SAFE AND SOUND:
Responding to the Experiences of Children Adopted or in Foster Care
A Guide for Early Education and Child Care Providers
Children who have been adopted or who are in foster care can grow up very healthy and happy. But some of them may have a hard time in child care and preschool. One of the reasons is that, often, these kids have had a lot of stress in their lives.

Stress is not all bad. Kids need some stress to grow and develop. This is how they learn to deal with everyday problems. (We call this resilience.) But sometimes, the stress is severe or goes on for a long time. Or sometimes, a lot of really hard things happen in a short time. In these cases, the stress can be really bad for kids. This is known as toxic stress. For kids who are adopted or in foster care, these kinds of hard experiences are common. Because of this, they may see and react to things in a different way than other kids.

Another term for these types of hard experiences is trauma. Trauma comes in many forms. It may be that the child was exposed to drugs or alcohol before they were born. It may be that the child was neglected, or didn’t always have enough food. Trauma might be physical or emotional abuse. No matter what happened to them, kids who have lived through trauma may behave in ways that look like they’re just “being bad.” But here’s what we know from research: When these hard things happen to children, it changes how the brain grows and works. These brain changes can affect the child’s learning, behavior, and health. And the effects may last for a very long time. These families may struggle when helping their kids cope at home and in school. Children who are adopted or in foster care may need extra help to learn social and school-related skills.

The purpose of this guide is to help early childhood educators like you. You can develop skills to help adoptive and foster families if their children are struggling.

The goals of this guide include:

- Recognize and understand children who may have experienced trauma.
- Understand how toxic stress in childhood can affect learning, behavior, social skills, and health today.
- Support healing and resilience. Build safe and supportive environments that help kids develop healthy ways to handle their problems.
- Teach families about the effects of toxic stress and trauma.
- Support families as they teach their children better ways to deal with stress.
CASE SCENARIO

As you read through this guide, keep this story and questions in mind.

Xiri is 4 months old. She was placed into foster care at birth, with a goal of adoption. Her birth mother has struggled for a long time with cocaine use, and has lost custody of 6 other children. Xiri’s caseworkers aren’t sure, but they also think that her birth mother was drinking alcohol heavily during her pregnancy. She may also have begun using heroin. However, the doctors ran tests on Xiri when she was born, and they came back positive only for cocaine.

Xiri is a very high-strung, fussy baby. She has a hard time settling down to eat, and she’s not gaining weight very well. She has trouble sleeping for very long, and overall she is a little behind for her age. Her foster parents are committed to helping her to do the best she can in life. But after a few months of caring for Xiri at home, they now have to return to work. This means Xiri will be attending the child care center where their older child goes.

Q:

What can her parents share with your center that will help her do well there?

Q:

What strategies might you use to support Xiri?

Q:

What can your child care center do to help Xiri eat and sleep well while she is there?

Q:

What can you and her parents do to help her make progress with her development?
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How Trauma Affects the Brain

You already know that many children who are adopted or in foster care have had a lot of hard things happen to them. Science is just starting to explain how trauma hurts the bodies and brains of kids. If you learn more about what trauma does and how to be supportive and nurturing, you will be better able to help the kids you work with.

A young child’s brain grows best when he is safe and loved. If the child is safe and loved, everything he sees, hears, and touches will help him learn and grow in a healthy way. But if a child is scared or his needs are not met, his brain and body can’t grow in the same healthy way. Instead, all his energy is focused on the danger. He has to learn ways for his body and brain to deal with fear.
It’s important to understand that, if the child were really in danger, these behaviors could help keep her safe. But when the child is safe with you, it may look like she is just “being bad.” If you know that she is acting that way because her body learned to do that when she was scared in the past, then it will be easier to help the child.

Many children who have been adopted or are in foster care have had lots of early trauma and toxic stress. These hard things might not be written down, and the details may have been lost over time. That’s why it is so important to think about the effects of trauma, even if you don’t know exactly what happened to a child before you met her.

