

## **Fostering Families Magazine Column**

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### **New Beginnings!**

**BY Lark Eshleman, Ph.D.**

Thank you for fostering or in some way caring for a fragile child. I know, sometimes children in care don't seem "fragile" at all. They can be oppositional, distant, defiant and downright nasty. They may be sweet and clingy, to the point of never leaving you alone, even when you just need to have a few minutes to yourself! Or they sometimes are demanding and "entitled," making you feel like a slave in your own home. FRAGILE? That might not seem like the right word at all!

### **So, Why Do I Call Children & Teens in Foster Care "Fragile"?**

Think for a moment about the circumstances that brought your child into foster care. Was it outright physical, sexual, or emotional abuse? Or was it neglect that was significant enough to warrant intervention and removal? Or could your child have experienced food or housing insecurity? Maybe birth parents just couldn't parent for one of any number of reasons.

Any "Yes" answer is an answer that spells T-R-A-U-M-A. Being hit or otherwise hurt, physically, sexually, or emotionally, is damaging to anyone. But it is especially toxic and disruptive to healthy child development – it actually shows up in a child's brain as damage to the vulnerable and rapidly growing/developing brain.

Traumatic experiences can often become less traumatic – and even "fixed," if they are addressed right away – how a parent responds can often make the difference between how a child is affected by the negative event -- short term, and long term.

"Young children who experience trauma are at particular risk because their rapidly developing brains are very vulnerable. Early childhood trauma has been associated with reduced size of the brain cortex. This area is responsible for many complex functions including memory, attention, perceptual awareness, thinking, language, and consciousness. These changes may affect IQ and the ability to regulate emotions, and the child may become more fearful and may not feel as safe or as protected. Read more about the impact of trauma on brain development in [Excessive Stress Disrupts the Architecture of the Developing Brain](#), a working paper from the Center on the Developing Child.

Young children depend exclusively on parents/caregivers for survival and protection—both physical and emotional. Without the support of a trusted parent/caregiver to help them regulate their strong emotions, children may experience overwhelming stress, with little ability to effectively communicate what they feel or need. They often develop symptoms that parents/caregivers don't understand and may display uncharacteristic behaviors that adults may not know how to appropriately respond to." National Child Traumatic Stress Network Website.

## **What Do I Mean By Trauma?**

If something scares you or hurts you, it has the potential to be traumatic. Also, if something hurts someone you love or who cares for you, certainly that could be traumatic, too.

We adults have choices about how to respond to these kinds of events. We could fight against whoever is doing the bad thing, or get help to protect ourselves or our loved ones. We might call the police, alert a neighbor, run away, or call 911.

However, a child often doesn't have those choices. Some children may be able to run away. But what if they are too frightened to run away from someone who hits them? Or what if they are not old, big, or strong enough to protect themselves or their loved one? And where would they go to find safety? What if they aren't old enough yet to talk or they have learned from previous experiences to just "shut up and take it" when horrors happen in their lives? Or maybe they have been threatened that if they talk about what happened something even worse would happen?

These are of course just a few of the things that may have happened to your foster child or a child you know. If we allow ourselves to feel the intensity of the horror that many children experience – and the helplessness that many children experience – we can begin to understand why so many children who have experienced early trauma show disturbing interruptions in their behaviors, emotional, and psychological development.

### **One Example Can Give Us Insights (details have been changed to protect this child's identity)**

I worked with one young boy who was "nailed into his coffin" every night (that's how his birth parents described his "bed"). Literally. His parents said that they did this because their young son got up too often during the night and woke them. This tragically unfortunate child scratched deep gouges in the lid of his "bed" by which police, social workers and the judge were able to see how many long nights this youngster must have been trapped in "prison" with no way out. It's hard for me to imagine the horror or being locked in a coffin-like box night after night. Of course, it's no wonder that he showed his trauma through recurring nightmares, anger, fear of the dark or small, enclosed spaces, and many more fears.

### **So What Happens When Children Experience Trauma That Isn't Successfully Treated or Healed?**

Children who experience these kinds of horrors in their youngest years – and who are not helped in a relatively short period of time to heal from these horrific events – are left with scars that show up as self-protective behaviors, negative beliefs about themselves and the world, and, as new research is teaching us, often have physical problems that they otherwise would most likely not have had. Physical health disorders such as juvenile diabetes, asthma, and other chronic child and adult diseases are now often being identified as negative outcomes of early child trauma. (This, of course, is not always the case – some children develop these and other disorders from factors that have nothing to do with early trauma.)

### **What Kinds of Problems Can Happen to a Child's Development?**

What we see fairly often when working with children in foster care are any (or sometimes all) of the following interruptions in development: school learning can be poor or slower than we would expect (interruption in healthy brain function). Children can have difficulty making or keeping friends, or having a fun and loving relationship with important adults in their lives (poor attachment base). Children might show that they have difficulty calming down, or problems with getting too riled up or having tantrums (self-regulation). Children may have difficulty following directions, or being compliant (brain disorders). Or some children have real big “highs,” (manic behavior) and deep, sad “lows,” perhaps even dramatic enough to be classified and addressed as a psychological disorder.

We’ve also been identifying more children and teens recently as having real problems with how they “receive” sensory information – what they see, hear, smell, taste, and how they feel touch (sensory processing). For example, the child I mentioned earlier in the column heard almost everything much louder than it was. His hands were constantly covering his ears, and he often yelled “Stopped hollering at me!” even though people were talking in normal voices.

He also chose shorts and tee shirts to wear, even on very cold days (thank goodness for foster and then adoptive parents!). He often overate or sometimes didn’t feel hungry for long periods of time. And often he couldn’t tell when it was time to go to the bathroom, leading to embarrassing “accidents,” which sometimes happened when he was upset about something else (like being told No, so his parents thought that his behavior was totally his way of being defiant).

These are a few examples of Sensory Processing Disorder (SPD), which can be a huge problem for children – and adults – who have it. SPD is now being found to develop in high numbers among children who have had early trauma.

### **This Is a Pretty Depressing Picture! What Can We Do About It?**

In the next issue I will outline some of the new – and highly effective – therapies that can be matched with the behavioral, emotional and psychological problems that are unfortunately quite common among children in foster care.

The good news – and the hope for this new year – is that there ARE well-tested and highly successful ways to help children process their early traumas and get better! And isn’t that the very best news for the New Year!