A GUIDE FOR PARENTS AND CARERS

Supporting Your Adopted Child

Understanding early trauma, and what helps at home, at school and for you.

Children who have had a difficult start often need something different from ordinary parenting. This guide explains why, and sets out practical things that help. It also looks at what adoptive parents themselves carry, because that matters just as much.

CONTENTS

What is in this guide

BEFORE YOU START

How to use this guide

This guide is general information. It is written to help families think about ways of supporting an adopted child who has had a difficult early start. It is not an assessment of any individual child, and not every example or strategy will fit every child or family. Use what is useful to you, and discuss your own priorities with the professionals involved in your child's care and education.

You do not need to read it from beginning to end. Each part stands on its own. The contents page shows what is in each one, and every part opens with a short list of what it covers.

What is in the guide

Parts 1 to 7

Understanding your child, and what helps at home and at school.

Parts 8 to 10

Looking after yourself, your relationship and the whole family.

At the back

Plain meanings of words used, where to find support, and the evidence behind the guide.

A note about the words used

Some words in this guide come from psychology and healthcare. Each one is explained in plain English the first time it appears, and all of them are listed again at the back under **Words used in this guide**.

The guide is written for adoptive parents. Much of the research it draws on covers foster carers as well, and foster carers may find it useful. Where the guide says **child**, it includes teenagers.

IF THINGS FEEL BEYOND WHAT YOU CAN MANAGE

Contact your adoption support social worker, a child psychologist or a paediatrician if your child's behaviour is beyond what you can safely manage at home. Where there is persistent self-harm or talk of suicide, professional intervention is needed, which may include trauma-informed therapy and psychiatric assessment.

If you are struggling more generally, you can ask your regional adoption agency for an assessment of your adoption support needs. Part 8 explains what that can lead to.

Three things to hold on to

Trauma experts, and models such as Trust-Based Relational Intervention, come back to three principles. If you remember nothing else from this guide, remember these. When you are not sure what to do, work through them in this order.

1

Safety

Does my child feel safe, not just: is my child safe?

Parts 1 and 3

2

Connection

Is our relationship strong, and does my child know they are loved?

Parts 2 and 5

3

Coping skills

Are we building skills for handling what life asks of them?

Parts 4, 6 and 7

Safety, then connection, then coping skills. A child whose brain is still in survival mode cannot process reasoning or learn a new skill.

Everything in the rest of this guide is a way of putting one of those three into practice.

PART 1

Why early experiences change how a child copes

Early trauma and neglect affect a child's brain and body, not only their feelings. Understanding what changed, and why, makes the rest of this guide make sense.

IN THIS PART

- What we mean by developmental trauma
- How the brain develops under stress
- Broken trust and attachment
- Living on high alert
- Behaviour as a message
- Trauma and neurodevelopmental differences

Where this starts

Adopted children who have lived through early trauma or hardship often go on facing emotional, behavioural and developmental difficulties. Research shows that many adopted children have higher rates of psychological and behavioural difficulties than children who were not adopted. Those difficulties come from what happened early on: abuse, neglect, or moving between several placements.

When harm like that happens repeatedly, and happens within relationships a child depends on, it is called **developmental trauma**. It can change how a child's brain develops, how their body handles stress, and how far they are able to trust the adults caring for them. Children in foster care have been found to experience post-traumatic stress at more than twice the rate of combat veterans.

Because of those early experiences, many adopted children find it hard to manage their emotions, to form close and secure relationships, and to manage their behaviour at home and at school. They may be constantly on the lookout for danger, tip quickly into fight, flight or freeze, or show aggression, defiance, withdrawal or self-harm. They are also more likely to have neurodevelopmental differences such as ADHD, learning difficulties or sensory processing difficulties, because early development was disrupted.

THE SINGLE MOST USEFUL IDEA IN THIS GUIDE

These difficulties are not faults in your child. They are adaptations. Your child's brain learned how to survive in a frightening place, and those survival settings stay switched on even after the child reaches a safe home.

Children do recover

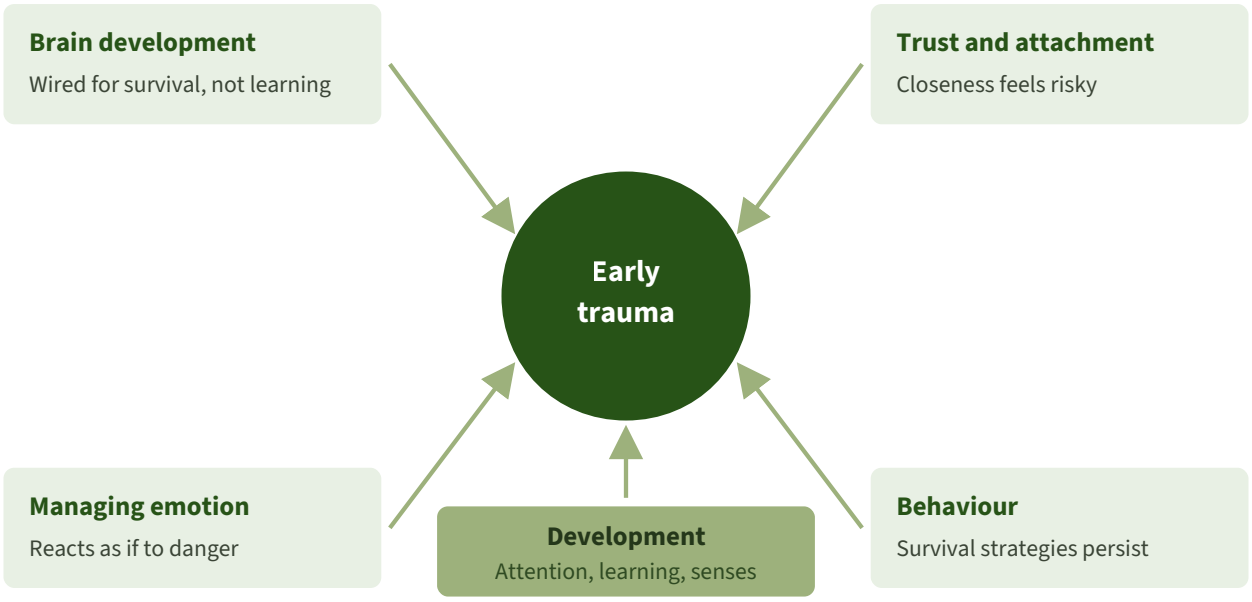
Studies have found that stable, caring parenting can help children overcome early adversity, and can even reverse some of its effects. A recent review of the research on adoptive and foster families found real

improvements in parents' sensitive caregiving, and real reductions in children's behaviour problems, after specialised parenting programmes.

That evidence points to **therapeutic parenting**: parenting that takes account of trauma and puts the relationship first. It is largely a set of everyday approaches rather than a course of treatment, and the rest of this guide sets them out.

What early trauma affects

Findings from neuroscience and developmental psychology point to five areas. They overlap, and a child may show something from several of them.



The five areas most affected by early trauma. Each one is explained on the pages that follow.

Brain development

Babies and young children need safe, loving care in order for their brains to develop well. Long periods of stress, or being harmed or neglected in those early years, disrupt how the brain is built. Repeated trauma such as abuse, seeing domestic violence, or neglect can change how the brain develops, particularly the parts that manage emotion, control impulses and handle stress.

Early trauma can also delay social and thinking skills, and can lead to unhelpful ways of coping as the brain adapts to survive. Put simply, the child's nervous system may be set up for survival rather than for trust and learning.

Broken trust and attachment

Attachment means the bond between a child and the adults who care for them. Many adopted children have had that bond broken, by separation from birth parents or by several moves between foster carers, and may never have had care that was consistent and responsive.

As a result they often find it hard to trust new carers. This can look like two opposite things:

- Anxious and clingy, needing constant reassurance and unable to be apart from you.
- Unusually independent, refusing help and keeping adults at a distance.

Some children show a confusing mixture of both, moving toward you and away from you in the same moment. Insecure or mixed patterns of attachment in childhood raise the risk of later behaviour problems and mental health difficulties. The reverse is also true. Helping a child build a secure attachment with their adoptive parents can greatly improve their resilience and emotional health over time.

Living on high alert

Children who have lived through trauma often live in a state of heightened stress. Early adversity can disrupt the body's stress hormone system, known as the HPA axis, and can leave the child with unusual patterns of the stress hormone cortisol. In practice this means a child may react to a small setback as though it were a serious threat.

Reminders of past trauma are called **triggers**, and a trigger can be something that looks minor from outside. When one fires, a child may have frequent meltdowns, anxiety, angry outbursts, or may seem to switch off and go blank. Many also find it hard to notice what they are feeling and to settle themselves, because that skill normally develops early on through being soothed by an attuned adult.

> **Instead of asking "What is wrong with you?", trauma-informed parenting asks "What happened to you, and how can I help?"**

Behaviour as a message

Aggression, defiance, lying and self-harm are often the language of trauma. They usually come from fear, insecurity or an unmet need, rather than from a decision to be difficult.

A child who breaks things in a rage may be showing you overwhelming frustration, or trying to feel in control of something. A child who lies routinely may be using a strategy that once kept them safe. Reading behaviour this way lets you respond with support instead of anger, which is what actually changes the behaviour. The trauma-informed phrase for it is: see the need behind the behaviour.

READING BEHAVIOUR AS A MESSAGE

What you see	What it may be saying
Breaking things during a rage	Overwhelming frustration, or an attempt to regain a sense of control
Lying as a habit	An old survival strategy for avoiding harm
Aggression, defiance or self-harm	Fear, insecurity, or a need that is not being met

These are patterns commonly seen in children who have experienced early trauma. They are not a way of diagnosing what any individual child means by a particular behaviour. Your own knowledge of your child, and the view of the professionals who know them, matter more than any table.

Trauma and neurodevelopmental differences

Trauma effects and neurodevelopmental differences are hard to separate. **Neurodevelopmental** means to do with how the brain and nervous system develop, and it covers conditions such as ADHD and autism.

Children who are adopted or in foster care have higher rates of ADHD, learning disabilities, autistic traits, and fetal alcohol spectrum disorders. Early adversity by itself can also cause delays that look like ADHD or autism, such as poor attention, difficulty stopping and thinking, or sensitivity to noise and touch.

Sensory processing difficulties are common. Children who have experienced trauma are often oversensitive to what they see, hear, feel, smell and taste, and may either avoid strong sensations or go looking for them. One child may be genuinely distressed by a particular noise, or by the label in a shirt.

This is why adoptive parents usually end up doing two jobs at once: parenting therapeutically at home, and pressing for the educational or therapeutic support the child needs. Part 6 covers sensory and developmental needs, and Part 7 covers school.

THE POINT OF PART 1

Your child's needs are unusual because of what they have been through. Their brain and body developed under stress, and they may not yet have learned to settle themselves or to trust adults. Trauma-informed parenting starts from where the child actually is, developmentally, rather than from where their age says they should be. Everything in the parts that follow assumes that starting point.

PART 2

Building a safe and trusting relationship

Harm that happened inside a relationship is healed inside a relationship. The bond between you and your child is the most powerful thing you have.

IN THIS PART

- Therapeutic parenting instead of strict control
- Loving your child unconditionally
- PACE: four attitudes that help
- One-to-one time that your child leads
- Being available and tuned in
- Taking the long view

Children recover through stable, loving relationships that are safe and reliable. Trauma that happened inside relationships can only be resolved inside relationships, with parents who become new, positive attachment figures for the child. So the first priority is the bond between you, and a home where your child feels safe, accepted and valued.

Therapeutic parenting

Strict parenting, with tight discipline and a high expectation of obedience, usually fails with children affected by trauma, and can re-traumatise them. What works better is a therapeutic stance: high in empathy, patience, flexibility and attention to what your child is feeling. In practice it means meeting difficult behaviour with calm understanding and consistent care rather than with punishment or anger.

Parental sensitivity is the term researchers use for noticing your child's signals and responding warmly to them. Increasing it improves both attachment security and the child's ability to manage stress. Programmes that coach adoptive and foster parents in noticing a child's cues, comforting them when upset, and following the child's lead in play have produced more secure attachments and better emotional outcomes.

