I’m the principal of a secondary school filled with more than 70 adopted teenagers struggling with the effects of attachment and developmental trauma. I’m also the father of two boys adopted separately from Bogota, Colombia in 1988 and 1990. Both my children were adopted as infants, so they didn’t experience the abuse, neglect and household dysfunction that many of my students have suffered prior to their adoptions. Yet both my sons have struggled with relationships, school and emotional regulation.

Consider a 16-year-old girl, pregnant by her 17-year-old boyfriend, sent hundreds of miles away from her home to work in an orphanage and receive prenatal care. What worries she must have so far away from her mother as her body changes. What confusion she must feel as she sees adoptive parents come to the orphanage and leave with a baby like the one growing in her. It is not too much to imagine that alone in a distant city, the young girl’s hopes and sorrows are often expressed as anxiety. Is her growing child bathed in this anxiety as well? This is the child who will become one of my adopted sons. We don’t normally think of in utero trauma in this way, but both of my sons suffer from anxiety.

How much more then must be the effect of trauma measured by the Adverse Childhood Events (ACE) study, which examines abuse, neglect and household dysfunction in the lives of children. The Adverse Childhood Events (ACE) study is a large scale collaboration between the federal Centers for Disease Control and Prevention (CDC) and Kaiser Permanente’s Health Appraisal Clinic in San Diego, Calif. Examining the histories of more than 17,000 children, the study found that these adverse events “are major risk factors for the leading causes of illness and death as well as poor quality of life,” according to the CDC at www.cdc.gov/violenceprevention/acesstudy. For example, almost 60% of the 17,337 men and women interviewed revealed that they had suffered physical, emotional or sexual abuse.

Such trauma can have developmental effects. The teens in my school have some debilitating core beliefs about themselves and the world they live in. At core, many of them believe the world is an unsafe place, and they have experienced that over and over again. Because the world is unsafe, they don’t trust others, especially adults and other authority figures. They approach the world like the Lone Ranger and rely only on themselves. They also believe they are flawed human beings, and that’s why they’ve been abused or neglected. Although as parents we may try to explain to them that we really are safe, words miss the point. They experience themselves as alone, inadequate and socially clueless.

At the residential treatment center in which my school is housed, our remedy for developmental trauma is relationship. Because the developmental trauma is created in an absence of relationship, it can only be healed in relationship. Our model begins with commitment on the caregiver’s part. For us, that is the parent, guardian or primary attachment figure that commits to sending their child to us and commits to working with us in the goal of reunifying at treatment’s end. It begins also with our commitment as caregivers to treat the child. That commitment needs to be coupled with Acceptance. Acceptance is compli-
cated, but fundamentally it is recognizing that developmental trauma and attachment is driving the child’s behavior, not attitudes, laziness or narcissism. Feeling accepted leads to feeling safe, both physically and emotionally. When teens feel accepted and safe, they can begin to attune with us and begin a relationship.

Most importantly, attunement leads to co-regulation. It isn’t until the child is willing to attune to us that we can calm her down. It is only at co-regulation that we as parents can provide the advice and strategy that we desperately want to provide our children. I’ve made this seem more linear in theory than it is in practice: in action, this tends to be a recursive process of progress and regression, rather than a straight line of progress.

In our work with teens, then, attuning becomes the leverage of relationship. So, how can parents attune with teens struggling with attachment?

• Stance is important. At Calo we talk about coming along side of teens, rather than facing them. This is both literal and figurative. When you are next to a teen, you can put your arm around him or her. You appear to be on his or her side, working together. When you are facing a teen, it feels more confrontational to him or her. A teen has to make eye contact — or feels that he or she has. You are more likely to adopt lecture mode if you are facing the teen and to then get frustrated when he or she appears not to listen.

• Listening rather than talking. Because the teen’s ability to listen doesn’t come about until co-regulation, we have to be prepared to listen more than we talk. This is hard to do. We often aren’t really listening, but waiting for our turn to talk, so we can fix the situation. Or she might say something provocative or shocking that makes us want to jump in and lecture. I have found a great way to combine stance and listening is while driving in the car with a teen. You are side by side, facing forward, so you don’t have to make eye contact. It also seems a little easier to listen, since you have to monitor the road for about a half hour, throwing in an encouraging word or two, or just an “ooh” or “ah.” The skating helped him discharge his anger, and I was present to experience it with him.

• Following rather than leading. Our tendency always is to initiate conversations or experiences. While we sometimes need to do that to keep teens safe, attuning requires more patience in allowing the teen to initiate. On

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