parent: “You just wait until your dad gets home, and we’ll see what happens!”

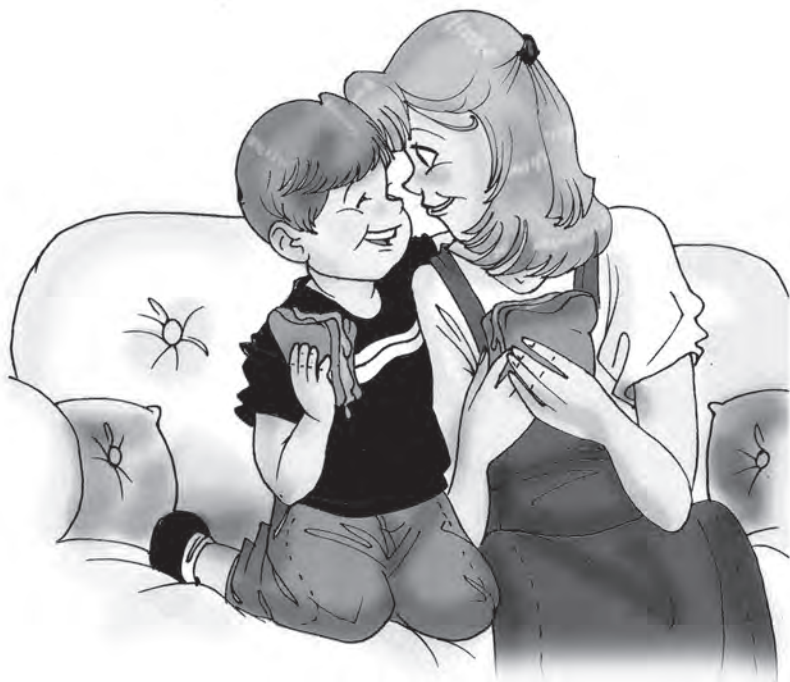
That’s pure fear in the environment, and that’s a classic negative neurophysiologic feedback loop. Boot-camp tactics, jumping jacks, excessive chores, isolation, behavior modification, money and bribery, point charts, toys and trips, logic and reasoning consequences, spanking, yelling, choices, and delayed punishment are all cognitive behavioral parenting tools. These include 95% of the tactics that we use with children, but they only address the behavior and what’s on the surface. They don’t address the state level, and they’re all fear-based. They all have an element of threat and isolation, and they all create, rather than interrupt or change, negative neurophysiologic feedback loops.

So, how can we create *positive* feedback loops? Here’s an example:

Parent: “Honey, I need you to take out the trash.”

Child: “No, I’m not going to!”

Parent (responding rather than reacting): “Wow, what’s going on?”



Child: “I don’t care what you tell me.”

Parent: “Something must really be bothering you.”

Child: “Nothing’s bothering me.”

Parent: “Well, I know if something weren’t bothering you, you wouldn’t be talking to me that way. You’d be calmer, and you’d take out the trash.”

Isn’t that powerful? What has happened in this scenario is that the parent has remained regulated and has contained the child’s negative feedback loop. That’s the power of feedback loops. As long as one person can stay regulated, he can contain the other person’s negative state. In this way, the negativity can’t grow. Haven’t you had an experience with someone who was angry, but you managed to calm the person down because you were in a good mood? It’s the power of your physiology.

The longer the parent can remain regulated, changing the feedback loop into a positive, the more likely love will be created.

Next, I'll give you some specific techniques that you can apply right away.

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### KEY POINTS:

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We've all seen them and heard them but probably never really understood a feedback loop until now. Your ability to help regulate your child and to recognize feedback loops will significantly impact your child's behavior.

1. Families have a rhythmic relationship to one another.
2. If one family member is dysregulated, every family member is dysregulated.
3. You must never use fear, threats, or isolation when addressing challenging behaviors, or you will create a negative feedback loop resulting in the family's dysregulation.
4. It only takes one well-regulated person to contain a negative feedback loop. If one parent is dysregulated and one is somewhat regulated, the regulated parent should address the child.

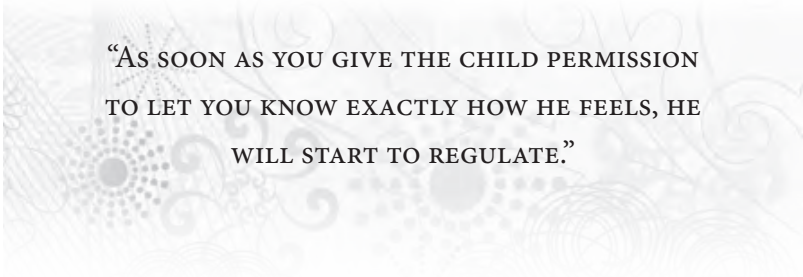
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# CHAPTER 14

## *The Three-Phase Intervention*



“AS SOON AS YOU GIVE THE CHILD PERMISSION  
TO LET YOU KNOW EXACTLY HOW HE FEELS, HE  
WILL START TO REGULATE.”

One of the specific tools and techniques that I teach to create positive feedback loops is called the Three-Phase Intervention. It consists of Reflect-Relate-Regulate.

As long as a child is not at risk of harming himself or someone else, the first thing a parent must do is stop and reflect. What someone needs for reflection differs depending on the person, but I generally suggest taking ten deep breaths. Some parents might need to sit on the bed or couch or even lie down for a while. As soon as a parent starts to reflect, he starts to create regulation in the environment.

Take those deep breaths, and ask yourself how you feel. Get in touch with your fear. Acknowledge that you feel scared. Connect with what your body is feeling. You will begin to regulate yourself and, in turn, regulate and change the environment.

What if your child's throwing a big temper tantrum on the floor? A mother once e-mailed me and said, “My child has bath time problems every single night. She flips out on the floor,

kicking and screaming for 45 minutes. Finally, I just jump on her and do holding time with her. I hold her for 45 minutes until she finally calms down. Then, we get up and go in the bathroom. But she just sees the bathtub and flips out again. This time, I'm not having any of it. Even if I have my clothes on, I get into that bathtub with her. I hold her down and get her washed, even if there's water going everywhere. Then, we both fall on the floor exhausted! Even after all of that, she won't go to sleep."

Remember that severe behaviors are usually predictable. This child was struggling, but it also sounded to me like the parent was struggling. Why would the parent want to jump on the child? So, I e-mailed this mother and said, "Here's what I want you to do. The next time your daughter flips out on the floor after you mention bath time, I want you to sit on the bed. Just sit on the bed and breathe, and ask yourself how *you* feel. Don't do anything else. Just sit on the bed. Then, e-mail me back."

This mother e-mailed back immediately and said that she didn't think what I wrote seemed to be sound therapeutic advice. (She had been a marriage and family therapist for 30 years.) I wrote back and said, "You asked me for the advice, so give it a shot." A few nights later, this mother called me. "I went in, mentioned bath time, and my daughter flipped out," the woman told me. "But this time, instead of jumping on her as I usually do, I sat on the bed. I felt like an idiot sitting on the bed while my little girl was kicking and screaming on the floor. But within ten seconds, she stopped what she was doing, climbed on my lap as if she needed a hug, and realized what she had done. Then, she went and took a bath. That was too much! I almost fell over." That was the end of their bath time problems.

Another mother had heard me tell that exact story in a lecture and tried it on her nine-year-old adopted daughter who

consistently fought taking a shower. This mother said, “Instead of trying to force my daughter as usual, I said, ‘Honey, you know what? I know taking a shower scares you. Just let me know if you need anything. I’ll come right in there.’” Her daughter got in the shower after struggling with this issue for four years! Her daughter called her, though. One minute, the soap was on the floor. Then, the water was too hot. Then, it was too cold. Usually, this behavior made the mother feel exasperated, but this time, she was determined to remain calm. The mother stayed with her daughter during the shower, and it went well.

After the shower, she said to her daughter, “Honey, come here and sit on the couch by me. That was the best shower we’ve had in a long time. What scares you so much about taking a shower?” (She admitted she had never asked her daughter this question before.) Her daughter said something startling, “Well, Mom, the guy who sexually molested me made me take a shower with him.” Guess what Mom did with that insight? She said, “You don’t have to take a shower anymore. You can take a bath.” Her daughter began taking baths with no problems. Six months later, the little girl was able to take a shower.

So, *Reflect* first to calm yourself, and ask yourself how *you* are feeling in the moment. Take 3-10 deep breaths. Inhale through your nose and exhale through your mouth. Get in touch with your own fear. I like to call this phase Letting Go...and Letting God. Then, *Relate* to your child. You can even say to the child, “I feel really scared right now. Tell me how you’re feeling.” Tell the child how you’re feeling before asking him how he’s feeling. Otherwise, he might perceive a threat from you. In taking these steps, you begin to *regulate* yourself, your child, and the environment. These steps are the same, whether it’s the father or the mother involved. Reflect-Relate-Regulate!