> **Healing happens through connection. Experiencing one reliable, caring adult over time is what allows a child to rebuild trust.**

Loving your child unconditionally

Children who have been abused or neglected often carry deep shame, and a belief that they are not worth much. Some expect rejection, because rejection is what they knew. It matters enormously that you say and show the opposite: that you love and accept them as a person, even when you do not accept what they have just done.

This does not mean allowing harmful behaviour. It means repeating, in words and in actions, one message: whatever you do, I am still here.

YOU MIGHT SAY, DURING A MELTDOWN

"I know you are feeling very upset right now. I am not going anywhere. I am here when you are ready."

Over time this counters your child's belief that they are unlovable, and their fear of being abandoned. It is the ground on which a secure attachment is built, as the child works out that this person will not give up on me, even at my worst.

PACE: four attitudes that help

PACE is a widely used framework for therapeutic parenting, developed by Dr Dan Hughes. It is four attitudes to bring to everyday interactions, rather than four techniques to apply. Evidence shows that applying PACE consistently can give a child the emotional safety and containment they need to develop secure attachments and recover from trauma.

PACE IN PRACTICE

Attitude	What it means
Playfulness	A light, upbeat tone when it is appropriate, to take the heat out of a situation and to enjoy positive moments together
Acceptance	Actively accepting your child's feelings and inner experience. All feelings are acceptable, even where certain actions need limits
Curiosity	Showing gentle curiosity about what your child is feeling or thinking, rather than responding with anger or immediate judgement
Empathy	Validating your child's feelings and showing them you understand

CURIOSITY AND EMPATHY SOUND LIKE THIS

"I wonder if you are scared right now, because this reminds you of something."

"I am sorry you are feeling so hurt. That must be really hard."

The reason PACE works is that it interrupts the usual cycle. Where frustration would meet frustration, a playful or curious response often disarms the conflict instead. Staying curious and empathetic when your child is angry can lead them to tell you what they are frightened of. A punishing response closes that down. Parents also report that PACE helps them hold on to their own compassion during the hardest moments.

One-to-one time that your child leads

Trust is also built through enjoyable time together. Set aside regular one-to-one time that your child chooses and directs. It can be as simple as fifteen minutes a day: a game, drawing, kicking a ball, a story at bedtime.

Two things make it work. Be fully present, and let your child lead. Parenting programmes such as Parent-Child Interaction Therapy build this special playtime in deliberately, because it strengthens attachment. During it, follow your child's ideas, praise them, and hold back on correcting anything.

Research with children at risk shows these child-led sessions increase positive behaviour and reduce attention-seeking and aggression, because the child's need for attention is being met in a healthy way. It also carries a message that is hard to deliver any other way: you are worth my time.

WHAT MAKES IT WORK

- ✓ Regular, so that your child can rely on it.
- ✓ Your child directs the play or the activity.
- ✓ Be fully present.
- ✓ Follow your child's lead and praise their ideas.
- ✓ Avoid criticism and correction during this time.

Being available and tuned in

Being emotionally available means being approachable when your child has big feelings or needs comfort. **Attunement** means noticing early and quiet signs of distress and offering support before you are asked.

If your adopted teenager seems unusually withdrawn after school, an attuned response is a gentle opening rather than either ignoring it or pressing them: “You seem quiet. I am here if you want to talk, or if you just want some company.”

Attunement also means matching your child's state in a way that helps. Speak softly and slowly when they are anxious, and be noticeably calm when they are angry, so that they can borrow your calm. Attachment research shows that where a caregiver reliably comforts a distressed child, the child gradually takes on the ability to settle themselves.

Taking the long view

A home built on warmth, patience and understanding gives your child a different experience of relationships from the one they had. It answers the two questions underneath everything: am I safe, and am I lovable even when I get things wrong. Only once a child feels safe and loved can they start to put down survival behaviours.

This work is not always easy. Children affected by trauma may test limits hard, or push closeness away because closeness frightens them. Persistence is what counts, and many families see substantial change after months or years of consistent therapeutic parenting.

THE POINT OF PART 2

The relationship between you and your child is the main instrument of recovery. Everything in Parts 3 to 7 depends on it.

PART 3

A calm and predictable home

Predictable routines lower a child's background stress. For a child who came from a chaotic or frightening home, predictability is what safety feels like.

IN THIS PART

- Daily routines your child can rely on
- Rules held with warmth
- Feeling safe, not only being safe
- A home that is easier on the senses
- Getting through transitions

Predictable routines let children work out what is coming, which lowers stress and frees them to learn and grow. For a child affected by trauma, predictability is the same thing as safety. What they learn from it is that there are no nasty surprises here.

Why structure calms a frightened child

A brain in survival mode cannot access learning or play.

Structure does not replace warmth. The two are needed together.

Daily routines your child can rely on

Build a regular shape to the day, covering the morning, school, homework, meals and bedtime, and keep to it as far as you can. Knowing what is coming lowers your child's background stress. The same bedtime sequence every night, for example bath, then story, then five minutes talking about the day, can help a child who was previously neglected settle enough to sleep.

Where the routine has to change, give notice and prepare your child. Even a small change, such as a different person collecting them from school, is worth flagging early. Teachers are advised to give children advance notice of changes so that they can prepare emotionally, and the same applies at home. Being told in advance stops your child feeling ambushed, which is often what sets off fear or defiance.

Rules held with warmth

Set a small number of simple house rules, enforce them consistently, and do it in a caring atmosphere. Children feel safer knowing where the limits are and seeing that their parents are keeping things under control. An anxious child is actually relieved when the adult is in charge in a protective way, because it means they do not have to control everything themselves.

Make sure the rules are reasonable for the stage your child is actually at. A child who struggles to stop and think will need patient reminders rather than a stricter rule. Alongside the rules, give plenty of reassurance: “We have these rules to keep everyone safe. I will help you if you are finding them hard.”

This combination is sometimes called **high structure, high nurture**. It works for children with attachment difficulties because it holds firm guidance and warmth together, rather than choosing between them.

Feeling safe, not only being safe

You may know your child is now safe. Your child's brain does not know it yet, and is still on alert. **Felt safety** is the term for closing that gap. It is built by working with your child's particular fears rather than reasoning them away.

BUILDING FELT SAFETY

What your child brings	What can help
Food ran out, or was withheld	A basket of snacks they can reach, and permission to eat when hungry, so food visibly does not run out
Night-time was when frightening things happened	A night light, a predictable bedtime sequence, quiet music, and checking on them if they ask you to
Raised voices came before harm	Keeping the household calm even when enforcing limits. No shouting, no sudden anger
Adults hurt them physically	No physical punishment of any kind. See Part 5

> WHY SHOUTING MATTERS MORE THAN IT SEEMS
>
> Children affected by trauma often read shouting or an aggressive tone as danger, not as telling off. Physical or harsh discipline sets off a trauma response: it is experienced as a threat to survival, and puts the child into fight, flight or freeze. A calm household, even while limits are being held, tells your child's nervous system that this place is safe.

A home that is easier on the senses

Many adopted children are sensitive to sensory input, so it is worth shaping the home to calm rather than overload. Watch for what bothers your child, and reduce it where you can: sudden loud noises, crowds, bright light, strong smells, certain fabrics.

Small changes make a real difference:

- Lamps and warm bulbs in the evening instead of harsh overhead light, if your child is sensitive to light.
- Noise-cancelling headphones, or a quiet corner, for a child who is overwhelmed by noise.
- Cutting labels out of clothing, and choosing fabrics your child finds comfortable.

Clothing labels, overhead lights and loud sounds can be genuinely distressing, and they use up a child's tolerance quickly. The aim is not to remove all sensory input, since the world has sounds and textures in it. The aim is a home that does not add unnecessary sensory stress.

A calming space

Set up a corner your child can go to when they are overwhelmed. A beanbag or soft chair, cushions, something to reduce noise, and a few soothing things: a soft toy, a fidget, a blanket. Tell your child plainly that it is acceptable to take a break in their quiet spot whenever they need to cool down. This gives them some control over what reaches them, and a way of heading off a meltdown rather than only recovering from one.

Getting through transitions

Moving from one activity or place to another is often hard for children affected by trauma, and for children with ADHD. Cues and small rituals make it easier.

- Give warnings. “Five more minutes, then we say goodbye to the park.”
- Use a visual schedule or chart if it helps. Some children settle when they can see the plan for the day.
- During bigger changes, such as moving house or starting a new school year, keep the rest of life as familiar as you can, and keep talking about what will happen.
- Build small transition rituals, such as the same hug and the same phrase each morning before school.

Preparing your child, rather than hurrying them through, communicates respect and reduces panic.

THE POINT OF PART 3

Simplifying your child's world, adding structure and buffering them from stress is not indulgence. It is what allows their brain to come out of survival mode, and it is what makes therapy, school support and everything else more effective.

PART 4

Helping your child manage strong feelings

Settling yourself is a skill, and it is learned. Children learn it by being settled by someone else, many times, until they can do it themselves.

IN THIS PART

- Regulate, Relate, Reason
- Staying calm so your child can borrow it
- A calming toolbox for the body
- Naming feelings
- Problem-solving, afterwards
- Noticing when it goes well
- Planning for known triggers

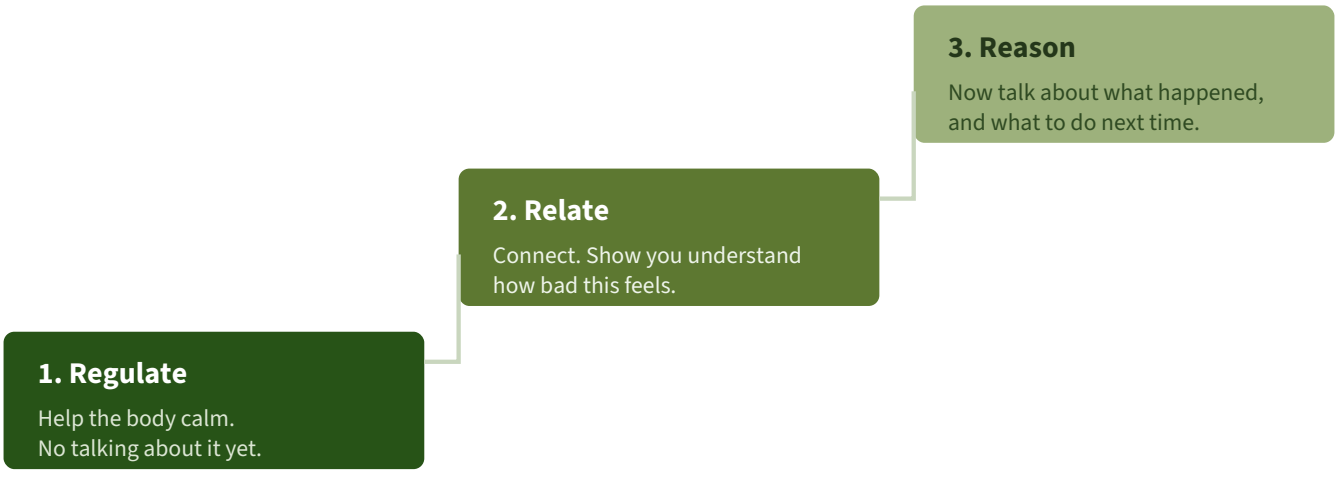
Many adopted children have never had the chance to develop **self-regulation**, which means managing your own strong feelings and impulses. The skill normally develops early, through being soothed by an attuned adult. If that did not happen, the skill is missing rather than being withheld.

So the task is to teach it. That starts with **co-regulation**, where you supply the calm from outside until your child can supply it from inside.

Regulate, Relate, Reason

This sequence, from Dr Bruce Perry, is the most useful thing to remember in a crisis. It is an order, and the order matters.

Skipping to step 3 while your child is still upset will not work.



A dysregulated brain cannot process logic or learn a new skill. Calm first, connect second, discuss third.

Staying calm so your child can borrow it

During a meltdown or a panic, how you are is your main tool. Children take their cue from the adult. A calm adult starts to settle an overwhelmed child. An angry adult escalates them.

