Early Intervention: A Toolbox for Parents

Dr. Dana Johnson from the International Adoption Project at the University of Minnesota has identified factors that determine the level of need in children adopted from other countries:

- Prenatal malnutrition
- Alcohol exposure
- Premature birth
- Social neglect
- Physical neglect
- Physical abuse
- Time spent in an orphanage

While Dr. Johnson’s research focused on transnational adoptions, the findings apply to other children who have experienced trauma and neglect. These factors in a child’s history, particularly if they were multiple and prolonged, indicate the need for parental tools to address early trauma and neglect.

Tools for Addressing Early Trauma and Neglect

1. Untreated traumatic stress can threaten a child’s long-term mental and physical health. The placing agency for a child should make every effort to supply as thorough a history as possible of past abuse and neglect. The placing agency should also educate the family about repercussions of that history.

2. Early diagnosis, the earlier the better, by a qualified clinic and therapist/doctor will indicate a treatment plan and what resources and support to pursue.

3. While Reactive Attachment Disorder, Fetal Alcohol Spectrum Disorder, Post Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder and Oppositional Defiant Disorder are diagnoses associated with traumatized and neglected children, parents should avoid labeling a child with any disorder until a qualified clinic or professional has completed an assessment.

4. Before adopting, families can investigate their community to locate therapists who understand the treatment of attachment, trauma and grief. Placing agencies have the responsibility of determining the availability of such therapists in the community where the child will live. (Regional Directory of Therapists can be found: [http://www.mnasap.org/resources/regionalResources.html](http://www.mnasap.org/resources/regionalResources.html))

5. A growing number of experts including Deborah D. Gray, author of *Nurturing Adoptions: Creating Resilience after Neglect and Trauma*, recommend the simultaneous treatment of attachment, trauma and grief rather than a singular focus through one lens. Parents can ask therapists about a treatment regimen that uses multiple interventions to address attachment, trauma and grief.

6. Expect these children to lag developmentally, exhibiting behaviors that are immature. They tend to have high levels of anxiety, difficulty focusing and problems with social interactions. Adjust expectations

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accordingly and, with the help of a professional, track development in physical, cognitive, social and/or emotional development.

7. Work with therapists to provide new, positive experiences to reshape the brain and to replace the child’s belief about themselves and their world.

8. Mary Chesney, researcher with the International Adoption Clinic at the University of Minnesota recommends that when children who have been institutionalized first arrive into their adoptive homes, parents should consider delaying schooling. Younger children may need up to a year to acquire language and to form attachments with their new family.

9. Make self regulation or “thinking before you act” a goal for the child so that as an adult, the child will be able to navigate social settings and emotional upheaval. Play is central to self-regulation. Parental or teacher guidance in play can foster self regulation since play in the early years instills self-imposed boundaries and social competence in dealing with peers. Older children may need to engage in “pretend play” to work through past abuse.

10. Look forward to the child at the projected age of 25 and then work backwards. This suggestion from Deborah Gray in Nurturing Adoptions: Creating Resilience after Neglect and Trauma provides a target for success through a benchmark age. The tactic allows parents to ascertain what will have to happen to ensure positive development for their child by the time he or she is 25.

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RESOURCES

A Child’s Journey through Placement, by Vera Fahlberg, discusses building new foundations for healthy attachment in children who lack such attachments, using a developmental approach.

Children’s Adjustment to Adoption: Developmental and Clinical Issues (Developmental Clinical Psychology and Psychiatry), by Anne B. Brodzinsky, Daniel W. Smith, and David M. Brodzinsky, discusses the psychological adjustment of children in adoption over the course of childhood and adolescence. The authors combine theory and research using clinical examples, closing with a discussion of intervention and assessment methods that commonly arise in adoption.

Facilitating Developmental Attachment: The Road to Emotional Recovery and Behavioral Change in Foster and Adopted Children, by Daniel A. Hughes, provides comprehensive understanding as well as interventions, solving the mystery of how to reach children developmentally who seem unreachable.

Nurturing Adoptions: Creating Resilience after Neglect and Trauma, by Deborah D. Gray, depicts the emotional, developmental and neurological impact of early childhood trauma and neglect with suggested areas of assessment and interventions.

Recognizing and Managing Children with Fetal Alcohol Syndrome/Fetal Alcohol Effects: A Guidebook, by Brenda McCreight, offers practical advice and information, using a developmental approach. The book provides specific behavioral management techniques to be used from infancy through late adolescence with case studies included.

Understanding Child Development: For Adults who Work with Young Children, by Rosalind Charlesworth, examines the qualities of the young child compared with those of older children and presents techniques for working with young children in ways that meet their developmental, social and cultural needs. The book includes real-life examples, as well as explanatory charts, review questions and lists of resources.