What if your child insists that she's angry rather than scared? This is an important point because you must validate her where she is in the moment rather than try to convince her that she's scared. It's more important that *you* see her fear than it is that she see it right away. It's more important that you see through her anger to the fear underneath it because that will allow you to maintain your own regulation. What usually happens when someone expresses anger to you? You become fearful, and that makes you react in an angry way, too, right?

Let's say, for example, that you say to your child, "I feel scared. How do you feel?" Your child says, "I'm mad!" You might then say, "If you're mad, tell me about it. Yell it out! Let me have it!" You know how scary yelling is in our society. Any expression of emotion frightens us. We say, "Don't! Shhhh!" Our impulse is to immediately push it down. As soon as you give the child permission to let you know exactly how he feels, he will start to regulate. Again, it's Reflect-Relate-Regulate.



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## KEY POINTS:

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You will be surprised by how powerful the Three-Phase Intervention can be. Remember:

1. The first thing a parent must do is stop and Reflect. Take 3-10 deep breaths, and ask yourself how you feel first. Get in touch with your own fear. Let go and let God.
2. Then, Relate to your child. Tell the child how you're feeling, and then, ask your child how he or she is feeling.
3. These steps will Regulate you both!
4. Do the following to create a POSITIVE feedback loop in the middle of chaos:
  - a. Reflect
  - b. Relate
  - c. Regulate

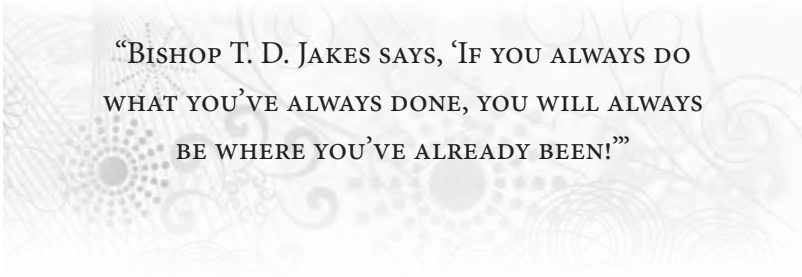
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# CHAPTER 15

## *Healing Happens At Home*



“BISHOP T. D. JAKES SAYS, ‘IF YOU ALWAYS DO WHAT YOU’VE ALWAYS DONE, YOU WILL ALWAYS BE WHERE YOU’VE ALREADY BEEN!’”

**T**herapy is not where healing takes place. The home is where healing happens. The therapist should not be the catalyst for change. The therapist must help the parents become the catalyst for change for the child. So, create a therapeutic environment for your child.

In my therapy model, I want to educate parents, help them understand, bring awareness, give them insight, and help them to create an environment for their children to understand, gain awareness, and be given insight.

In one of his lectures Bruce Perry said, “We learned that coming into a therapist’s office was a cue for the child to go into the cognitive level of memory.” Why? Because the therapist’s office is calmer and safer than the home. The child is often not stressed there and, therefore, not in the state level. When the child leaves the therapist’s office, however, he goes back into the state level, and the behavior continues.

## Mindfulness

Mindfulness is the ability to slow down enough to watch your own thoughts, sensations, perceptions and behaviors. It's almost like stepping outside of yourself and observing yourself. Through mindfulness, you make the unconscious conscious. An excellent source for parenting with mindfulness is *Everyday Blessings* by Myla and Jon Kabat-Zinn. I highly recommend this book to both parents and professionals.

I talk about mindfulness as one of the most important tools a parent can use to maintain their own state of calm and regulation, and thereby better influence and parent their children. To help you understand what mindfulness is, and how to use it, I will give you some other people's stories and points of view that can help you develop your own mindfulness practice.

According to Dr. Jon Kabat-Zinn, one of the leading mindfulness researchers, "mindfulness means **paying attention** in a particular way; **on purpose**, in the **present moment**, and **non judgmentally**." Simple, elegant, and meaningful. So let's use this as a starting point.

I offer my own mindfulness prescription to help you move into the present – which is the best place to parent from – with my *3 Steps to Peace: Fostering Love in the Midst of Fear*. Next time you are feeling disregulated with your child's behavior, try the 3R's - 3 Steps to Peace:

- 1) **REFLECT:** Stop and take 3-5 deep breaths and ask yourself how are you feeling?
- 2) **RELATE:** Accept your feelings as OK (whatever they are—non-judgmentally). Tell your child, "I am feeling \_\_\_\_\_. What are you feeling?"
- 3) **REGULATE:** Seek to understand. Not only hear, but listen

to what is being said, and what is *not* being said. Continue to breathe and relate. Regulation, like love will happen naturally.

Next is a short scenario from a parent who, by being mindful, was able to walk away from a potential parent meltdown. Notice the specific descriptions and sensations that this parent is mindful of:

*“Both my children are in the kitchen with me. I had asked them to stop fighting with each other, but they continue. I feel, all of a sudden that I am getting hot; the temperature in me is rising. I stopped breathing regularly. I feel both hot and a rising coldness through the middle of my body from the waist up to my throat. It is all accumulating there. My head is hot, my heart is cold. The noise, the fighting, the talking back all join together. My heart beats faster and faster and a sound like a growl starts and then fills me and I roar like a bear. As this is happening I am in my body and watching at the same time. It was amazing. At that moment I knew I had to walk away and let this pass.”* – Robert Sardello, *Freeing the Soul from Fear*

Mindfulness author Shamish Alidina has some words of helpful advice about mindful parenting:

“I think that parenting is the most difficult, stressful, important and probably most fulfilling responsibility in the world. A good parent needs not only to nurture the child with food, shelter and clothing, but to develop the child’s mind too. Your behavior as a parent often reflects what your own parents were like even if you want to change and improve upon certain areas. However, parents often end up repeating the cycles in subtle ways, passing on unhelpful behaviors. Fortunately, mindful parenting can help to break the cycles by being present for your children.

How can mindfulness help with parenting? Mindful parents are aware and awake to their actions and the actions of their children. This is very important in bringing up a child. Children crave attention. For children, attention is like love. If they don't receive sufficient attention, they misbehave until they get that attention - even being told off is preferable to being ignored". – Shamish Alidina, *Mindfulness for Dummies*

Scott Rogers states in his book *Mindful Parenting*, it's not about raising your child, it's about you and me: "*When we are mindful, we see what is before us; when we are not, we see what is in our mind.*" One reason Rogers says time seems to pass so quickly is that we are not aware of the moment as it happens. This is what I talk about when I say stress causes us to "react from the past, obsess about the future, and miss the present. And when you are out of the present you are no longer *here*." One could say that the more stress we have, the shorter our lives are—physically, due to the damage that stress does to the body, and mentally, due to not being present.

The older our children get, it seems so much more challenging to allow and accept their behaviors. This is not to say, encourage, but simply accept and allow in the moment as they are happening in order to deal with them. As the kids get bigger and scarier and start to use louder and nastier words and language that trigger more fear in us, it seems easier to "lose it," to react rather than respond and spiral into a negative feedback loop. When we run out of resources, our energy gets depleted, we become exhausted and drained and with nothing left, we bring out the biggest guns we have—and that differs from family to family. For children that come from hard places, the more we try to control and dominate them, the worse it can get, and

the more likely we are to hear variations of “*You can’t make me—take away everything I have, I DON’T CARE!*” What usually follows afterward is not pretty.

Parents face the risk of getting physically, mentally and hormonally exhausted with these kids. Everything can become a struggle. They can feel like prisoners in their own homes, and that they are always “walking on eggshells” not sure what will set their child off. When the tension hits the fan, we can be present for it—mind, body, and spirit. We must however, practice. Rogers uses an analogy of washing dishes. He says “you can wash dishes to get them clean or simply ‘wash the dishes.’ If you’re thinking about a million different things while washing, or even just thinking, you are not present, not mindful. If you just “wash the dishes,” you are aware of the feel of sudsy water and the sponge across the slippery surface. You hear the squeak of the dish under your palm. Your thoughts are not on the past or the future. *You are in the moment.* You are here. Practice and repeat. There are thousands of moments in a day that have more to offer than we partake of.

So the next time you teen says, “Go ahead—I DON’T CARE,” and you can be mindful and present rather than reactive and dominating, you may be able to respond by saying something like, “wow, you sound really upset right now son. Why don’t we go shoot some baskets?”

One of our parents found her way using mindfulness to help her manage her fears and found a solution to some of her parenting dilemmas’. Think about this example the next time you find your stress levels rising when your child is dysregulated. Use mindfulness to find your own way through your own parenting challenges and you will find ways to love your child like never before.

Parent Angelique Miller asks a key question: “Can I Play Too?”

“It’s really just about staying regulated, staying present, and making real connection with my kids. Only then can I truly influence them positively. But sometimes those words sound so lofty and vague, right?

“Yeah, but what does that mean?? What does that look like?” Here’s an example of what that can look like.

Our two kids sometimes get really dysregulated together. It looks like they’re playing but its way too rough. If we leave them alone, it usually escalates to one of them getting hurt and/or something broken, which fans the dysregulation flames when one of them feels like a bad kid. My husband and I usually get scared when we see this rough playing and want to break it up as quickly as possible. There’s no way our kids will go sit in a chair or anything else we might ask when they get like that, which is part of why we get so scared. It’s a seemingly out-of-control situation and we have zero influence—or at least that’s how it feels.