This is hard in the moment. Aim for a gentle voice and body language that does not threaten. Often being quietly present is the whole intervention: sitting nearby and saying softly, “You are safe. I am right here,” even while your child is screaming or sobbing.

That is sometimes called a **time-in**. Rather than sending your child away, you stay with them through it, and you lend them your calm. What they take from it, over many repetitions, is that big feelings are not dangerous and do come to an end.

PRACTICAL WAYS TO STAY STEADY

- ✓ Act calm even when you do not feel calm. Children take their cues from you.
- ✓ Slow your own breathing. It slows theirs.
- ✓ Speak slowly, in a low and even tone.

A calming toolbox for the body

Trauma is held in the body, so physical and sensory strategies are usually the fastest way to bring a child down. Children differ a great deal, so it helps to have several things to try.

THINGS TO TRY WHEN YOUR CHILD IS ESCALATING

Type	What to try	Why it can help
Deep pressure or touch	A firm but gentle hug, a weighted blanket, or massage if your child agrees to it	Can be regulating for children who seek sensory input
Movement	Jumping, a trampoline, running. Or a rocking chair or swing	Helps burn off adrenaline. Rocking mimics the rhythmic motion of being held
Deep breathing	Bubble breaths: breathe in slowly through the nose, out through pursed lips as if blowing a bubble. Or hot chocolate breathing: imagine holding a hot drink, breathe in the aroma slowly, then blow it cool	Invaluable when taught during calm times, so your child can use it when upset
Sensory objects	A calm-down kit: stress ball, play dough, soft toy, fidget, glitter jar. Or a notepad to doodle in	Gives your child something concrete to focus on, which helps ground them
Sound and smell	Calming music, or a familiar soothing scent such as lavender	May also help your child settle

Teach breathing techniques while your child is calm, so that the skill exists before it is needed. A few deep belly breaths can physically reduce panic.

Work out with your child what helps them. Some want to be left alone somewhere comfortable. Others want you next to them, rubbing their back. Whatever works, name it and encourage it: “I notice drawing helps you when you are upset. That is a good strategy. Let us keep your sketchbook where you can get to it.”

Naming feelings

Once your child has come down a little, help them name what they are feeling. Children affected by trauma often cannot identify emotions. They experience an overwhelming jumble. Naming it calmly helps organise it.

EMOTION COACHING SOUNDS LIKE THIS

“I can see you are really angry and hurt because your friend took your toy. I might feel angry too, in that situation.”

That kind of reflection does two things at once. It tells your child the feeling is acceptable, and it shows them the feeling can be talked about. Over time your child learns to recognise that the tight feeling in their chest is anxiety, or that there was sadness underneath the anger. Where caregivers coach children through emotions in this way, children develop better emotional understanding and better coping.

Validate first, then set the limit

The order matters here too. “It is all right to feel frustrated. Everyone feels frustrated sometimes.” Then: “It is not all right to hit. Let us find another way to show me you are frustrated.”

Accepting the feeling is not approving of the behaviour. It means you have acknowledged what is going on inside your child, which is what builds trust.

Problem-solving, afterwards

Once the storm has passed, work out together what to do next time, and put right what needs putting right. If something was broken in a rage, your child can help fix it or do something to make up for it, but in the spirit of teaching rather than punishing.

Then plan: “What could we do differently when you start to feel that upset? Maybe instead of throwing things we go outside, or you tell me you are frustrated.” Let your child have a real say. When children contribute ideas, they are more likely to actually use them. Trauma-informed practice specifically recommends involving the child in deciding which strategies to use, because the child often comes up with their own way of settling.

Noticing when it goes well

Whenever your child manages even a small piece of self-regulation, say so, and be specific.

SPECIFIC PRAISE SOUNDS LIKE THIS

"I noticed you took some space instead of hitting your brother. That was excellent calming down. I am proud of you."

Children affected by trauma get a great deal of negative feedback, so the positives have to be caught deliberately. The direction of travel is from you doing the regulating to your child doing it. At the start you may be doing nearly all of the work to settle a situation. A year later they may be doing half of it.

Planning for known triggers

Much of this work is done in advance. When things are calm, work out with your child what usually upsets them: transitions, feeling criticised, an anniversary of a loss, a particular time of day. Then make a plan for those situations.

PLANNING AHEAD SOUNDS LIKE THIS

"I know getting ready for school is stressful. How about we try a picture checklist so you can go at your own pace, and I will wake you ten minutes earlier so we are not rushed?"

"If you start feeling overwhelmed in the shop, squeeze my hand and we will find a quiet aisle or step outside."

Planning gives your child a sense of control, and it means they know what to do as they start to lose control, rather than only discovering it afterwards. Teach an older child to say "I need a break", and then, crucially, respect that request by providing the break.

Why this is worth the effort

A study of a therapeutic summer camp for foster and adopted children, which relied heavily on co-regulation and sensory strategies, recorded unusually large gains in behaviour and attachment during the programme. Some of those gains faded afterwards, and what preserved them was continuing the same practices at home.

Everyday parenting, not the therapy hour, is where most of the healing happens. It is exhausting at times. Staying calm through a two-hour meltdown is not a small thing, which is why Parts 8 and 10 are about you.

THE POINT OF PART 4

Every time you help your child through a wave of feeling without either joining it or punishing it, you are teaching a skill they will use for the rest of their life.

PART 5

Behaviour: teaching instead of punishing

The word discipline comes from teaching. That is a useful reminder, because punishment is the part of ordinary parenting that works least well for children affected by trauma.

IN THIS PART

- Why punishment backfires
- Consequences that teach
- Catching your child being good
- Time-in instead of time-out
- Choosing your battles
- Finding the need behind the behaviour
- Safety plans, and when to get help

Managing difficult behaviour in a trauma-sensitive way is one of the hardest parts of adoptive parenting. Punitive approaches, including smacking, shouting, long time-outs and harsh consequences, are ineffective and often harmful for children with a trauma history. They set off survival instincts, which produces more aggression, more fear or a complete shutdown, and no learning.

Positive behaviour support still holds children to account and still encourages good behaviour. It does it through patience, praise and constructive consequences rather than through fear.

Why punishment backfires

Research in children generally, and in children affected by trauma specifically, finds that physical punishment and intimidation do not improve behaviour. They increase aggression and anxiety.

For a child who came from abuse or violence, any physical discipline re-traumatises them. It is experienced as a threat to survival and puts them straight into fight, flight or freeze. Professional bodies also warn that shouting and shaming can be as damaging as hitting, and can worsen both behaviour and mental health.

Adoptive parents are therefore strongly advised, and often required by their agency, to avoid corporal punishment altogether. That includes apparently mild forms such as a light smack, which can set off a trauma reaction or confirm your child's belief that adults hurt them.

> **You cannot punish trauma out of a child. What is needed is re-teaching and healing.**

Consequences that teach

When your child breaks a rule, use a consequence that is logically connected to what happened, and deliver it calmly. That lets your child learn cause and effect without feeling attacked as a person.

LOGICAL CONSEQUENCES, DELIVERED CALMLY

What happened	A consequence that teaches
Drew on the wall	Helps clean the wall, with your help so that it succeeds
Threw a toy and broke it	Picks up the pieces with you. The toy is not available now, and may be fixed later
Teenager missed curfew	An earlier curfew for a while, or losing a privilege connected to the breach

The tone should be neutral and caring rather than angry. “You threw your toy and it broke. That is sad. Let us pick up the pieces together. You will not have that toy now, but maybe we can fix it later.”

Avoid consequences that are arbitrary or out of proportion. They feel unfair, and they produce either more defiance or hopelessness. Grounding a child for a month over one incident will almost certainly backfire. Follow through on what you said, but keep the empathy in it: “I know it is hard to lose screen time tonight, but remember our rule about homework first. Tomorrow is a new day and you can earn it back.”

Catching your child being good

Rewarding positive behaviour shapes behaviour more effectively than punishing negative behaviour. For children affected by trauma this matters even more, because it also builds self-esteem.

- For younger children, a star chart or token system for things like getting through the morning without a meltdown, or using polite words instead of shouting.
- For older children, specific verbal praise, or a privilege such as extra time on something they enjoy.

The review of parenting programmes for foster and adoptive families found that consistent positive reinforcement, alongside appropriate discipline, is usually needed to reduce behaviour problems.

Many children affected by trauma are used to getting attention only for difficult behaviour, because that is when adults engage with them. Changing that pattern improves both the behaviour and your relationship. This is not about bribing your child, or never saying no. It is about where your attention goes.

Time-in instead of time-out

Standard time-out, where a child is isolated on a chair or in a room, often does not work as intended for a child with attachment difficulties. Being sent away can feel like rejection, or be frightening, and can make both the behaviour and their sense of self worse.

TWO WAYS OF HANDLING THE SAME MOMENT

Time-out	Time-in
Your child is separated from you	**Your child is removed from the situation, and you stay with them**
The message can be read as: you are too much	**The message is: calming down comes first, and you are still loved**
A child who fears abandonment may escalate	**A child who fears abandonment can settle**
Ends when the time is up	**Ends when your child is calm, then you talk briefly and rejoin the day**

Sometimes a mixture works: a short cool-off apart if feelings are running too high, with you checking in every minute or two, and then coming back together.

ALWAYS RECONNECT AFTERWARDS

After any separation or consequence, reconnect. Once your child is calm, give them a hug or a reassuring word: you still love them, and you are both moving on. Repairing the relationship after discipline matters most for children who would otherwise take the discipline as proof that they are bad.

Choosing your battles

Not every piece of misbehaviour needs a consequence. Keep firm intervention for the things that matter: violence, not attending school, stealing. Respond lightly, or let go, where the behaviour is minor and comes from trauma or from your child's developmental stage.

A child who swears habitually has usually learned it somewhere. You can calmly offer an alternative, and suggest they tell you they are upset instead, without turning it into a daily power struggle. Save your energy, and your child's, for the things that count.

Often the minor behaviours improve on their own once structure, routine and emotional support are in place. Children who feel more secure are more cooperative.

Finding the need behind the behaviour

The central question in trauma-informed discipline is: what need is driving this?

CORRECTING THE BEHAVIOUR WHILE MEETING THE NEED

Behaviour	Possible need	Meeting it while holding the limit
Acting out at bedtime	Reassurance. Fear of the dark or of being alone	Keep the bedtime, and add a check-in, a light, or a few more minutes together
Teenager answering back	Autonomy, or to feel heard	Keep the boundary, and give them a real choice about how or when
Refusing homework after school	A break. School has used everything they had	"Let us shoot some hoops for ten minutes to unwind, then try homework again"

This collaborative style, sometimes called PACE problem-solving for older children, or simply responsive parenting, reduces oppositional behaviour, because your child stops experiencing you as an opponent. They come to see you as an ally and a coach rather than only an enforcer, and over time they become more willing to tell you what they need before they act on it.

Safety plans, and when to get help

If your child does things that are dangerous, such as serious aggression, threats of self-harm, or running away, you need a **safety plan** rather than a discipline strategy. That usually means involving professionals.