Feeling fairly regulated recently when that happened, I let go of the instant gotta-break-it-up feeling and casually strolled in, waiting for something brilliant to come to me. Although I wasn’t consciously planning it, I was attempting to feel present. Well, it worked because I stood there looking at them wrestling in the bunk bed and the kids, expecting me to get upset, were kind of shocked to hear me say, “Hey, can I play, too?” After a half-second pause, in stereo they replied, “SURE!” and their angry demeanor changed instantly to joy. I don’t know why, but I just really wasn’t expecting that response. I was expecting something with expletives... But anyway, I didn’t have to exert myself



physically to play, just played a little bit with tickling fingers, pretend, etc. and then within about ninety seconds I could sense that I was able to suggest moving them onto a calmer activity (or maybe one of them spontaneously decided to go somewhere else, can't recall since I've now done this "technique" several times).

Anyway, how happy I am to find this! That old panic is so instant that I sometimes forget this idea, but when I do it, it's a great way to handle their dysregulation. Turns out they've been begging me to help calm them down, but I was so wrapped up in my fear that I couldn't hear what they were really saying."

I worked with a parent who taught in the same school as her four-year-old child. When it was time for lunch, her son didn't want to go down to the lunchroom. His mother asked, "Why, Honey? You're just going to lunch." "Because it's scary down there, Momma," he said. What a new awareness for this mother! Then, she could say, "You know what, Honey, you don't have to. I'll walk with you." That awareness is big!

Here are some techniques to use at home that will help with the healing process:

### **Time-In Rather than Time-Out**

In my opinion, time-out sucks away your child's emotional stability! So, I suggest to parents that they not do time-out and, instead, practice time-*in*. Time-out comes from the old paradigm. Remember that action without understanding only leads you back to darkness. Time-out comes from a belief that children act out for attention. If a child is acting out for attention, how does that make you feel? It causes you to feel stressed out. So, you say, "Sit over there in time-out, and think about how you're acting."

If the child is acting out “for” attention, you don’t want to reward the child, so you give the child “time-out” to think about the negative behaviors. The belief is that the child will make a better decision the next time.

Considering that educators and professionals are still teaching and writing about this technique as though it were a “new” alternative behavior discipline method, let’s ask the question: What makes time-out any different from standing with your nose in the corner, sitting on the dunce chair, being sent to your room, or having to sit in the naughty chair? Can someone please tell me the difference?

Bishop T. D. Jakes says, “If you always do what you’ve always done, you will always be where you’ve already been!” If the dunce chair or standing with your nose in the corner didn’t work when we were children, why do we think it’s going to work now by simply dressing it up as something seemingly more contemporary? Perhaps because it works on a two-year-old and perhaps up to five years old, so we are positively reinforced enough to believe that we are successful. But consider this picture: Have you seen the new King Kong? Well, to a two-year-old, an adult looks something like Kong did to the blonde—an utter giant. Wouldn’t you sit in that chair for two or three minutes if King Kong told you to do so?

Time-out does not recognize the developmental and regulatory struggles children demonstrate during their acting out behavior. Consider for a moment that rather than a child acting out “for” attention, she is acting out because she “needs” attention. Read that sentence again. It can make all the difference.

Instead of sending the child off to sit in a chair or be isolated, bring the child close to you for a period. Have her sit next to you, hold your hand, or stand beside you. Say to the child, “When

you're feeling better, you can go back and play." In other words, allow the child to determine how much time-in she needs.

Here's an important point: It is not imperative that you touch the child during this time. A child who does not want to be touched or reacts violently should not be touched. In that moment, the child is in survival mode and feels threatened. Keep your distance, but indicate to the child that you are nearby and will stay close until the child feels safer.

In my experience, 95% of the time, children will stay in *time-in* longer than they will stay in *time-out*. One parent, who had been giving her seven-year-old seven minutes of time-out, tried time-in. She said, "My daughter sat beside me for 45 minutes. I couldn't believe it!"

Commit this to memory: Time-in, part of the new paradigm, comes from the understanding that children don't act out for attention. Children act out because they *need* attention. That's big! Time-in can be an effective alternative to time-out. It teaches compassion, regulation, and understanding.

## **Containment**

Containment is an expanded form of time-in. It involves decreasing the space in which the child feels threatened. You can do this by not allowing the children to go upstairs during the day. Close doors, and create a space in the living room or some other room, allowing for more regulation for the children. As long as they're close to you and can see you, they will feel more regulated. If they feel more regulated, they won't be as likely to get into trouble.

## **Affection Prescription**

The affection prescription consists of the concept of Ten-Twen-

ty-Ten. Give your child 10 minutes of quality time and interaction first thing in the morning. Just spend time with the child, put your arm around her, talk to her softly (I prefer that you not even talk), sit with the child in your lap and rock her or hum to her. Then, immediately after school or when you get home from work, sit down with her on the couch for 20 minutes. Ask her about her day. Spend 20 minutes of uninterrupted, undivided attention. Then, spend another 10 minutes with her in the evening.

Now, if you have eight children, you won't have time to do Ten-Twenty-Ten. You might have to do Two-Four-Two. But our children are starved for quality interaction with us. Some years ago, a newsmagazine reported that the national average of parent-child quality interaction was 10–13 minutes per day. If you follow the affection prescription, you quadruple the national average. If you have a chronically stressed and scared adopted child, you probably spend less and less time with the child because he or she grinds on your nerves. But the more time you spend, the more you will help the child regulate and the less the child will grind on your nerves. Ten-Twenty-Ten can make a profound difference.

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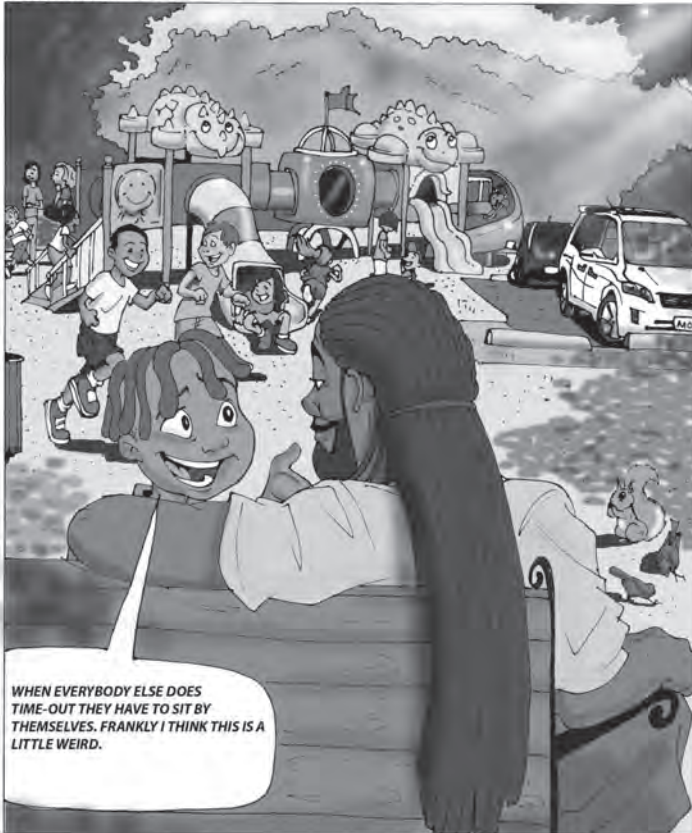
## KEY POINTS:

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In this section, you learned some powerful prescriptions for dealing with your children's behaviors.

1. DO time-*in* instead of time-*out*.
2. Through containment, decrease the space in which your adopted child feels threatened.
3. Use the Ten-Twenty-Ten affection prescription.
4. Remember that mindfulness is the ability to slow down enough to watch your own thoughts and behaviors.
5. Most importantly, remember, that home is where healing happens.

### CHRONICLES OF B



By: Bryan Post Illustrated By: Mark Trotter

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# CHAPTER 16

## *Not a Conclusion, but a Beginning*



**T**his book was primarily written to give adoptive parents a head start in the sensitive nature of parenting their adopted children. As an adult, I only have two parents. They adopted me, but they are the only parents I have ever known. They saw me through more than most would, never gave up on me, always encouraged me, and always believed in me. That made a world of difference in my life. Yet, my mother still says that the one thing she always needed, but didn't have, was "understanding." The one defining goal for all my work over the last 15 years has been to help parents see their children in a different light—the light of love rather than fear.

I know firsthand that this understanding can radically change your family dynamics and your child's life. It's never too early to start, nor too late. As long as you are breathing, there is always hope for a brighter future.

One reason I keep all my books short is that I want you to not just read them, but also study them. I want you to think about the information and look at your child and your family's dynamics to see what is there. I don't believe you will be disappointed, but it does take effort, patience, courage, and faith.

This book's final portion consists of several short articles that I have written over the years to help reinforce what you've read in this book. These articles will also give you a few quick resources that you can photocopy and give to your family members and your child's teachers. It takes a community to raise a child, and the more support you have, the better off you will be.