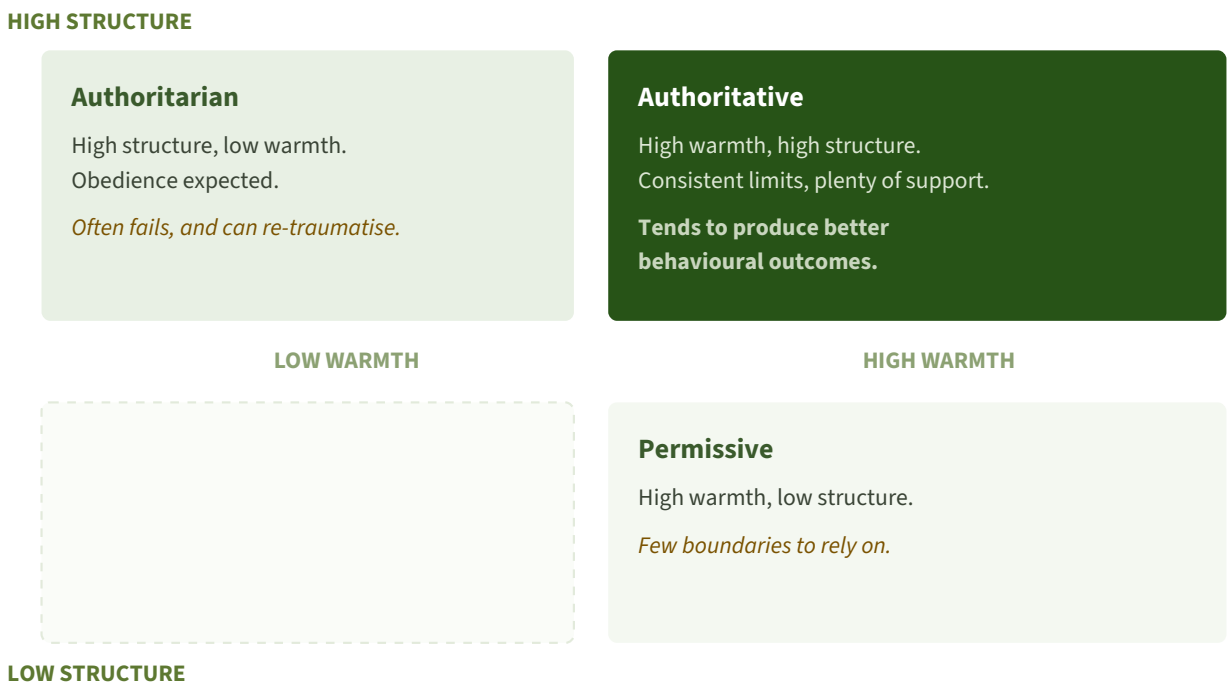
For serious aggression or violence towards parents, which some adoptive families do face, especially with teenagers who have complex trauma, **Non-Violent Resistance** training for parents has shown promise. It is a structured programme that helps parents respond to violence with calm resistance, bring in their support network, and step out of power struggles. It is non-punitive and family-centred, and pilot studies have associated it with reductions in child-to-parent violence. If you are facing this, look for an NVR course or a therapist trained in child aggression.

For persistent self-harm or talk of suicide, professional involvement is essential: trauma-informed therapy, and possibly psychiatric assessment. This is beyond what parenting strategies are for, and needs a treatment team.

> ASK FOR HELP EARLY
>
> Contact your adoption support social worker, a child psychologist or a paediatrician if you feel your child's behaviour is beyond what you can safely manage at home. Asking is not a failure of parenting. It is a way of keeping your family safe.

Warmth and structure together

What works for children affected by trauma is what research calls **authoritative parenting**: high warmth held together with high structure. It is not the same as authoritarian parenting, which has the structure without the warmth.



The research this guide draws on names three styles. Children affected by trauma do best where firm, consistent limits and warmth are held together, rather than one being chosen over the other.

Discipline of this kind takes more creativity and patience, and it does pay off. Over time your child learns that rules exist for safety, that getting things wrong does not make them unloved, and that mistakes can be put right. One day you may see your child apologise on their own, or take a break when they feel themselves rising. That is the result of hundreds of instances of patient teaching and consistent boundaries.

PART 6

Sensory and developmental needs

Trauma is often one layer of the difficulty. Neurodevelopmental differences can be another. Both need attention, and neither cancels the other out.

IN THIS PART

- Two sensory patterns, and how to tell them apart
- What families can do at home
- Help with organising and remembering
- Therapies and services to ask about
- Speaking up for your child

A child with complex developmental trauma may present much like a child with ADHD, with impulsiveness, poor attention and high activity, or much like an autistic child, with sensory sensitivities and social difficulties, even without either diagnosis. This happens because trauma disrupts some of the same pathways in the brain.

Some children also genuinely have co-occurring conditions: ADHD, autism, learning disabilities, fetal alcohol effects, or speech and language delay. So it is worth taking a whole child view. Identify any developmental or medical difficulty and support it alongside the trauma work.

Two sensory patterns

Children who have been exposed to trauma are at higher risk of sensory processing difficulties. These show up in two opposite ways, and sometimes in the same child at different times.

OVER-RESPONSIVE AND UNDER-RESPONSIVE

Over-responsive to sensation	Seeking sensation, or under-responsive
Too much is coming in	**Not enough is coming in**
Overwhelmed in loud or busy places such as assemblies or supermarkets	Crashes into things, spins, rocks, climbs
Strong reactions to scratchy clothing or certain food textures	Chews on things that are not food
Covers their ears at particular sounds	Does not seem to notice pain, heat or cold properly
Can look like anxiety or a tantrum, but is sensory overload	Can look like ADHD or naughtiness, but is a nervous system trying to wake itself up

What families can do

An assessment by an **occupational therapist** can be very helpful. They can work out your child's sensory profile and recommend activities, sometimes called a sensory diet, to keep them regulated. Even without one, you can watch for patterns and build in activities that help.

For a sensory seeker

Plenty of proprioceptive and vestibular input: heavy work such as pushing, pulling and jumping, and swinging or spinning. Trampolines, dancing, carrying the shopping, safe play-wrestling, pillow forts to crash into. Planned outlets prevent unplanned crashing.

For a sensory-sensitive child

Sensory safe zones: a quiet area, headphones that dampen noise, dimmer lighting, and perhaps a weighted lap pad during homework for calming pressure.

Teach your child to signal when they are getting overwhelmed. Some families use a colour system, where red means I need a break now. Encourage them to speak up for themselves: “If the dining hall is too loud, it is fine to tell the teacher you need a five-minute break.” Many schools will accommodate this once they understand your child's needs.

A SENSORY KIT FOR SCHOOL

- ✓ A small bag with a stress ball or something to chew, plus permission to use it.
- ✓ Ear defenders or headphones for fire alarms and noisy periods.
- ✓ A comfort item that is allowed to stay in their bag.
- ✓ Teaching your child to recognise the point at which they are heading for overload, and what to do then.

It matters that your child knows there is nothing wrong with them for being bothered by things. Frame it plainly: everyone has things that bother them, and we can take steps to make it easier. With support, children can greatly improve their ability to handle sensory input, and sensory-related meltdowns can become less frequent.

Help with organising and remembering

Neurodevelopmental differences usually come with weaknesses in **executive function**, which means organising, planning, remembering and keeping track of yourself. You may notice your child is disorganised, forgetful, cannot follow instructions with several steps, or performs unevenly at school.

- **Visual schedules and checklists** for morning and bedtime, so your child knows what comes next. Pictures for younger children, written lists for older ones.
- **Break tasks down.** Instead of “clean your room”, try “put all the cars in this bin”, then the next step.
- **Extra structure and reminders** for homework and chores. A timer or alarm to signal a change of task. Stay nearby and guide until they can do more alone.
- **Clear, visible rules**, and agreement between everyone caring for your child, so they are not navigating different rules in different places.

- **Praise effort and small wins.** These children experience a lot of failure. If your teenager packs their school bag the night before, even with prompting, say so.

The principle is **scaffolding**: putting external supports around a skill your child has not developed yet, then removing them slowly as the skill grows. Occupational therapists and educational psychologists can suggest specific approaches, such as a colour-coded planner for schoolwork.

In the UK, adopted children are eligible for **Pupil Premium Plus** funding at school, which can pay for extra help. Talk to the school about how it is being used for your child, for example to fund a learning mentor or one-to-one support.

Therapies and services to ask about

Which services help depends on your child. Through the Adoption Support Fund in England, or local authority support, many families access them at low or no cost.

SERVICES COMMONLY USEFUL TO ADOPTED CHILDREN

Service	What it is for
Occupational therapy	Sensory integration work, and difficulties with fine motor skills
Speech and language therapy	Speech delay, difficulty processing language, and social communication difficulties. Trauma can look like a language difficulty, and direct therapy still helps build the skills
CAMHS, or a trauma-focused child therapist	Post-traumatic stress symptoms, severe anxiety, and attachment work. Look for someone experienced in adoption and developmental trauma
Educational psychology assessment	Where a learning disability is suspected
Education, Health and Care Plan (EHCP)	A legal plan setting out the support a child with significant needs must receive at school

The principle is to address the whole child's needs. A child struggling at school may need both a trauma-informed approach and tutoring for a specific learning difficulty. A child with ADHD symptoms may need therapeutic parenting and also, possibly, medication or behavioural therapy for ADHD. There is no single answer, so it is worth staying open to several services working together.

Speaking up for your child

Do not hold back from advocating for your child in education. If sensory overload is a problem, tell the teacher and ask for adjustments. Many schools will allow sensory breaks, seating at the front, or fidgets, once they understand it is a need rather than misbehaviour.

If your child has a diagnosis such as autism or ADHD, make sure the school knows and has an up-to-date support plan. Without a diagnosis, you can still explain your child's background confidentially and suggest what helps.

Schools in the UK are increasingly recognising the importance of being attachment-aware and trauma-informed for previously looked-after children. Some have a safe base, or a named member of staff such as a learning mentor or an emotional literacy support assistant, for children to go to when distressed. If difficulties arise, speak to the school's Special Educational Needs Coordinator, or the Virtual School head for adopted children in your local authority. Those roles exist to coordinate support for children like yours. Part 7 goes into this in more detail.

THE POINT OF PART 6

A child who is overwhelmed by sensory input cannot simply sit still and behave. A child with an undiagnosed learning disability cannot simply try harder. Removing those barriers often improves behaviour markedly, because one source of daily distress has been taken away.

PART 7

Working with school

School can steady a child or make everything harder. Which one it becomes depends a great deal on what the adults there understand.

IN THIS PART

- What to share, and how much
- Trauma-informed practice in the classroom
- Sensory and emotional supports to ask for
- Keeping in touch
- What your child is entitled to in the UK
- Bullying and awkward questions

Many adopted children find ordinary school settings difficult. They may struggle to concentrate, feel unsafe, clash with other children or with authority, or be bullied for being different. So it matters that parents and teachers work together to build a supportive, trauma-informed environment.

In the UK, adopted children count as previously looked-after children and are entitled to certain supports. Not every teacher has training in trauma or attachment, though, so it is usually parents who start the conversation.

What to share, and how much

Early in the school year, or when your child starts at the school, meet the class teacher and the Special Educational Needs Coordinator. You do not have to hand over sensitive details that you or your child would rather keep private. Share the points that will change how staff respond.

THIS IS USUALLY ENOUGH

"He has some difficulties with trust because of early trauma. Loud shouting or sudden changes can make him very anxious. What works at home is a warning before a change, and a quiet space afterwards. I am very happy to work with you on this."

Explaining triggers, and the strategies that work at home, lets teachers respond rather than react. Schools that understand a child's background often become real allies, and some children come to see school as the safest place in their week.

Trauma-informed practice in the classroom

These are the things worth asking a school to put in place.

Predictable routines and clear expectations

A trauma-informed school aims for learning spaces that are safe, consistent and enjoyable, with a clear and consistent set of routines and expectations about behaviour. Ask the teacher about the daily schedule, and about how they handle transitions and behaviour, so that you know whether they use positive reinforcement and calming strategies. Offer resources or training. Many UK schools now train through organisations such as Trauma Informed Schools UK, or through adoption charities. Even small changes help: class rules displayed on the wall, and staff using calm voices rather than shouting.

Advance notice of changes

Children manage school far better when they know what is coming. Ask that your child be told in advance about anything unusual: a fire drill, a supply teacher, a change of seating. A teacher can tell your child quietly beforehand, or pair them with a classmate who will help. Giving children advance notice is standard recommended practice in trauma-sensitive classrooms.

Behaviour management that does not shame

Ask that the school use relational approaches rather than shaming or exclusion. Being publicly told off, or sent to stand in the corridor, can be very damaging. A brief time-in with a learning mentor, or a restorative conversation, works better. Many schools will agree to this once asked.

It also helps if staff understand that some behaviours, such as lying or taking food, are rooted in trauma and need teaching rather than punishment.