Additionally, when I first became a student of the science of affect regulation, I read all three of Allan Schore's volumes. I studied them, highlighted them, and went to the back of his books to the reference section to find all the articles that he cited. Why? Because I am and always will be a student. I want to offer parents and professionals the truth, and the truth doesn't come without sacrifice. So, many resources are at the back of this book for you to continue your learning. Commit to reading at least one work per month, and you will be amazed by the transformation that you will see in your family. I also encourage you to check out the rest of the resources available through the Post Institute (<http://www.postinstitute.com>).

I have never written for academic purposes or to be published in a journal, but rather, so that parents and professionals could receive my simple ideas and concepts and put them into immediate action. Along with the works noted here, you should be on your way to developing the understanding that will bring you many significant breakthroughs with your child. I hope you prosper.

I'll leave you with 1 John 3:18: "Let us love, not in word or in speech, but in truth or action."

God Bless,

Bryan Post



# *Appendix*

## COLLECTION OF ADOPTION WRITINGS BY BRYAN POST

### **Attachment Disorders: Fact or Fiction?**

Much as physicians, mental health professionals gather information and symptoms to offer accurate diagnoses. The problem is that seeking and identifying only the negative behaviors leaves us with a limited perspective from which to view the child.

As we examine the diagnosis called Reactive Attachment Disorder (RAD), consider a few points of interest:

First, a child is much more than a diagnosis or a psychiatric label. Research indicates that stress and trauma can be passed down from one generation to the next, having an immediate effect on the body's DNA. So, a person is more than a simple framework for his or her current lifetime, but rather a woven fabric of many lifetimes.

Second, when we diagnose someone with a disorder, the person becomes that diagnosis in the eyes of others. Rather than seeing a child, we see a RAD child, or we see an ADD child. The true definition of a disorder is "a state lacking order." The state is not a permanent state, but a state needing restoration toward

order. When a child is diagnosed with RAD, we immediately link the child with all the associated negative behaviors. Therefore, when the child is doing well, we cannot see it because the diagnosis of RAD explains this positive behavior as the child being manipulative.

Last, research has found little consistency in diagnosis from one practitioner to the next. It is common that a child diagnosed with RAD will also have been diagnosed with ADHD, bipolar disorder, oppositional defiant disorder, or even conduct disorder. This is known as differential diagnosis. Psychiatrist Dorothy Lewis has said, “Differential diagnosis to doctors means, ‘I’m not sure, but these are my hunches.’”

For more information on RAD and these associated behaviors, visit [www.postinstitute.com](http://www.postinstitute.com).

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### **The Proper Care and Nurture of Your Creative Child**

Kristi was a problem child by all standards of society. She was impulsive, immature, did poorly in school, and struggled mightily with her peers and family. She had a natural bent for the mechanical, always longing to put things back together after tearing them apart, but she didn’t realize that Barbie’s little head wouldn’t reattach to her body after it was pulled off. Of course, her parents were upset to see this destruction of an expensive toy.

Kristi was exceptionally bright in areas such as math and mechanics, but not nearly as gifted in areas such as peer relationships and family harmony, where she encountered significant conflict and rejection.

As an adult, she didn’t become a math professor, an auto mechanic, successful engineer, or accountant. She even struggled

with tasks such as making ends meet and attempting to raise her own children. What, you might ask, happened to the young girl with the natural bent for the mechanical and mathematical?

We know so little about nurturing dynamically creative children. Kristi and kids like her simply need us to provide the canvas, and they will provide the rest. But why do we struggle to provide a mere canvas?

Creativity is an emotional process that comes naturally to us all as children. Brain research demonstrates that in the earliest years of life, we are mostly emotionally driven, creative people. Over time, an enormous shift occurs in the brain in which the emotional window of expression gets smaller, and the more popular cognitive/rational window of expression begins to take precedence. In this state, the crying and demanding begins to cease. The constant need diminishes, and the child becomes more independent. Of course, adults prefer children in this state because it allows us to pursue our own adult worries of work, bills, dinner, and so on. But this is where we begin to lose.

Through a series of daily vibration patterns and repetitious, mundane experiences, we transmit instructions to our children to help them fit into society. This ensures that when others gaze on our children, they will be a wonderful reflection of the job we have done as parents.

Rather than nurturing the creativity of our kids and merely providing the blank canvas for them to express themselves, we suppress their emotional urges with attempts to condition them to society's rules and regulations. Slowly, we begin to wonder, "What happened to my little singer, artist, actor, or dancer?"

For parents interested in caring and nurturing the creative spirit within their children, here are a few tips and guidelines that I've gathered during my years of traveling, lecturing, writing, and providing family therapy throughout the world:

1. Determine what matters most to your child. Creativity can be expressed in every way, not merely the performing arts. Watch your child, and she will guide you to her interests. Foster greater support in these areas over all others—not sole support, but greater support. Allow more time to be spent in the areas of interests and strengths rather than the areas of struggle. This will build greater self-esteem and will support your child as she completes other tasks that she finds more mundane or challenging.
2. Recognize your own fears. We parents are fearful about how our children will be perceived by society. We try to deceive ourselves and say that only our children's happiness matters, but most parents are worried about what others will think. None of the people "out there" really matter. The single most important thing is your relationship with your child. That one dynamic element will last a lifetime. Remember that you aren't likely to ever see the stranger at Wal-Mart again.
3. Encourage, encourage, encourage. Make sure that you slow down and give ample time to your child's whims and fancies. A firefighter today will be a doctor tomorrow and a crime scene investigator the next. It doesn't matter what it is; encourage, and as you do, you will nurture the seeds from which happiness blossoms.
4. Remember that she is only a child. Love her for the child that she is. She will have many years to face a world of cynics and critics, fakes and frauds, so fill her full of love that ensures that she can always bounce back from her failures because she knows she is okay on the inside. The stuff that matters is what's on the inside because it's where the lessons you provide will be stored.

By the way, Kristi is my sister.

## **Attachment Trauma: A Personal Reflection**

I was an attachment-challenged child. I spent time in foster care before I was adopted into a loving home that soon became an angry home, so I have firsthand experience of how difficult it can be to understand your child. I only spent three months in foster care. However, any time in foster care is too much time because of the traumatic break that occurs between the infant and biological mother at birth. For decades, the impact of this early attachment break has been discounted.

Before I go into what you can do to help your child, allow me to tell you a little about my story growing up as such a child.

It's impossible for me to tell my story without also including my sister's story because it creates the framework for my life's work. Though we were both adopted before we were four months old, my sister's life has been the polar opposite of mine from day one. I was carried to term and moved quickly into a foster home, whereas she was premature and had to spend her first three months in an incubator.

My mother tells the story that when she and my father first saw me, I was smiling. On the other hand, my sister was crying the first time they saw her. Because we now know so much about neuroscience and physiologic patterns, I believe these first interactions established the framework for the relationship my sister and parents had from that point forward.

From infancy to adulthood, my sister and parents struggled to become attached. The legendary attachment pediatricians, Marshall Klaus and John Kennel, inform us that attachment is the behavior of the child to the parent, and bonding is the behavior of the parent to the child. A child cannot develop attachment with a parent struggling to bond. Thus, unwittingly,

an almost impossible task was set in motion between my sister and my parents.

On reflecting on the differences between my sister's earliest relationship blueprints and my own, it easy to see that even at such an early age, she was already imprinted on a physiological level to view human relationships as unsafe.

When we consider trauma in children's lives, it's important to realize that most of their trauma involves a human relationship. If a child has been abused, battered, or neglected by the person who is supposed to love her most, what will make subsequent relationships appear any safer?

Regardless of the trauma issues that my sister carried into the family, my own parents equally brought their own. As you can imagine, the family experience—what I refer to as the “secret life of the family”—was not attractive.

When looking at the family portrait, we now see one child adopted at an early age with little trauma around birth but carrying the seeds of sensitivity to rejection and fear of abandonment. We see another small child born premature, possibly exposed to alcohol, whose first months in the world were spent surrounded by the dull hum of an incubator and only minimal human contact.

The adoptive mother was the oldest daughter of ten children with a hardworking mother and alcoholic father. They depended on sharecropper's wages to feed 12 mouths. The adoptive father, the oldest of nine, had an alcoholic father and survived on poor wages to feed 11 mouths. In addition, he was a Vietnam veteran suffering from wartime shock.

Understanding and acceptance are a necessary characteristic of any healthy parent/child relationship, often creating the

foundation for attachment patterns in families. Considering the above and the stressful society in which we live, it's hard to imagine that any attachment could have been created at all.

My family portrait is one in which the members attempted to relate to one another in a positive way but, unconsciously, could not understand one another or the influence of their early trauma blueprints.

When trauma—any stressful event perceived to be overwhelming, unpredictable, or prolonged—is not emotionally validated by our direct relationships and environment, the trauma can impact us lifelong. Typically, we have a small window of knowledge for what have been traumatic events in our lives and how they continue to influence us.

Stress is a natural and necessary characteristic of who we are. We need stress just to live, but when stress becomes overwhelming or is not interrupted, it can damage not only family relationships, but also the brain.

Looking back now, I realize that I excelled socially, academically, and athletically. Internally, I struggled to live in a world I viewed as overwhelming. To compensate, I lied, stole, cheated, manipulated, set fires, killed animals, and occasionally bullied other children. Because I was intelligent, many of the adults around me never had a clue.

My sister, on the other hand, struggled both internally and externally. Externally, she failed socially, academically, and athletically. There were frequent fights at home brought about by how my parents had been taught to discipline children. They didn't understand that this child was different. They took it personally that she was withdrawn and immature, preferring to play with children far younger than her. It wasn't their fault or hers. Her

only means of communicating her anxiety and depression was through behavior. Such communication repelled most people and led to relationships based on fear and rejection.

With all their hopes of having the family they had dreamed of, my parents felt insecure, hopeless, and overwhelmed by the task at hand. Their adopted children were difficult—at least one of them—and the other had his moments, but so much less frequently, or so they thought.

Our family lived and struggled each day. My sister continues to struggle and continues to live out those early blueprints and recurring negative relationships. I continue to struggle, yet I have been able to put life into perspective, not by any personal remarkable efforts, but by having more positive relationships than negative ones. As my mother says, “We just didn’t understand.”

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## **Forging Pathways**

### **What Are Your Parenting Blueprints?**

One day, while working with a private client, I came to an emotional understanding. Let me tell you how it came about.

I had been working with a unique mom of three adopted children off and on for several months, and whereas we struggled massively at times, the family made steady progress.

On a particularly difficult day, Mom sat on the couch in front of the large picture window in her front room, and I sat opposite her in a chair. I reflected on the rain falling outside, and though it looked blustery, it was still warm. Prompting this mother to look at some of her emotional reactions, it was as though a lightning bolt struck me! All of a sudden, the deepest sadness shook me as I realized something for the first time, and I began to cry.



She asked me why I was crying, and I told her, “I just had the deepest sense of sadness and anger for what I and the rest of society have been doing to you. We are trying to get you to build a parenting castle, and the actual truth is that you only have blueprints for a trailer house. That just makes me so sad and so angry because everyone is expecting you to build and do something for which you have never been taught. How frustrating and sad that must be for you.”

“No, Bryan,” she replied. “You’re wrong. I don’t have blueprints for a trailer house. I have blueprints for a lean-to!” And she began to sob.

John Bowlby, the Father of Attachment, stated in the 1950s, “The first three years of our lives establish the blueprints for all of our future relationships.” That’s for *all of* our future relationships, not just some of them—our marital relationships, our parent-child relationships, our peer relationships, our friendship relationships, and even our work relationships. Science now tells us that it is closer to sometime between conception to five years of age that those blueprints are established in us.

Here’s what’s important, though, based on what we believe we are seeing in others, their homes, their children, and their relationships: We are driven to create what we think are castles. If the mother across the street isn’t arguing with her son, and he’s a star athlete, we believe that they are living in a parenting castle. We want that castle. So, we become persistent, patient, compassionate, empathetic, and understanding. We really want that castle. But, over time, we start to struggle. Our relationship with our child isn’t so great. She’s not doing so well in school, doesn’t have that many friends, and has difficulty interacting with the family.

What we see in our child unconsciously challenges our ideal of a parenting castle, so we become frustrated. We shift from be-

ing loving, patient, and understanding to becoming critical, controlling, shaming, blaming, and threatening. We want that castle, and by gosh, that child is not going to get in the way of it!

Guess what? That's a blueprint misfire. In our effort to create something ideal, we forget about our original working blueprints. We measured wrong, cut wrong, and hammered wrong. Our true blueprints became activated, causing our ideal blueprints to misfire. During stress, then, we don't do what the mother with the parenting castle blueprints would do; we revert to our trailer house blueprints.

That doesn't make us wrong. It just means that we must realize our blueprints are our working map for relationships. Before we can build a castle, we must first look closely at what we have. And that's the painful part. We want the castle, but to build new blueprints, modify, and adjust to get the castle, we must be willing to look at what we have now. Before we can have something different, we must be willing to closely examine what we have and recalculate.

The biggest problem with so many of our parenting systems, mental health systems, foster care systems, adoption systems, and so forth is that they were created and are fostered by people not fully aware of their own personal blueprints. Once we examine our current blueprints, where they came from, what they tell us, and the directions they give us, we have the opportunity to slow down and self-correct.

It also helps to find someone living in a bigger parenting house and ask for direction. There's a pretty simple law called the law of replication. When we want what someone else has, we must find out what they're doing and do the same thing. Soon, the law takes care of itself.

It's also important to realize that, based on our nation's history and the degree of stress and trauma we have withstood throughout the generations, there are few parenting castles. Most of them are illusions. That doesn't mean that we can't all build a parenting castle. It just takes time, patience, understanding, diligence, persistence, and love. When the trailer starts to get a little shaky, go back and explore the foundation. Add another support. Remember, the supports added today will be the same supports for tomorrow's castle.

(Aside from reading the book *Beyond Consequences, Logic and Control* and getting as many educational resources as you can from [www.postinstitute.com](http://www.postinstitute.com), the best way to start changing your parenting blueprints is by getting yourself a POST Coach. Our coaches and I don't have castles yet, but we are continually turning our own trailers into some nice homes.)

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**Babas, Binkies, and Blankies:**  
**Toward a New Understanding of the Emotionally**  
**Arrested Child and the Adults Who Care for Them**

A 17-year-old man goes to school with a pacifier. A 16-year-old lady enjoys being fed a bottle by her foster parent. While playing with his much younger diapered sibling, a 15-year-old puts her diaper on his head and leaves the room only to return wearing the diaper. A 13-year-old routinely asks her mother if she can sleep in her mother's bed. A 14-year-old boy prefers to sit in the lap of his caregiver, as opposed to next to the caregiver on the couch. He repeatedly kisses his caregiver on the cheek while exclaiming loudly, "Baby! Baby!"

What are your internal reactions to these scenarios? Do you feel unease? Perhaps you feel a constriction in your chest or a tighten-

ing of your throat muscles. Perhaps you feel angry or ashamed to read of such behaviors demonstrated by children. Or perhaps you laughed and found yourself interested in the point of this article.

The purpose of this article is to examine how early life experiences lead to behaviors in children that are otherwise deemed inappropriate and that cause caregivers much anxiety. A lack of understanding might lead adults to shame, judge, or misinterpret these behaviors, creating barriers to healing.

### **Social Child Care Norms**

How many children have relied on a pacifier for soothing? How many children have been offered a bottle as a provision for supplying nourishment? How many children have a favorite blanket or toy that they carry with them from place to place for soothing? Most children fall into this category. Pacifiers, bottles, and blankets are a part of our society's dominant care of infants.

The pacifier, for example, is important because of the brain's response while sucking. When an infant sucks, it creates a neurochemical secretion which, in most instances, leads to soothing. The optimal sucking experience, of course, occurs at the nursing mother's breast, and the pacifier is a not-so-close second.

A bottle is used for nourishment. Again, it isn't a close second to mother's breast, but it's a socially acceptable means of feeding children. This feeding leads to important brain development, but most of all, it's the touch, smell, eye contact, temperature change, and even the sound of the caregiver's voice during feedings that allows a greater brain-dependent experience to occur.

Children are offered blankets for comfort and soothing. They come to rely on these blankets, not because of the blanket, but because of the smell associated with it.

My soon-to-be five-year-old daughter has never used a bottle, has never had a pacifier in her mouth, and has never become attached to any one particular blanket, toy, or soft cloth. She would rather nurse at my wife's breast, sit on my lap and snuggle into my shirt, or have one or both of us as close as possible during times of high anxiety. Through all of her early infant traumas, she has had attachment parenting that has been consistently attuned, nurturing, flexible, and responsive care giving. In most areas, especially socially and emotionally, she is advanced beyond her age.

My nearly 14-year-old wouldn't dare be caught with a pacifier, couldn't fathom having her mother or father give her a bottle, is hard pressed to sit on my lap for any length of time, and would think it funny to walk around with a self-soothing object. Then again, just like my five-year-old, she received optimal care. Her early care was not nearly as attachment- and emotion-oriented as that of my five-year-old, but it was and is conducted mindfully in most instances. She, too, is socially and emotionally advanced beyond her chronological years.

### **Challenges to Social Norms and Predictable Development**

On the other hand, all the children mentioned in the first paragraph of this article are real children who have only received a modicum of what my children have received during their lifetimes. Not one of the children mentioned has lived in a physically, emotionally, and spiritually safe environment for any significant period. These, of course, are critical elements of optimal brain development and functioning. Abuse and neglect frequently create emotional and social delays in children.<sup>1</sup>

1 Perry, B. D., 2001, "Bonding and Attachment in Maltreated Children," *Consequences of Emotional Neglect in Childhood*, Adapted in part from *Maltreated Children: Experience, Brain Development and the Next Generation* (New York: W.W. Norton & Company).