Sensory and emotional supports to ask for

PRACTICAL ADJUSTMENTS SCHOOLS CAN USUALLY MAKE

If the difficulty is	Ask about
Noise	Ear defenders during fire alarms and noisy periods, or headphones during independent work
Concentration	A movement break mid-morning and mid-afternoon. Some schools run sensory circuits, or send the child on an errand to get them moving
Becoming overwhelmed	A named safe person and a calm space. Many schools will give a child a card to hand to the teacher, allowing them to go to the SENCO's office or the library for a few minutes. All staff need to know the plan
The classroom itself	Replacing or covering flickering lights, and seating away from doorways and fans
Friendships	Clubs and other structured activities, to help your child make friends and feel they belong. A member of staff can go with them the first few times to build confidence

Children should be able to settle themselves in a way that works for them, agreed with you in advance: stepping out to breathe, doodling, or talking to a known safe adult, then returning to class. It is worth working out with your child what would help, and then telling the school.

Feeling connected to at least one friend or group at school makes a substantial difference to a child's sense of safety and their view of themselves.

Keeping in touch

Keep the line open in both directions. A weekly email or a home-school diary is useful, particularly during transitions or difficult periods. Pass on what the teacher sees going well, so you can praise it at home, and pass on what is happening at home so the teacher understands the week.

Consistency between home and school reinforces the same behaviours in both places. If school runs a reward system, you can mirror something similar at home. If your child is having a hard week, perhaps around the anniversary of a loss or of their adoption, tell the teacher so they can allow some latitude.

What your child is entitled to in the UK

You are not on your own in the education system. These roles and funds exist specifically for children like yours.

ROLES AND FUNDING TO KNOW ABOUT

What it is	What it does
Designated Teacher	Every school has one for previously looked-after children. Their job is to champion your child's needs. Find out who it is and make contact
Virtual School head	Each local authority has one, overseeing the education of these children. They can advise or step in if you hit a wall
Pupil Premium Plus	Funding that follows your adopted child. Agree with the school how it is spent: one-to-one tutoring, play therapy in school, or staff training
Priority admissions	Previously looked-after children have priority in school admissions
SENCO	The school's Special Educational Needs Coordinator, who arranges assessments and support plans
Attachment Aware Schools	Programmes in some regions that train whole schools. If yours has not taken part, you can point them to it

Adoption UK offers training and an education helpline. The Welsh Government has launched specialist training for teachers supporting adopted and care-experienced learners. In England, the Department for Education endorses trauma-informed practice in schools. Awareness is growing, and it is reasonable to expect a school to engage with it.

Bullying and awkward questions

Adopted children are sometimes targets of bullying, particularly children of a different ethnicity from their family, or children with visible disabilities or unusual behaviour. Watch for the signs, such as reluctance to go to school or unexplained injuries, and involve the school straight away if it happens.

It is worth asking your child's teacher to use inclusive language. Some school work can also be painful: tasks involving baby photographs or family trees are difficult for adopted children. Suggest an alternative, such as an All About Me project that allows for different family histories. Many teachers will be grateful for the insight.

You can also prepare your child for questions from other children. Practising a reply to something like “Why do you not live with your real parents?” means the question arrives as something they have an answer to, rather than as an ambush.

THE POINT OF PART 7

A trauma-informed school absorbs a lot of the stress that would otherwise come out as difficult behaviour or withdrawal. When home and school give the same messages about safety and support, children do better. Many adopted children catch up with their peers once the right support is in place.

Celebrate the school successes too, however small: a week with fewer incidents, progress in reading, a new friend. It tells your child that you and the school are both on their side.

PART 8

Looking after yourself

You cannot help your child effectively while you are running on empty. Looking after yourself is not separate from parenting. It is part of it.

IN THIS PART

- Compassion fatigue, and why it happens
- Finding people who understand
- Taking real breaks
- Sleep, food and movement
- Learning more about trauma
- Your relationship, and your other children
- What you are entitled to ask for

Caring for a child who has experienced trauma and has complex needs is demanding emotionally, mentally and physically. Adoptive parents often put so much into their children that their own needs disappear, and that leads to burnout.

Compassion fatigue is exhaustion, and a reduction in your capacity for empathy, caused by long exposure to someone else's trauma and by continuous caregiving stress. Adoptive and foster parents of children affected by trauma report higher levels of stress, and some develop symptoms similar to post-traumatic stress themselves. That is called secondary trauma, and Part 9 describes it in more detail.

> **Self-care here is not indulgence. It is a survival strategy, and it is a parenting strategy.**

Finding people who understand

Join an adoption support group, locally or online. It gives you somewhere to say the true version of how things are, swap strategies, and find that you are not the only one. Hearing from adopters further along is often the most encouraging thing available. Adoption UK and many local councils run coffee mornings or forums for adoptive parents.

If getting to a group in person is not realistic, online communities help, with the usual care about confidentiality. Also stay connected to friends and family who are supportive. Even where they do not fully understand, having someone to talk to, or someone who occasionally helps out, reduces the load.

Contact your adoption agency or support worker as well. Supporting you, and not only your child, is part of their role.

Taking real breaks

Breaks from caregiving are how you recharge. If you have a partner, take turns so that each of you gets some time that is genuinely your own. If you are parenting alone, identify a trusted friend, relative, or respite foster carer who can step in from time to time. Some areas run formal respite schemes, a Saturday club for the children, or a buddy family who host your child for a day.

Even a few hours makes a difference: a nap, a walk, a hobby, or simply time without children.

> **IF TAKING A BREAK FEELS LIKE ABANDONING YOUR CHILD**
>
> Many parents feel guilty about time away, and parents of a child with attachment difficulties often worry about the separation itself. A well-rested, less stressed parent is a more effective parent, and taking breaks also shows your child what healthy boundaries and balance look like. Start with very short breaks and build up. Seeing that you reliably come back can strengthen your child's sense of security, and it is useful practice for separations at school.

Sleep, food and movement

Sleep, nutrition and exercise are the first things to go when you are managing crises, and they profoundly affect your ability to cope.

- **Protect sleep.** If your child has difficulties at night, nap when they nap, or take turns with a partner on night duty.
- **Keep some movement.** Twenty minutes of yoga at home, or a walk, counts.
- **Use what reduces your stress.** Research on caregiver stress suggests time in nature, mindfulness, journalling or prayer can reduce the symptoms of secondary trauma. Find yours and make it routine.
- **Keep your own appointments.** Your health matters too, and it is usually the first thing cancelled.

If you find yourself persistently low or anxious, which is common under long strain, consider seeing a counsellor for your own support. Many therapists work specifically with caregiver fatigue, and a few sessions can be enough to make sense of your experience and plan how to cope.

Learning more about trauma

Some parents find that learning more about trauma, therapeutic parenting and their child's specific difficulties actually reduces their stress, because understanding replaces some of the helplessness.

Workshops and conferences, many of them online, and books by writers such as Dan Hughes, Bruce Perry, Karyn Purvis and Sarah Naish, give you new ideas and some reassurance that you are on the right track. Post-adoption support services often provide free training, and it is worth using.

Your relationship, and your other children

If you have a partner, protect that relationship. It easily takes a back seat amid everything else, and that is how strain sets in. Arrange the occasional evening out, or an evening at home once the children are asleep. Talk openly about how each of you is finding it, and remember you are a team.

Avoid the two accusations that come most easily, that one of you is too soft and the other too hard. You each bring something. Parents who feel supported and united give a child the stable base they need. Family therapy can help, not because something is wrong with your family, but as a place to improve communication or resolve a split in approach that your child may otherwise exploit.

If you have other children, adopted or birth, make sure they also get your attention and somewhere to talk about how they feel. Difficulties between siblings are common when one child's needs dominate, and brothers and sisters can feel overlooked or frightened. Regular family meetings, or something enjoyable done together such as a game night or a trip out, keeps everyone included. Part 10 goes into sibling needs in more detail.

What you are entitled to ask for

Under UK law, adoptive families are entitled to an **assessment of adoption support needs**. If you are struggling, contact your regional adoption agency and request one.

An assessment can unlock funding for therapeutic services through the Adoption Support Fund, respite care, or other resources. Families have had Theraplay or Dyadic Developmental Psychotherapy funded, and specialised parenting courses such as Non-Violent Resistance training for parents facing aggression.

These services exist because adoption is recognised as difficult and as needing support. There is no shame in asking for help. It is evidence of commitment to your family.

WHAT AN ASSESSMENT CAN LEAD TO

- ✓ Funding for therapeutic services through the Adoption Support Fund.
- ✓ Respite care.
- ✓ Therapies such as Theraplay or Dyadic Developmental Psychotherapy.
- ✓ Specialised parenting courses, including Non-Violent Resistance training.
- ✓ Support for you as parents, and not only for your child.

Being fair to yourself

What you are doing is hard work, and not every day will feel rewarding. There will be days when you doubt yourself.

Notice the small victories, your child's and your own. Perhaps your child handled a disappointment slightly better than last month. Perhaps you stayed calm through a meltdown where a year ago you would have shouted. Those count.

You will also make mistakes, as all parents do. You may lose your temper or feel resentful. Forgive yourself, and repair it with your child where it is needed: “I am sorry I shouted. I was feeling frustrated, and that is not your

fault.” Children learn from watching a parent apologise and recover. Showing them how to handle a mistake is itself a lesson.

Research on secondary trauma in adoptive parents suggests that high stress does not have to end in burnout, provided it is recognised early and managed with proper support. Part 10 sets out approaches for doing that.

THE POINT OF PART 8

In looking after your own needs you are looking after your child's, because what your child needs is a healthy, steady parent.

PART 9

What adoptive parents commonly carry

This part describes the difficulties adoptive parents report, plainly and without softening them. If you recognise yourself here, you are not failing. You are having a normal response to very difficult circumstances.

IN THIS PART

- Burnout and compassion fatigue
- Secondary trauma and being permanently on alert
- Living without control
- Guilt, self-blame and shame
- Strain on your relationship
- Isolation, and losing yourself
- What siblings and wider family carry

Families raising children with developmental trauma and complex needs experience a cluster of long-running stresses. Naming them makes them easier to recognise, and shows where support is needed.

Burnout and compassion fatigue

Long involvement in emotionally demanding situations produces physical and emotional exhaustion. Many parents develop compassion fatigue: deep depletion from caring for a child affected by trauma, with symptoms resembling post-traumatic stress.

Surveys of UK adopters find they report significantly higher secondary traumatic stress and burnout than the general population, together with lower **compassion satisfaction**, which is the sense of reward that caring for someone can bring.

WHAT UK RESEARCH FINDS

Nearly 20%
of adoptive parents had trauma symptoms severe enough to be of concern

Around 10%
met the criteria for probable post-traumatic stress disorder

75%
said it is a continuous battle to get their child's needs met

Figures from a UK study of adoptive parents (Duncan et al., 2025) and a UK charity report. See the references at the back.

Secondary trauma and being permanently on alert

Secondary traumatic stress, also called vicarious trauma, is what happens when a parent takes in their child's distressing experiences. Hearing about, or living alongside, a child's nightmares, rages or self-harm can produce intrusive thoughts, anxiety, difficulty sleeping, or a constant state of alert.

One UK study found that a sizeable minority of foster and adoptive carers experienced moderate to severe secondary trauma, and that some developed post-traumatic stress disorder from indirect exposure. Parents describe becoming hypervigilant, braced at all times for the next crisis. That level of tension wears away the ability to relax, and contributes to physical health problems.

Living without control

Raising a child with complex needs often means living with unpredictability: sudden outbursts, sensory overload, a crisis at school, or a period of going backwards, with little warning. The sense that anything could happen and that you cannot prevent it feeds continuous anxiety.

Routines are frequently disrupted, sometimes by the child and sometimes by systems, including schools and services, that do not provide what they should. Research confirms that adoptive parents face stressors beyond those of biological parenthood, from the higher likelihood of emotional and behavioural difficulties to negotiating stigma and complicated support systems.

Parenting stress in this situation can become extreme, particularly where parents feel the demands on them clearly exceed what they have. A UK charity report found that 75 per cent of adopters feel it is a continuous battle to get their child's needs met, which shows how much of the strain comes from outside the family rather than inside it.