When these children are in states of fear and stress, they will regress. This means that, at any given moment, a 10-year-old child might behave like a 2-year-old. Psychiatrist and author Dorothy Lewis says that these children are “emotionally arrested.”<sup>2</sup> They are held hostage to their own abuse and neglect histories.

In these cases, the children are demonstrating emotional regression because of having been emotionally stunted from the abuse and neglect. They then attempt to soothe their distress through behaviors that society has deemed age inappropriate. Unfortunately, we have become so scared of our children’s need to be soothed that we believe we must wean our children, restricting their access to things that are soothing to them be it bottle, binky, or blankie.

The first step is education. When we are educated about the impact of early life trauma and the effects of neglect and abuse on a child’s developing system, we can see our children in a different light. These children are simply incapable of acting their age when in a state of stress, and those times of stress are when we must interact with them at their emotional level. If they are tearful, frustrated, overwhelmed (emotionally age two), we have to parent them as if they were that age.

Remember that our thinking becomes confused and distorted in times of stress, and our short-term memory is suppressed. When reacting and moving into our own state of stress, we forget the fad of 10 years ago, when nearly every junior high school student in America was walking around with a pacifier hanging around their necks and sipping cola from a bottle. It was a fad, a trend, a phase. Yet, it was also highly reflective of a society of insecure children, seeking a basic soothing experience. So,

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2 Lewis, D. O., *Guilty By Reason of Insanity* (New York: Ivy Books, 1998).

if your children regress, use soothing non-verbal interactions. Hold them. Rock them. Sing quietly. This is not the time to use complex verbal arguments about the consequences of inappropriate behavior.

## **Meet the Child Where the Child Is**

I teach the concept of meeting a child where he is. Rather than looking at a child from the perspective of his chronological age, size, or cognitive ability, I encourage seeing the child at his emotional age. This is critical on many levels. First, neuroscientist and author Daniel Goleman speaks to the power of the emotional brain by stating that the right hemisphere (emotional brain) is dominant over the left hemisphere (cognitive brain).<sup>3</sup> This correlates to an “emotional hijacking” during times of stress. If a child is 16 and wants a bottle, we have a telling indication of the child’s stress in that moment.

Perhaps even more important, we have an ideal opportunity to meet and connect with the child at a developmentally regressed stage in need of emotional repair. An open, attuned caregiver, capable of suspending judgment and being 100% present with that child in the moment, best provides this repair.

We must then ask ourselves why we shouldn’t be willing to feed the child a bottle. This is a quintessential question in that it reveals our willingness to question our own reaction patterns about behaviors we deem abnormal.

If, for example, you’re prone to cognitive fears and distortions, you might hear yourself think or say, “But that’s just not okay. You can’t have him walking around when he’s an adult wanting a bottle!” I’d like to offer an alternative view, however, such as “Okay, I’m not talking about years from now or even

3 Goleman, Daniel, *Emotional Intelligence: Why It Can Matter More than IQ* (New York: Bantam Books, 1997).

months from now when he is an adult. I am looking at him right now in this moment.”

The important shift in thinking is to realize that this child has a need that has gone unmet, and in that moment, there is a possibility of meeting that need. In doing so, the behavior has a much better chance of ending, and the child might later be able to abstain from cigarette smoking, compulsive eating, or excessive alcohol consumption. We are often so busy trying to prevent the future from happening that we fail to recognize that our actions now are what perpetuate the behaviors we fear.

### **Love Wins**

Bishop T. D. Jakes says, “If you always do what you have always done, you will always be where you have already been!” As we consider the plight of our children and our roles as parents, teachers, guides, and healers in their lives, we must ask ourselves if our current methods are working. If we make a thorough and honest assessment of our current and historic treatment of challenging children, we will find that we have repeatedly used the same behavior modification approach with few results.

To try something truly different, we must first acknowledge that the unknown is scary. Then, we must begin to question the foundation from which we operate—from which most behavioral approaches toward children are based—and proactively seek to develop a new paradigm.

Which is more harmful: binky, baba, blankie, or cigarette, beer, and random sexual encounters? You be the judge.



## **The Impact of Trauma on Foster Children**

Placed in the foster care system at the age of six months, Joseph was a fussy and sometimes hard to soothe infant. His foster parents thought it was probably just normal for an foster baby, so they paid it little attention. By age two, Joseph was moved to a different home. When he began to bite the other children in day care, his new foster parents chalked it up to his just being a two-year-old. But the biting didn't cease that year.

At the age of six—five placements later—Joseph would do no work and sometimes screamed for hours at a time. He typically spent much of the day in isolation. Joseph had now grown accustomed to running away from school personnel when his behavior escalated. This led to Joseph being restrained by the security guards or principal. Eventually, Joseph had attended and been suspended from a list of schools.

By the time Joseph had reached the fifth grade, his increasingly violent outbursts and defiance had gotten him two stays in residential treatment centers. After failed attempts at therapy and more than eight psychiatric medications that had only served to make Joseph seem “zombie-like,” his caseworker and foster parents felt that their only option was to send Joseph to another residential facility.

Unfortunately, the above story is a common story for many foster parents. Many foster families struggle for years to create the peaceful family about which they dreamed. Regrettably, a main barrier preventing such family harmony is one of the least understood when it comes to understanding the plight of the foster child. The barrier is trauma.

Whether fostered from birth or later in life, all foster children have experienced some degree of trauma. Trauma is any

stressful prolonged, overwhelming, or unpredictable event. We are familiar with the trauma caused by abuse, neglect, and domestic violence, the full impact of trauma on foster children has not been understood until recently.

Scientific research now reveals that as early as the second trimester, the human fetus is capable of auditory processing and is capable of processing rejection in utero. Far beyond any cognitive awareness, this experience is stored deep within the body cells, routinely leading to states of anxiety and depression for the foster child later in life.

Because this initial experience has gone for so long without validation, it is now difficult for parents to understand it. This early experience is generally the child's original trauma. From that point forward, many more traumas can occur in the child's life. These include premature birth, inconsistent caretakers, abuse, neglect, chronic pain, long-term hospitalizations with separations from the mother, and parental depression. Such life events interrupt a child's emotional development (sometimes even physical development) and interrupt the child's ability to tolerate stress in meaningful relationships with parents and peers.

It's important to realize that simply because a child has been removed from a traumatic environment, the trauma has not been erased from the child's memory. Stress is recognized to be the one primary key to unlocking traumatic memories. Unfortunately, for both the foster child and family, most traumas in the child's life occur in the context of human relationships. So, stress in a relationship will create a re-experiencing of the trauma for the child, leading the child to feel threatened, fearful, and overwhelmed in an environment that wouldn't be threatening to others.

## **10 Keys to Healing Trauma in the Foster Child:**

1. Trauma creates fear and stress sensitivity in children. Even for a child fostered from birth, their internal systems might already be more sensitive and fearful than that of a child who has been able to remain with his biological parents.
2. Recognize and be more aware of fear in your child. Be more sensitive to the small signals, such as clinging, whining, not discriminating among strangers, and so forth. All are signs of insecurity that can be met by bringing the child in closer, holding, carrying, and communicating to the child that he is feeling scared but you will keep him safe.
3. Recognize the impact of trauma in your own life. Understanding the impact of past trauma in your own life will help you become more sensitive to when your reaction is coming from a place other than your existing parent/child experience. Re-experiencing past trauma is common when parents are placed in an ongoing stressful environment.
4. Reduce external sensory stimulation when possible. Decrease television, overwhelming environments, the number of children playing together, and large family gatherings. When it's necessary that these events occur, keep the child close.
5. Do Time-In instead of Time-Out. Rather than sending the stressed and scared child to the corner to think about her behavior, bring her close to you and help her feel safe and secure. Internally, this will then permit her to think about her actions.
6. Do not hit traumatized children! Doing so will only identify you as a threat. The biblical verse about spar-

ing the rod and spoiling the child speaks to the raising of sheep. A rod is used to guide the sheep, and the staff is used to pull the sheep back into line when they stray. Hitting children, just like sheep, will cause them to become frightened of you and run away or hit back.

7. There is never enough affection in the world. A simple technique is the affection prescription mentioned early in the book. Give a child 10 minutes of quality time and attention first thing in the morning, 20 minutes in the afternoon, and 10 in the evening.
8. Encourage an Individualized Education Plan (IEP) in the classroom to develop an understanding of your child's stress and fear. This might assist in addressing such important areas as homework, playground, peer interaction, lunchtime, and physical education. All are common areas of reduced structure and increased stress.
9. Educate yourself regarding the impact of stress and trauma on families. Many resources are available at [www.postinstitute.com](http://www.postinstitute.com), [www.childtraumaacademy.org](http://www.childtraumaacademy.org), and [www.traumaresources.org](http://www.traumaresources.org).
10. Seek support. Parenting a child with a trauma history can take a toll on the best of parents. Seek a support system for occasional respite care, discussing of issues, and the sharing of a meal. Such small steps can go a long way during particularly stressful times.

In closing, give yourself time to refuel, connect, and communicate. Remember that a secure parental relationship is the single greatest gift you can give your child.