Guilt, self-blame and shame

Adoptive parents frequently describe guilt, and a crushing sense of failing at this. Where attachment or behaviour problems persist despite everything they have given, parents often blame themselves, or conclude that they are not good enough.

Some feel guilty for not loving all of it, or for moments of resentment or exhaustion. Others feel shame that their family life is not the story they imagined, particularly under the gaze of friends, family or professionals.

Studies find that persistent difficulties leave adoptive parents with feelings of blame, guilt and failure. Difficulty bonding with an adopted child can bring sadness and self-criticism. Parents may grieve that the attachment feels different from what they expected, and turn that into guilt or anxiety about not connecting as they had hoped.

Outsiders, and sometimes professionals, can make this worse. Adoptive parents often perceive a judgement that they are overreacting, or not handling the child correctly, which adds isolation to the difficulty itself.

Strain on your relationship

Caring for a child affected by trauma puts particular strain on a marriage or partnership. There is less time for each other, because the energy goes to the child. Disagreements arise about discipline, about safety decisions, and about how far to push for normality rather than adapt around your child.

Over time unresolved stress turns into resentment. One partner may feel the other is too lenient, while the other feels their partner is too harsh or too absent. The loss of freedom and social life that comes with intensive caregiving separates partners further.

Case studies describe adoptive parents forgetting that they still had a relationship needing care, until high expectations and the reality of their children's difficulties produced emotional distance and resentment. It is normal for adoptive couples to argue more under this pressure, and to grieve the family life they had imagined. Research in England has found that adoption can derail relationships where couples do not find ways to reconnect and communicate. Without support the risk of breakdown rises, and that in turn threatens the stability the child depends on.

Isolation, and losing yourself

Many adoptive parents describe feeling very alone. Friends and relatives may pull away, not understanding the child's behaviour or the constraints the parents now live with. Ordinary things, such as playdates, holidays or visiting family, become fraught or impossible, so families withdraw, either for safety or to avoid embarrassment.

Over time parents can lose their identity outside caregiving. Careers are cut back or given up to manage appointments and crises. Hobbies stop. The parent's world narrows to the child's needs, which is done out of love, and still leaves them feeling that they no longer count as a person.

Role overload is common: therapist, advocate, protector and teacher, around the clock. One UK survey found that adoptive parents have less social support than non-adoptive parents. The transition itself is often abrupt, with little lead-in time, or beginning with older children or a sibling group, and without the communal rituals and celebration that birth parents receive.

What siblings and wider family carry

It is not only parents. The whole family is affected.

Brothers and sisters, whether birth children or other adopted children, can experience secondary trauma too. They may witness violence or extreme distress, or simply live in an atmosphere that is tense and unpredictable. They often feel jealous or resentful when one child's needs take all the attention, and wonder why they always come second.

They also hold contradictory feelings: love and protectiveness toward their sibling alongside anger, embarrassment or fear. Without support, siblings can be traumatised in their own right, particularly where they are the target of aggression, or their belongings are destroyed. Some begin to act out themselves, or become anxious.

Extended family may not understand the dynamics, and may make insensitive remarks or impose expectations. Misunderstandings can create rifts, or problems with boundaries, such as relatives giving unhelpful advice or treating the adopted child differently from other children in the family.

Why this happens

Most adopted children in the UK come from backgrounds of trauma and loss, and that shows up as attachment difficulties, difficulty managing emotion, developmental delay and sensory difficulties. Parenting a child in that

position requires extraordinary patience, specialised approaches and often professional help. It is well beyond ordinary parenting.

Adoptive parents end up balancing empathy against exhaustion. Understanding why your child behaves as they do helps you respond with compassion, and living through it every day still takes a serious toll. Without adequate support, parents are at real risk of burning out or developing mental health difficulties themselves.

THE POINT OF PART 9

These difficulties are common, and they are not a sign of personal failure. They are what happens to ordinary people in extremely demanding circumstances. Part 10 sets out what helps.

PART 10

Building your own resilience

There is a great deal that helps. This part covers being kinder to yourself, separating what you can control from what you cannot, and treating your family as a team rather than a set of individual problems.

IN THIS PART

- Self-compassion, and the three systems
- How you talk to yourself
- Measuring yourself by values, not outcomes
- What you can and cannot control
- Acceptance, and redefining success
- Your co-parenting team
- Siblings, extended family and your network
- Boundaries, rest, health and identity
- Gratitude, and realistic hope

The aim here is twofold: to help you cope and look after yourself, and to help your family work better as a system, including your co-parenting relationship, your children's relationships with each other, and your support network. The approaches below draw on Compassion-Focused Therapy, Stoic philosophy, systemic family therapy, and general psychological wellbeing research.

Self-compassion, and the three systems

Self-compassion means extending to yourself the same kindness and understanding you give your child without a second thought. It is one of the strongest protections against caregiver stress.

Compassion-Focused Therapy, developed by the British psychologist Paul Gilbert, was designed for people struggling with heavy self-criticism or shame. It describes three systems in the mind that regulate emotion.

Parenting a traumatised child keeps you in threat and drive. The soothing system has to be switched on deliberately.

Switching the soothing system on

Engage it every day, on purpose, to rebalance. Slow breathing, with the out-breath a little longer than the in-breath, or working through the muscles of your body relaxing each one in turn, both tell your body to come off high alert.

You might set up a quiet corner for yourself, with a comfortable chair, a blanket and calming music, and spend ten minutes a day there. Some parents use a mindfulness or compassion app. These are not luxuries. They counteract chronic stress, and Compassionate Mind Training exercises are designed specifically to build a sense of inner safety and warmth. Even short periods of calming your nervous system restore some of your capacity to face what is coming.

How you talk to yourself

Notice your inner commentary, particularly when you think you have handled something badly. If it runs along the lines of "I lost my temper, I am a terrible parent", that is the thing to change.

TRY SPEAKING TO YOURSELF AS YOU WOULD TO A FRIEND

"This is so hard right now. It makes sense that I am overwhelmed. Any loving parent in this situation would feel this way. I am doing my best, even though things are not perfect."

This is not letting yourself off. It is acknowledging that you are fallible, so that shame does not take over your ability to cope. When parents increase their self-compassion, the research shows reduced depression, anxiety and stress, with benefits for their children's wellbeing too.

Two practical exercises:

- Write yourself a letter from the point of view of someone who loves you unconditionally and knows what you are dealing with.
- Keep a small notebook and, each evening, write down one thing you did kindly or competently that day, however small.

Bringing shame into the open

Shame and inadequacy thrive on secrecy. Name these feelings somewhere: a journal, a friend, a support group. Saying them out loud takes some of their force away.

Compassion means noticing suffering and committing to relieve it, and that includes your own. When guilt floods in, pause and ask what you actually need at that moment. It may be rest, or a cry, or someone who understands. Developing self-compassion also improves shame resilience, meaning you recover faster from the moments of feeling like a failure.

Some parents find it helps to put a compassionate reminder somewhere they will see it, such as "I am enough, even when things are tough".

Measuring yourself by values, not outcomes

It is easy to become fixed on outcomes: is my child improving, is any of this working. When progress is slow or invisible, that leads to despair.

A compassion-focused approach moves the measure. Remind yourself why you took this on, and which values you want to live by: love, patience, advocacy, commitment. Then judge the day by how far you managed to live those out, rather than by your child's behaviour, which you cannot fully control anyway.

THIS SOUNDS LIKE

"Today was a disaster at school, but I stayed patient and I kept communicating safety to my child. I lived my values."

This also builds compassion satisfaction, the meaning and positive feeling that can come from caring for someone. Notice the small moments of connection deliberately, and share them with your partner or a friend. A gratitude list works: "Today we shared a genuine laugh at bedtime", or "He did not fight me about the headphones in the loud shop, and that prevented a meltdown." Deliberately noticing this side of caregiving protects against compassion fatigue.

Getting professional support for yourself

Sometimes you need help to process your own trauma symptoms or exhaustion. If you look for therapy or a group, look for practitioners who are trauma-informed or compassion-focused and who understand adoption.

A therapist can also work with the blocks to self-compassion. Some parents feel guilty about looking after themselves at all, or believe that self-kindness is self-indulgent. Working through that frees you to use it.

Some post-adoption services run compassion fatigue workshops for foster and adoptive parents. The Adoption Support Fund, or its equivalent, can often fund therapeutic support for parents' wellbeing and not only for the child. Part 8 explains how to ask.

What you can and cannot control

Stoic philosophy is ancient, and its central lesson is directly useful here. Epictetus taught that some things are within our power and others are not. From that follows the rest: accept hardship as part of life, and live by your values whatever is happening.

SORTING THE TWO

Not in your control	In your control
What happened to your child before they came to you	**The safety and calm of the home they are in now**
Whether your child had a terrible day at school and comes home raging	**How you respond when they walk through the door**
Your child's sensory sensitivities	**Reducing what you can at home, and asking school to do the same**
The timetable on which attachment develops	**Turning up reliably, again, today**
Funding cuts that reduced the therapy available	**Continuing to press for it, and using strategies at home meanwhile**

Accepting what you cannot change releases you from fruitless frustration and directs your energy to what actually helps. It reduces anxiety substantially. Psychologists writing about Stoicism note that focusing on your own effort, and letting go of the obsession with outcomes, makes parenting both happier and less anxious.

When you catch yourself spiralling, with thoughts like “What if he never gets better? I cannot stand this”, come back to what you can do today. Letting go of the impossible goal of total control is, oddly, how you get some sense of agency back.

Accepting where you actually are

Stoicism does not mean being unmoved, or pretending to like the hardship. It means seeing the situation as it is, so that you can respond sensibly.

Rather than resisting it, or asking why us, the more useful position is: this is where we are, and these are the challenges on our path. That prevents the second layer of suffering that comes from fighting reality.

One Stoic exercise, called negative visualisation, is to reflect occasionally on how things could be worse, not in order to feel bleak, but to notice what you do have. If your child has violent outbursts, it is still worth noticing that they are not constant, and that you have supportive professionals involved, which some families do not.

In practice, acceptance sounds like: “Today was awful, and I accept that this is part of our journey. I will love my child and myself through it.” It also applies to your own feelings: “I feel angry, and that is understandable. It does not make me a bad parent.” Acceptance is not giving up. It is the first step to acting effectively, and it takes some of the heat out of the anger and panic.

Naming your values

The Stoics held that a good life is guided by values such as wisdom, courage, justice and compassion. Take some time to define the values you want to hold to as a parent and as a family. You might choose unconditional commitment, empathy, safety, advocacy and humour. When you are in doubt or despair, returning to them steadies you.

If courage is one, it becomes: we will keep facing each day, even when progress is invisible. If connection is one, it becomes a nightly ritual of being together, reading or sitting close, however chaotic the day was.

In hard moments, instead of dwelling on how unfair things are, ask what your best self would do now, and then do that, regardless of whether it fixes anything. Parents often find that even when nothing improves externally, they feel steadier when they have acted in line with what they believe.

Finding meaning in endurance

Stoic philosophy treats difficulty as an opportunity to practise character. No parent wants adversity, and reframing your situation as something meaningful can strengthen your resolve.

Telling yourself that this is a marathon which is forging you into a more compassionate and stronger person can build endurance. It echoes the Stoic idea of *amor fati*, loving your fate: not enjoying the suffering, but accepting that this is your path and that it has value in itself.

Some adoptive parents hold on to the purpose of it: giving a child a chance at healing and happiness is an extraordinary thing to do, even where the road is rough. Reminding yourself and your partner of that purpose can be genuinely fortifying. It does not remove the fatigue, and it puts the fatigue in context.

Small rituals help. Some parents keep a photograph of their child from the early days as a marker of how far things have come. Some treat Adoption Day each year as a personal recommitment as well as a family celebration.

Curbing your own reactivity

Set up a regular reflection. At the end of the day, go back over the difficult moments with a calm and fair eye: what set me off, how did I respond, what was and was not in my control, what could I try differently. Done consistently, this shows you the patterns in your own reactions.

In the moment, when you feel your temper going, pause and widen the frame. How will this look in a year? How would someone outside the situation see it? That small distance stops you being carried away by the feeling. “This too shall pass” is worth having available during a meltdown or a bad week.

Training yourself not to act on every surge of fear or anger has a second benefit. Your child is watching how you handle big feelings, which is how they learn to handle theirs.

Redefining success

If, privately, you believe that successful parenting means your child is fixed or behaves normally, you have set a target you cannot hit, and disappointment will follow.

Define success by your own effort and consistency instead: “Success today means I kept my cool while he was in full meltdown”, or “I followed through with the bedtime routine we agreed.” Define failure only as not acting according to your values, such as speaking cruelly in anger, and treat even that as something to learn from rather than as a verdict on you.

Moving the measure from external outcomes to your own values and effort is how you get some power back. If you have done what was within your power, you can be content, because the rest was never yours.

Your co-parenting team

If you have a partner, your relationship is a cornerstone of the family's stability rather than a luxury. Children affected by trauma often, without meaning to, put pressure on the couple, so working on your relationship proactively is essential.

- Make time to talk about how you each feel and what you are each doing, away from the children. Even twenty minutes at the end of the day prevents a lot of misunderstanding.
- Agree your approach to the key things: discipline, safety plans, and who handles which appointments, so that you present the same front.
- When you disagree, remember the two of you are on the same side, against the problem rather than each other. Saying “I am on your side” out loud helps.
- Divide responsibilities in a way that feels fair, and give each other breaks. Take turns on the difficult bedtimes.
- Protect couple time. Even an evening in, once the children are asleep, watching something and not problem-solving, fortifies the foundation the whole family stands on.

If the relationship has suffered, consider couples therapy. Many therapists specialise in adoption-related family work and can provide a safe place to address resentment and rebuild teamwork. Adoption puts unusual strain on a relationship, and getting help with it is sensible rather than a sign of defeat.

Siblings, extended family and your network

Your other children

Brothers and sisters, adopted or birth, can feel overlooked or overwhelmed by the demands of a high-need sibling. Give each child individual attention deliberately.

- Schedule special time weekly with each child, where they have a parent to themselves. A trip to the park or going out for an ice cream is enough.
- During a crisis with one child, acknowledge it briefly to the others and affirm that their feelings count: “I know it might be frightening that your brother is so upset. I am sorry I have to give him so much attention right now. I love you, and we will have our time soon.”
- Encourage them to say how they feel, perhaps through a family journal that everyone writes or draws in.
- Hold occasional family meetings, pitched at your children's ages, so that resentment does not build up in silence.
- Explain their sibling's difficulties in an age-appropriate way, so they understand that the child is not bad but has been hurt and has different needs. This builds empathy and stops them taking aggression personally.
- At the same time, treat their anger, jealousy and embarrassment as normal rather than as something to correct.

If one child is targeting siblings with violence or disruption, take it seriously. The targeted child must feel protected. That may mean a safe space they can go to, or locking away their belongings. Where conflict is severe, family therapy or a specialist intervention such as Non-Violent Resistance training matters. A therapist can help siblings express what they are carrying and help the family rebuild trust.

Where it is possible, arrange things that bond the children positively: a cooperative game, a silly art project, a film night for the siblings. Some communities have groups for siblings of children with special needs, where they meet others in the same position.

Extended family

Grandparents, aunts, uncles and close friends can be allies or an additional source of stress, depending largely on how the relationships are managed.

- Explain your child's needs, including sensory difficulties, and ask for gatherings to be adjusted: quieter, shorter, or with a quiet room available.
- Ask for respectful language about adoption. That includes not asking prying questions about the birth family in front of your child, and not describing birth parents as the real parents.
- Share something written about developmental trauma or therapeutic parenting with relatives who do not understand why you parent as you do. Frame it as: we value your support and want to share what we have learned helps children like ours.
- Set boundaries where you need to. “Thank you, we have a plan from professionals that we are following” is a complete answer. So is “We know you care, and we need you to trust us on this.”
- Name the topics that are off-limits, such as questions to your child about their past, or comparisons with other children.
- Deal with it privately when someone oversteps, for example a grandparent promising something that breaks your rules.

Invite them in as well. Many relatives want to help and do not know how, so give specific suggestions: a grandparent who reads with your child over video, an aunt who puts together a box of fidget toys. Encourage them to include your child fully in family traditions, with whatever adjustments are needed, so your child belongs.

Ask for practical help where you have someone trustworthy: an afternoon of babysitting, a lift to an appointment, a cooked meal. And when family do step up, say thank you, because it strengthens the partnership.

If some relatives cannot or will not understand, it is reasonable to limit contact. Your household comes first.

Your wider network

Social support is a lifeline, so seek it out actively.

- **Adoptive parent support groups.** Adoption UK runs local and online meetings where you can speak openly. Other adoptive parents bring both practical tips and relief.
- **Online forums and groups** for parents of children with trauma, fetal alcohol spectrum disorder, autism and other conditions. Be careful with advice from the internet, and many parents value having somewhere to turn at two in the morning.
- **One or two friends who know.** If groups are not for you, having someone you can text in a crisis reduces the isolation considerably.
- **Professional support.** Post-adoption support workers, therapists for you or for the family, and respite providers are part of your network too.
- **Peer mentors.** Some regions run schemes pairing an experienced adoptive parent with a newer one.

The UK Adoption Support Fund can sometimes fund short breaks, where trained carers look after your child for a day or a weekend. Taking a break is not evidence that you are not coping. It is what sustains your capacity to keep going.

Extend the same approach outwards. Explain your child's needs to their school, childminder, club leaders and community groups. Where the people around you understand the context, you face less blame and receive more help.

How your family talks about itself

Notice how difficulties get described at home. Frame the problem as external: “the trauma is causing this”, or “this is hard for our family right now”, rather than as something wrong with the child or with each other. Use we: “we are all working on how we communicate when we are upset”.

Encourage openness, and set some limits on it too. Not every conversation has to be about the child who is struggling. Designate some times or places where it is not discussed.

Practise listening properly. When someone speaks, child or adult, reflect back what you heard before responding. And where relatives or friends use negative descriptions, such as calling your child bad or you too soft, reframe it directly: “What we are dealing with is the effect of trauma, and we are using therapeutic parenting. It looks different, and it is what he needs.”

Boundaries, rest, health and identity

Setting boundaries and saying no

Your family's needs are unusual, and you do not have to meet ordinary social expectations at the cost of your own wellbeing. It is reasonable to decline things.

You might decide large birthday parties are not workable for now, and send a gift and a kind note instead. You might tell school your child will do minimal homework, because evenings are a trigger and home peace matters more. “We would love to, but we have to put our family's stability first. Thanks for understanding” is enough of an explanation.

Set boundaries inside the home as well. It is reasonable that some hours belong to the parents, even if that is only after nine in the evening, so that you can decompress. Children affected by trauma often feel safer with consistent structure, even when they push against it.

Set mental boundaries too. Give yourself periods when you are off duty in your head, focused on a book or a programme, and put the worrying aside. Your brain needs that.

Rest

Rest is not a luxury. It is medicine. Chronic sleep deprivation, or never having any downtime, will quickly erode your capacity to cope.

- Coordinate with your partner so that you each get a lie-in on alternate weekends, and take turns on night duty if your child has insomnia or night terrors.
- If you are on your own, ask whether a friend or relative could do an occasional overnight, so you get one full night's sleep. Many people are glad to help when asked directly.

- Take mini-breaks in the day. When your child is at school, instead of one more job, sit down with a cup of tea, do a short yoga video, or close your eyes and breathe.
- Use respite services if you are eligible, to get a day or a weekend off monthly or quarterly.

Treat these as fixed appointments. You would not skip your child's therapy session, and this is the same category of thing.

Physical health

Regular exercise reduces stress, lifts mood and improves sleep. You may not have time for a gym, and movement can be built in: a brisk walk, twenty minutes at home before the children wake, stretching in the living room. Some parents include their child, with a family bike ride or dancing, which doubles as time together.

Nutrition matters as well. Under stress it is easy to skip meals or live on whatever is quickest, and that worsens fatigue and mood. Aim for regular balanced meals. If cooking is hard, consider a meal preparation service or batch cooking on the calmer days. Keep decent snacks available, and drink water through the day.

Relaxation techniques help the body come down: relaxing each muscle group in turn, guided imagery, or a long bath. Mindfulness works for many parents, and even five minutes of mindful breathing in the morning can set a steadier tone for the day. The evidence that mindfulness and self-compassion exercises reduce parental stress and improve satisfaction with parenting is strong. It may help to settle on a routine: mindfulness on Monday, yoga on Tuesday, a bath on Wednesday, and so on.

Remaining a person

You are more than a parent. Think about what defined you before, and how to keep a thread of it alive.

- If you painted or drew, set up a corner and use it once a week.
- If you had close friendships, put a regular coffee or phone call in the diary and protect it.
- If faith or spirituality matters to you, make room for it, including online, where stepping out is understood.
- If you want something entirely unconnected to parenting, take it up. An instrument, a book club.

Some parents find new parts of themselves through this. Writing a blog or a journal helps them process what is happening and creates an identity as a writer or an advocate. If you have lost confidence, a short piece of work with a coach or therapist on your own goals is worth considering.

Many adoptive parents return to a career or an interest once the first storm has passed, and planning for that is not disloyal. Your child benefits from seeing you as a whole person: it shows them what adult life looks like, and it takes the pressure off them being the entire focus of yours.

Using what is available

Make full use of post-adoption support services. In the UK there are established organisations and charities offering training and guidance for adoptive families, including the Anna Freud Centre, the Tavistock's adoption team, PAC-UK, and Adoption UK's therapeutic services.

- Therapeutic parenting courses, such as those based on Dyadic Developmental Psychotherapy or Nurturing Attachments. These teach techniques and usually come with a group of other parents.
- Mindfulness and reflective parenting programmes for adopters, which have improved parents' compassion and coping.

- Peer mentoring or buddy programmes run by some local authorities.
- Condition-specific support, for example through the National Autistic Society or the FASD Hub.
- Systemic family therapy, which improves how the whole family communicates and shares the load.

Ask for an assessment of your family's support needs. Under UK guidelines adoptive families are entitled to post-adoption support assessments, and you can ask for therapeutic services for the parents, not only the child, where your own wellbeing is affecting the placement. That can bring in funding for couples counselling or respite. Some councils have funded cleaning or childcare to relieve pressure.

Services are stretched, so this may take persistence. There has to be a pathway of care for families, otherwise families are being asked to do what feels like the impossible. Advocate for yourself with the same tenacity you use for your child.

Gratitude, and realistic hope

Noticing what went well

Notice the positives, however minor. Did your child manage a transition today with only a mild protest? Did you and your partner laugh at something absurd? Did a friend send a supportive message? Those are wins.

Some families keep a jar of good moments, written on slips of paper, to read later. It shifts the family story from crisis alone to crisis alongside growth and affection. A gratitude round at bedtime, where everyone says one thing they are grateful for, does something similar.

Research shows that attending to gratitude and to what is going well builds resilience. For a parent it might be no more than “I am grateful I drank a hot cup of coffee before the chaos”, or “I am grateful for the support group where I felt understood”. These do not remove the problems. They stop the problems being the only thing you can see.

Hope that can survive a bad year

Hold on to hope, and make it realistic. Your child's development is likely to be a long road with setbacks in it. Do not attach your own wellbeing to a single fix or a particular timeline. “She must be better by next year” leads to disappointment.

Aim instead for incremental progress. Hope might mean noticing that this year was slightly better than last, or that you have learned new approaches even though the difficulties remain. Complex developmental trauma is often lifelong, and children do make progress in stability and trust with consistent care.

Stay flexible. If a therapy or a routine is not working, changing it is not a failure. Adapting is resilience. Read and train, and also trust what you know: you are the expert on your child within your own family.

THE POINT OF PART 10

You cannot control your child's history, their diagnosis, or how quickly they recover. You can control how you treat yourself, what you protect, and who you bring in to help. Your child needs a healthy, steady parent, and that is what these approaches are for.