## Traditional Parenting Techniques Linked to Brain Stress

Until recently, parents throughout the world have used traditional parenting techniques such as consequences, points and rewards, and spanking as effective measures of correction for behaviors deemed socially inappropriate. Schools continue to widely use spanking as a measure to deter problem behaviors in children. New findings from the field of neuroscience, however, demonstrate that such measures can be harmful to healthy brain development in children and might even be a major cause of the over-prescription of medications.

The amygdala is an almond-shaped cluster of nerve fibers located at the base of the brain. According to New York University neuroscientist Joseph LeDoux, author of the *Emotional Brain and Synaptic Self*, the amygdala is the brain's fear receptor, primarily responsible for sensing threats in the environment. So, the amygdala is not a part of the higher evolved thinking brain. Instead, it controls the emotional hemisphere. This area of the brain is directly linked to the earliest release of stress hormones within the neural system, scientifically known as corticotrophin-releasing factor.

Parenting techniques that are threatening, fear-based, lacking in empathy, or devoid of parental compassion can cause the amygdala to release large amounts of stress hormones into the brain and body system. In many instances, this voluminous release, if it occurs routinely without enough interruption, can create trauma. Traumatic stress levels can create neuronal damage to another area of the brain responsible for clear thinking and short-term memory—the hippocampus. This is why during times of high stress, thinking processes become confused and distorted, and short-term memory is suppressed.

During critical times of development, the use of such punitive techniques for behavior control cause difficulties for the child in interacting at school and with peers. These struggles are commonly linked to medication prescriptions for children, but these medications can mask a deeper challenge for the child and can be administered for all the wrong reasons.

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### **The Illogical Use of Logic with Children**

Can you recall when you were a child and did something that caused your mother or father to become upset? You probably received a lengthy discourse as to why it was irresponsible of you to act as you did. So, the question is: Do you remember any of those lengthy, impassioned lectures given to you by your parents? Most likely, your answer is a resounding no!

You will recall reading in this book that in times of high stress, our thinking processes become confused and distorted, and our short-term memory is suppressed. This is why you don't remember your parents' lectures, so let me save both you and your children many periods of frustration.

First, children act out when they are stressed out. It's simple. You were sure your child "knew better than that," but that behavior you hate stems from experiencing more stress within his brain and body system than he can tolerate at that time. So, his actions indicate his feelings. Think about it for moment. Won't you agree that 80%–90% of the time, your child makes rather solid decisions? Even at this moment, consider that your child is probably not lying, stealing, hitting little sister, or harassing the dog. No, he is probably watching television, engaging you in talk, playing with friends, or doing homework. The point is that most of the time, children are not experiencing overwhelming stress, and they behave rather well.

Ask yourself these questions: “What if my child is acting out because he’s stressed out? How might I respond to him differently in a way that will cause him less stress?” When you’ve honestly considered those questions, think about a time when you were punished as a child. Were you stressed out at that moment? What might your parents have done differently had they been privy to that insight? How differently might the situation have turned out?

Do you really believe that a 20-minute lecture is fully comprehended when your child is in stress? We lecture our children because we were lectured to. Mostly, we lecture our children because we, too, become stressed. Therefore, we try to use logic with our momentarily illogical children.

If you are trying to use logic with an illogical person, what does that make you?

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### **The Earliest Trauma: The Unspoken Impact of Medical Trauma**

Thousands of children every year are brought into the world in traumatic ways seldom discussed or processed following the event. These traumas might vary from a child being born with the umbilical cord around his neck with vital oxygen withheld for seconds to minutes or a prolonged, stressful, and unusually painful labor.

Children experiencing traumatic events as their first events of life are typically traumatized in two ways, if not more. The first is the experience itself: Whether it’s trauma before the child is born or following birth, it can be stored as the child’s earliest memory, called the state level. This memory is actively triggered throughout the rest of a person’s life. Brain research

informs us that as early as the fourth week after conception, the fetus is capable of auditory processing, and as early as the second trimester, the fetus is capable of psychological processing.

Divorce, domestic violence, loss of a significant figure, automobile accidents, or illness during pregnancy can all create trauma for the developing fetus in utero.

Second, because the medical profession does little to acknowledge and validate the early life of the fetus/infant, sufficient understanding of the impact of such events on the child is lacking. In my personal experience with a child who had two brain surgeries within three months following birth, the word *trauma* was never even mentioned. It wasn't considered that the child might have reactions to things on her head, to loud noises, sudden actions, and separations, among other issues.

Early traumas for infants before birth or just following birth can set the child up to be much more sensitive to stress, fear, and stimulation than other children. These experiences can create difficulty for the child in active settings such as family time, shopping, school, and so forth.

Children require a deeper understanding of their innate sensitivities than what can be seen with the human eye. They require that we look beyond what we can see and sense deeply where they might be challenged. This requires slowing down as parents to see where our children struggle and thinking about how some of those struggles might be connected to early trauma.



If you enjoyed this book, please consider writing a review on Amazon.com. Your review will help others find the book and make the purchase decision. Please go to Amazon.com to write your review of *From Fear to Love: Parenting Difficult Adopted Children* at [www.amazon.com/From-Fear-Love-Bryan-Post](http://www.amazon.com/From-Fear-Love-Bryan-Post).

# RECOMMENDED READINGS & RESOURCES

## Resources for Parents and Professionals:

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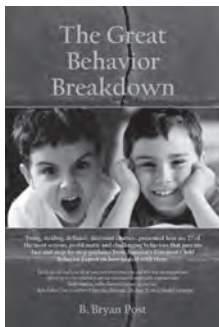


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# Educational Resources by Bryan Post and others can be found by visiting [www.postinstitute.com](http://www.postinstitute.com)



## Bryan Post's Groundbreaking Work— *The Great Behavior Breakdown*

“My fourteen year old son lies non-stop about the most ridiculous things. Even when I know point blank that he is lying, he still does it. What can I do?”

“My nine year old daughter is physically aggressive—kicking, screaming, hitting, and spitting. It seems completely unprovoked. Can you help me?”

“My child is defiant. He says ‘no’ to every request I make. How can I get him to do as I ask the first time, or at least the second time, without a screaming fight?”

“My daughter gets up in the middle of the night, eats massive amounts of sugar, and then takes food and hides it under her mattress. We have never deprived or neglected her. Can you tell us why she does this and how to stop it?”

“I *cannot* take my child into the grocery store. He steals and runs around like he is crazy. How do you explain this, and what can be done to stop it?”

**B. Bryan Post is America's Foremost Child Behavior Expert. In *The Great Behavior Breakdown* he has identified 27 of the most problematic, serious, and challenging behaviors that parents face, broken them down, and provided step-by-step guidance and insight for transforming your family conflict immediately. This is a must-read book for any parent or professional working with children who have seemingly uncontrollable behavior.**

Common diagnoses for such children are Reactive Attachment Disorder, Oppositional Defiant Disorder, Bi-Polar Disorder, Conduct Disorder, Attention Deficit Hyperactivity Disorder, Depressive Disorder, and Autism Spectrum Disorder. This book, a follow-up to the groundbreaking audio program of the same title, is guaranteed to change the way you view these behaviors.

## Praise for the book...

This book takes the foundation of attachment theory and brings it alive in the face of the most challenging behaviours that parents may face when parenting children with early attachment disruption histories. Rather than focusing on behaviours, Post goes into the very root of the cause and gives parents simple and concise guidance on how to respond in a manner that will help reestablish secure attachment where it may once have been lost.

— SIR RICHARD BOWLBY

*The Great Behavior Breakdown* addresses the most difficult behaviors that parents can face. It gives parents an eye-opening and heart opening understanding of the causes of these behaviors, and a practical way to work with them that puts the focus on strengthening the relationship rather than trying to control the behavior. Like the best medicine, it addresses the root problems and not just the symptoms. We all love our children, but making that love real in the eye of the storm can be extremely challenging. This book will teach you about your own stress reactions, and how you can respond more effectively to your children from your own inner strength with compassionate understanding, rather than reacting out of your fear.

— MYLA KABAT-ZINN, CO-AUTHOR OF *EVERYDAY BLESSINGS: THE INNER WORK OF MINDFUL PARENTING*

Bryan's book provides insights, techniques and real world tools to help parents understand their child's trauma and stresses. The book is insightful and a must read for all parents.

— BREN WOLFE, FOUNDER, [WWW.JOURNEYTOME.COM](http://WWW.JOURNEYTOME.COM)

After reading the Great Behavior Breakdown, I found the ultimate tool for my toolbox. This book covers all the toughest behaviors and uses language that is easy to understand. I have recommended it to numerous families and have received positive feedback about the ease of implementing these tools as well as how helpful it is to understand the stress underlying the behavior. This is one of the most helpful books I've read. I recommend it for any person involved with children; therapists, parents, and educators.

— STACY G. YORK, LCSW, [WWW.STACYYORK.COM](http://WWW.STACYYORK.COM)

This book is so powerful and has an immense value. It is an essential resource for all parents and professionals working with children and their families. Dr. Post's expertise is shared in such a way that can be understood by all. The most powerful aspect is that it assists parents to return to our most precious God-given gift — unconditional love. I greatly appreciate the empowerment provided to parents in assisting them to be the most important catalyst for change and healing with their children.