IN CLOSING

Coming back to the three principles

Parenting a child who has been through early trauma, and who may also have neurodevelopmental difficulties, asks for extraordinary patience, empathy and resilience. It also asks families to rethink traditional parenting and take up an approach that puts healing and connection ahead of correction.

Everything in this guide converges on a simple point: what helps children is a combination of love and structure, delivered consistently over time. There is no quick fix and no single therapy that resolves these difficulties. The everyday actions of parents who understand what they are dealing with, supported by professionals who do the same, are what produce recovery and growth.

Children are resilient

Studies and real outcomes show that with stable, loving families and proper support, adopted children can overcome enormous adversity. Their development may follow a different timetable, and they frequently catch up, or find their own ways to do well. Many go on to form strong relationships, do well at school, and build healthy adult lives, even where the route there was not straightforward.

Your part in this is substantial. As one meta-analysis put it, placement into a nurturing adoptive family is itself a powerful intervention, and when it is combined with evidence-based parenting strategies it can prevent further problems and increase a child's resilience.

Measure progress in small increments

What looks trivial from outside is often a real milestone: a child using words instead of hitting, or falling asleep with less anxiety. Notice those.

There will be setbacks too. Progress in recovery from trauma is commonly two steps forward and one step back. When old behaviours resurface, go back to the fundamentals: safety, connection, regulation. A growth spurt, a change of routine or an anniversary can set a child back temporarily, and with consistency they regain their footing.

> **This is a marathon rather than a sprint. Pace yourself, and use your support.**

That you sought out this information at all says something about your commitment. In doing so you have joined a large group of parents and professionals working in the same way.

The three questions to come back to

When you do not know what to do, these three, in this order, will usually tell you.

These three principles are echoed by trauma experts and by models such as Trust-Based Relational Intervention.

If the answer to all three is yes, you are on the right track.

By giving your child a stable, loving home and using these approaches, you are giving them the best chance of doing well. You are helping to change their story from one of trauma and uncertainty to one of recovery. In the process your own patience and understanding grow, and family bonds strengthen through having come through things together.

Many adoptive parents later say that, despite the hardship, the experience was deeply meaningful, and that the affection that came out of it was unusually strong. With time, support, and the approaches set out here, your child can live to their full potential, and your family can find its own rhythm.

REFERENCE

Words used in this guide

Plain meanings for the terms that appear in the guide, and for some you may meet in meetings about your child.

Word or phrase	What it means
Adoption Support Fund	Funding in England that can pay for therapeutic support for adoptive families
Attachment	The bond between a child and the adults who care for them
Attunement	Noticing what your child is feeling, often before they say it, and responding to it
Authoritative parenting	High warmth together with clear, consistent limits. Not the same as authoritarian parenting, which has the limits without the warmth
CAMHS	Child and Adolescent Mental Health Services. Named in this guide as a route to help with post-traumatic stress symptoms, severe anxiety and attachment difficulties
Compassion fatigue	Exhaustion and reduced capacity for empathy, caused by long exposure to another person's trauma
Compassion satisfaction	The sense of meaning and reward that caring for someone can bring
Co-regulation	Helping a child calm down by staying calm alongside them, until they can do it themselves
Designated Teacher	The member of staff in every school responsible for championing the needs of previously looked-after children
Developmental trauma	Harm that happened repeatedly in early childhood, inside relationships the child depended on
Dysregulation	Being unable to manage the intensity of a feeling. What a meltdown looks like from the inside
EHCP	Education, Health and Care Plan. A legal plan to provide support in school for a child with significant needs
Executive function	The mental skills for organising, planning, remembering and keeping track of yourself
FASD	Fetal Alcohol Spectrum Disorder, one of the conditions more common among children who are adopted or in foster care

Word or phrase	What it means
Felt safety	Your child actually feeling safe, which can lag a long way behind being safe
Fight, flight or freeze	The body's automatic responses to danger: attack, escape, or shut down
Hypervigilance	Being constantly on the lookout for danger, and unable to switch it off
Neurodevelopmental	To do with how the brain and nervous system develop. Covers conditions such as ADHD and autism
Non-Violent Resistance (NVR)	A structured programme helping parents respond to violence from their child with calm resistance and a support network
Occupational therapy	Therapy for sensory integration, and for difficulties with fine motor skills
PACE	Playfulness, Acceptance, Curiosity and Empathy. Four attitudes for therapeutic parenting
Parental sensitivity	Noticing your child's signals and responding to them warmly
Previously looked-after child	A child who was in care before being adopted. Carries certain entitlements in education
Pupil Premium Plus	Extra school funding that follows an adopted or previously looked-after child
Regulate, Relate, Reason	The order to work in during a crisis: calm the body, connect, then discuss
Respite	A planned break from caring, where someone else looks after your child
Scaffolding	Putting supports around a skill your child has not developed yet, then removing them gradually
Secondary trauma	Trauma symptoms in a parent or carer, caused by living alongside someone else's trauma. Also called vicarious trauma
Self-compassion	Treating yourself with the same understanding you would give someone you love
Self-regulation	Managing your own strong feelings and impulses
SENCO	Special Educational Needs Coordinator. The person in school to speak to about coordinating support for your child
Sensory diet	A planned set of activities that keep a child's sensory needs met through the day
Sensory processing	How the brain handles what comes in through the senses. Some children get too much, others too little

Word or phrase	What it means
Therapeutic parenting	Parenting that takes account of trauma and puts the relationship before correction
Time-in	Staying with your child while they calm down, instead of sending them away
Trauma-informed	An approach that assumes difficult behaviour may come from past harm, and responds accordingly
Trigger	Something in the present that reminds a child's body of past danger and sets off a reaction
Virtual School head	The person in each local authority overseeing the education of looked-after and previously looked-after children

REFERENCE

Where to find support

These are the organisations and services named in this guide. Contact details change, so they are listed by name for you to look up, or to ask your adoption social worker about.

Start here

Who	What they can help with
Your regional adoption agency	An assessment of adoption support needs, which can open access to funding, therapy and respite. This is usually the first call
Your adoption support social worker	Support for you as well as for your child, and referral into other services
Your child's school: the SENCO and the Designated Teacher	Support in school, Pupil Premium Plus, and assessments
Your local authority Virtual School head	Education of previously looked-after children, where the school is not resolving things

Organisations named in this guide

Organisation	Mentioned in connection with
Adoption UK	Support groups, training, an education helpline, and therapeutic services for adoptive families
PAC-UK	Therapeutic support and guidance for adoptive families
Anna Freud Centre	Training and guidance for adoptive families
Tavistock adoption team	Adoption-focused therapeutic work
Trauma Informed Schools UK	Training for schools in trauma-informed and attachment-aware practice
National Autistic Society	Autism-specific strategies and communities
FASD Hub	Support relating to Fetal Alcohol Spectrum Disorder
CAMHS	Child and Adolescent Mental Health Services, for post-traumatic stress symptoms, severe anxiety and attachment difficulties

Therapies and programmes referred to

- **Theraplay** and **Dyadic Developmental Psychotherapy**, both attachment-focused approaches that adoption support funding has been used for.
- **Nurturing Attachments**, a therapeutic parenting course.
- **Non-Violent Resistance (NVR)** training, for parents facing aggression or violence from their child.
- **Parent-Child Interaction Therapy**, which uses child-led special playtime to strengthen the parent-child relationship.
- **Compassion-Focused Therapy** and **Compassionate Mind Training**, for parents struggling with self-criticism, guilt or shame.
- **Systemic family therapy**, for how the family communicates and shares the load.

> **WHERE BEHAVIOUR IS BEYOND WHAT YOU CAN SAFELY MANAGE**
>
> Contact your adoption support social worker, a child psychologist or a paediatrician. Persistent self-harm or talk of suicide needs professional intervention, which may include trauma-informed therapy and psychiatric assessment. This is beyond what parenting strategies are for, and needs a treatment team.

REFERENCE

Where this guidance comes from

Every recommendation in this guide rests on the sources below. They are listed so that you, or a professional working with your family, can look them up.

Adoption UK. *Adoption Barometer 2024.* Context on how common difficulties are in adoptive families, and the need for ongoing support beyond placement.

Cambridge et al. (2020). *Attachment, behaviour and placement stability in adopted children.* Adopted children have a higher risk of insecure attachment and of emotional and behavioural problems.

Child Welfare Information Gateway (2023). *Developmental Trauma and Sensory Processing Challenges.* How adverse childhood experiences affect brain development and sensory regulation, with strategies for sensory needs.

Chorão et al. (2022). *International Journal of Environmental Research and Public Health.* In adoptive parents, lower self-compassion, mindfulness and flexibility were associated with higher parenting stress.

Cognus. *Trauma and Autism resource: How Schools Can Support Children with Trauma.* Practical trauma-informed strategies for the classroom, including predictable routines, advance warnings, sensory adjustments and regulation breaks.

Duncan et al. (2025). *Clinical Child Psychology and Psychiatry.* UK study documenting high rates of trauma symptoms in adoptive parents: approximately 20 per cent with clinical-level trauma, 10 per cent with probable PTSD, raised secondary trauma and burnout, and reduced compassion satisfaction.

Duncan, M. (2020). UCL thesis. Literature review on adoptive parents' mental health, including chronic conflict, sudden parenthood, fear of adoption breakdown and grief relating to infertility. Parents often feel blame, guilt and failure when difficulties persist.

Gilbert, P. (2009). *Compassion Focused Therapy.* Defines compassion as sensitivity to suffering in oneself and others, with a commitment to relieve it, and describes balancing the threat, drive and soothing systems.

Holt International (2014). *Discipline and Adoptive Parenting.* Agency policy document summarising why corporal punishment is ineffective and harmful for children who have experienced trauma, and setting out alternatives.

Houston, R. (2019). *Compassion Fatigue: Symptoms and Cause* (Home for Good). How therapeutic parenting of children affected by trauma exhausts foster and adoptive parents.

Hughes, D. *The PACE parenting approach.* Widely used in adoption and foster care to build attachment, with evidence for creating felt safety and security.

Hurley (2020). *Sibling Relationships in Adoption* (Families Rising). Challenges for siblings in adoptive families, and the importance of each child receiving individual attention.

Jefferson et al. (2020). *Mindfulness.* Systematic review showing that parenting interventions including self-compassion components significantly improved parental self-compassion and reduced depression, anxiety and stress.

Parent Cooperative Community (2021). *Role of Extended Family in Adoption.* Recommends educating extended family to clear up misconceptions, and setting boundaries on intrusive questions and unsolicited advice.

Perry, B. *Regulate, Relate, Reason.* Framework for supporting dysregulated children.

Psychology Today (Darling, 2021). *Stoicism Can Make You a Happier Parent.* The Stoic focus on controlling one's own effort and attitude rather than external outcomes.

Purvis, K. et al. (2013). *Trust-Based Relational Intervention: a systemic approach to complex developmental trauma.* Journal of Child and Adolescent Trauma. Trauma's impact on development, and the effectiveness of safety, connection and coping skills as the pillars of recovery.

Robertson, B. (2019). *Preventing Compassion Fatigue in Foster and Adoptive Parents.* Secondary trauma, burnout, and the importance of self-care and support for therapeutic parents.

Schnieder, F. (2022). *Thrive blog: Adoptive Parent Mental Health.* Common difficulties including bonding problems leading to guilt, secondary trauma, and grief relating to infertility.

Stoic Management Academy (2023). *Stoic parenting lessons.* Accepting what cannot be changed in order to focus calmly on what can be influenced.

Tavistock Relationships (2025). *Adoption: Theo and Marie's Story.* A couple nearly separated by adoption stress, who learned in therapy that they had neglected their own relationship.

Trauma-Informed Schools UK. Advocacy for attachment-aware, trauma-informed school practice, and the importance of the school environment for adopted children.

van den Dries, L. et al. (2020). *Meta-analytic review of parenting interventions in foster care and adoption.* Development and Psychopathology, 32(3), 1149–1172. Positive effects on parenting quality and on children's behaviour.

This guide is general information for families and does not replace advice about an individual child. Where the guide describes what research has found, it reflects the sources above. Where it describes what tends to help, that is offered for you to consider alongside the views of the professionals who know your child.

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