— KIMBERLY ERICKSON-NICHOLS, MS, APSW, LPC [WWW.HEART-TO-HEARTHEALING.COM](http://WWW.HEART-TO-HEARTHEALING.COM)

This book, this model, has changed my life and the lives of those around me. As

I evolve more and more into a place of love and regulation, I feel the unlimited benefits of connection in my relationships and peace in my life. Thank you, Dr. Post, for your extraordinary courage to offer love in the midst of fear and pain.

— LISA BOYLES, [WWW.HEALINGFORTHEFAMILY.COM](http://WWW.HEALINGFORTHEFAMILY.COM)

## Comments about Bryan Post from parents and professionals

Powerful, humbling, revolutionary, sensible, outstanding! Your theory is challenging on so many levels...my goal in life is to be able to fully embrace and integrate these principles. Everything in my being tells me this is the way to create harmony in my family. The challenge I face is overcoming the years of fear and traditional thinking about the intentions of my children. — C. ELLIS, CA

Thank you for your professionalism, your intuitiveness, and academic profoundness. I really appreciate the work you encourage us to do as couples. The concept of the parents creating the path for healing in our family makes so much sense and speaks to my heart. — A. TURNER, CA

What an eye opener! I have gone from tolerating my sons to really enjoying them. I would recommend your approach to everyone including educators. I am really learning a lot about myself, and my family. — A. ALLEN, VA

Thank you for reinforcing what we've known all along in our hearts. We had lost our way and are on the right path again. I am certain we will continue to benefit from this enlightening information. — K. JONES, WA

Bryan, your insight on parenting is 100% right on the money. It has allowed me to approach my child from an entirely new understanding of how to understand his needs and meet them from a place of emotional health, peace, and love. — S. KERVIN, VA  
Fantastic Information! Thank you soooo much!! Hard work, but very eye opening. Simple ideas, but not easy to put into practice. I am learning how easy it is to get caught up in fear, and the importance of daily focus to integrate this new paradigm. — O. PERRY, OK

When I read all the challenges that people face raising children with trauma history I feel guilty getting frustrated with my 4-year-old's limited meltdowns! All of Dr. Post's work has been helpful to me as a parent as well as in my professional work. I certainly thought I knew a lot about raising children until I had my own. Thanks for everything you do to assist parents! — KELLY J, VA

Hey Bryan, I have to tell you that I have referred countless struggling parents to your resources, especially the DVD series on healing the attachment challenged child. There is little/no training for adoptive families adopting internationally and while it would seem obvious that of course kids coming out of a war-torn country and living in extreme poverty/abuse would have stress-related behaviors, most parents are completely overwhelmed. 3 of our children were adopted from disruptions, and unfortunately that is very common as parents aren't aware of how their child's behaviors are triggering their own unresolved "stuff" and starting that negative feed-back loop rooted in fear. We've also had several teenagers live with us, runaways from group homes, kids in and out of treatment centers, etc. and again, your materials have been immensely helpful. I speak to stressed out foster/adoptive parents every day, occasionally at conferences, and I am always referring them to your materials and they have all been blessed. We've also been able to share your materials with stressed out single moms living in poverty who need help dealing with their children's rage. I am on a task force here in Iowa called CRTEC which is the "Center to Restore Trafficked and Exploited Children" which is training up families to foster/adopt children rescued out of the sex industry both domestically and abroad. Again, your resources were the first I recommended for people to get a picture of the affect of trauma on the brain and behaviors. Thank you for what you are doing. Helping people get to the root instead of focusing on the rotten fruit is major. Seeing past behavior and into the frightened child within has helped countless families in our area come back from the brink of hopelessness and experience the peace and joy that families were designed to live in. Thank you! —LOVE, JENNY G. MARION, IA

I saw your DVD and changed my whole outlook on life. I began watching this as a Dad that was all but turning my back on the two older kids. I wanted them back but under many conditions. After watching your program, I lost all conditions and became very proactive in the return of these two children that we will be adopting. —DR PATRICK GILMER CITRUS SPRINGS, FL

I have a caseload of 16 children right now; they have all come into foster care due to abuse and/or neglect, parental rights have been terminated, and they are free for adoption. Most of my 16 munchkins have some very, very challenging issues. I found out about Dr. Post's work through another source. I listened to some of his CDs and was hooked. I have recommended them to most of the foster parents who care for my kids. I very often see foster parents using interventions that just do not work. Unfortunately, this is very common, and very frustrating!! I am also in my last semester of school to earn a master's in counseling psychology, so I am interested in Dr. Post's work as both an adoption worker and counselor. — CT, STEPHENVILLE TX

Bryan goes beyond "Beyond Consequences, Logic and Control" by including strategies for more difficult behaviors. He continues to be a master at simplifying the complicated. The Great Behavior Breakdown is a user friendly guide for healing and life change. It is not for the faint of heart, that is, those who wish to



hold onto their old paradigms. Experience how putting love into action heals relationships and extinguishes negative behaviors. Bryan's work is revolutionizing the way we need to parent our children. — KEN THOM, MS, LPC IS A CHRISTIAN PARENTING EXPERT WHO USES SCRIPTURE AND BIBLICAL TRUTHS ALONG WITH THE POST INSTITUTE STRESS MODEL™ TO PUT LOVE INTO ACTION TO HEAL RELATIONSHIPS. KEN IS AVAILABLE FOR PARENT AND THERAPIST COACHING AND IS A CERTIFIED BCI PARENT TRAINER. HE CAN BE REACHED AT THOMKT@EMBARQMAIL.COM OR THROUGH KENTHOMCOUNSELING.COM.

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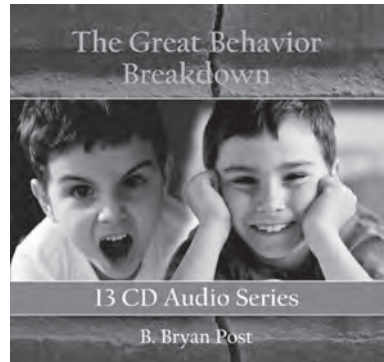


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## *About the Author*

Bryan Post is an internationally acclaimed therapist, speaker, and author. He lives in a small town in Oklahoma with his family where he enjoys sitting on the back porch watching the birds and the leaves dance in the wind.



# From Fear to Love

## Parenting Difficult Adopted Children

**B**ryan Post speaks to parents about the challenges they face when dealing with behaviors that are often present for adopted children. He helps parents understand the impact of early life trauma and the impact of interruptions in the attachment process. In his compassion for parents and children he offers hope and solutions for the challenges families face. Many parents of adopted children express their fear not only for their child's present behaviors, but for what will become of them in the future. Bryan's straightforward, clear-cut approach has created peace and healing for hundreds of families; families who once operated in fear, are now experiencing love.

My foster parent training has taken a drastic turn away from the traditional approach towards the Stress Model™. As a result, our foster home disruptions have decreased dramatically. *From Fear to Love* is a clear blueprint for understanding traumatized children and helping them truly heal.

– GEORGIA PHILLIPS, LCSW, FOSTER HOME COORDINATOR, VIRGINIA

*From Fear To Love* is a remarkably compelling, practical, and much-needed book that should be read by all adoptive families. It goes to the core challenges faced by adopted children and offers parents the tools through a love-based approach to implement sustainable solutions. As an adoptee, *From Fear To Love* gives me and I believe other adoptees the permission to name the fear and loss of our past and the encouragement and guidance to move to a place within ourselves where we can begin to thrive. Thank you, Bryan for this invaluable and generous gift!

– RHONDA M. ROORDA, ADOPTEE AND COAUTHOR OF THE LANDMARK TRILOGY ON TRANSRACIAL ADOPTION- *IN THEIR OWN VOICES*, *IN THEIR PARENTS' VOICES*, AND *IN THEIR SIBLINGS' VOICES*

This should be standard equipment that comes with every adopted child! Post has successfully translated neuroscience into language that anyone can understand and apply to the very challenging tasks of parenting an adopted child.

– ALETHA McARTHUR, OCT,  
FOUNDER OF NEW GROWTH FAMILY CENTRE, ONTARIO, CANADA



Bryan Post is one of America's Foremost Child Behavior and Adoption Experts and founder of the Post Institute for Family-Centered Therapy. The Post Institute specializes in leading edge education for adults, children and families who struggle with issues related to early life trauma and the impact of trauma on the development of the mind body system. A renowned clinician, lecturer, and author of several books, video, and audio programs, Bryan has traveled throughout the world providing expert treatment and consultation to a variety of groups. An internationally recognized specialist in the treatment of emotional and behavioral disturbance, Bryan specializes in a love-based treatment approach that focuses on developing a deeper understanding of fear and how it rules our lives. He counters this by offering an enlightening perspective on the all encompassing power of love to bring us peace and healing. The love-based, family-centered principles and concepts offered by Bryan Post have been taught to more than 100,000 parents and professionals.



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