**TOXIC STRESS**

**Stress is not all bad. Kids need some stress to grow and learn.** Good stress is stress that helps a child try something new or do their best. This can happen with a final exam or big game. Other stress is more like an injury. It may not hurt kids for very long, if loving adults are there to help them through it.

Toxic stress is another kind of stress. It hurts kids as they try to deal with it. Think about things like child abuse, parental substance use, or living in a crazy environment. These things can be so bad that the child's brain and body get changed as she tries to cope.

Why? It has to do with fear. Fear tells the body that it needs to freeze, run, or fight to stay safe. When scary things happen often, the body gets used to being in that state: ready to freeze, run, or fight. The child’s brain makes sure that she doesn’t forget what happened. This is why a child may act like she is still not safe, even though she really is safe now. She may have trouble paying attention. She may not sleep well. She may fight a lot or have big tantrums.

It’s important to understand that, if the child were really in danger, these behaviors could help keep her safe. But when the child is safe with you, it may look like she is just “being bad.” If you know that she is acting that way because her body learned to do that when she was scared in the past, then it will be easier to help the child.

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In the 1990s, a medical study called the Adverse Childhood Experiences (ACE) study was completed. A large group of adults were asked if they had any of 10 types of trauma as children. (These were hard things like abuse, neglect, or a parent with substance use disorder.)

The study then looked at the health problems of the adults. Two-thirds of the adults said that they’d had at least one of the 10 types of trauma when they were kids. But the study also found something surprising. The more hard things people had lived through in childhood, the more likely they were to be sick as adults. These illnesses included things like heart disease, liver disease, and depression.

In fact, many studies since then have shown the same thing. The more toxic stress you have as a child, the more likely you are to be sick as an adult. Problems with both mental and physical health are more common, sometimes to the point that people can't work. When you have had hard things happen to you, it becomes harder for your body to fight sickness. This means you can end up with health problems that don’t get better.

Here's the good news: When we know a child has had toxic stress, there are ways to help his brain and body heal. This can help his health, his behavior, and his ability to learn. Because of your role in the life of the child, you're in a great place to help.

As an early childhood educator, you can help because:

- You see the child often.
- You can model healthy coping skills.
- You understand how families can help kids grow and be healthy.
- You understand how it's better to prevent problems than trying to fix them later.
- You understand the many systems that affect the child’s life (like child care, school, the courts, child welfare, and others).

You can create an environment where parents can easily talk about the hard things their child has been through. And this can:

- Help families know that trauma is common.
- Help families feel less alone with their children's struggles.
- Let families know that there is help, so their kids can get better.
- Help families understand that, if they don't pay attention to trauma, it can affect their children's health and growth.

So now you understand: the problems that some kids have are related to hard things in their past. You can help explain this to families and others who work with children. You also know that sometimes a child is not acting up on purpose, but rather because of toxic stress. This can help you respond with kindness and understanding. Even better, you can help the child learn resilience and good ways to manage his emotions.

Not every child who has trauma in his past will have problems. But if you make it a habit to think about the effects of trauma, then you won’t miss them when you see them.
## Understanding How Trauma Makes a Child’s Brain Work

### Behaviors That Make Sense If You Know That There Has Been Trauma

- Not sleeping
- Eating a lot (so your body has energy)
- Being ready to run or fight
- Being easily distracted (so you can keep looking for danger)

These are all ways to protect yourself if you are scared.

### How the Body Works When There Is Danger

- The heart races
- The muscles get ready to freeze, run, or fight
- The body gets organs ready to deal with injury
- The brain is not ready to learn, because it’s busy with fear
- The parts of the brain that send alarms to the body and brain are turned on
- The parts of the brain that help you calm down are turned off

This state is only supposed to last for 20 minutes, because actual danger will either hurt you or go away in a short time.

### How the Brain and Body Change When There Is Danger All the Time

- The body is more likely to get sick or get asthma
- Learning is difficult all the time, because the fear keeps the brain from using its learning centers
- The brain’s alarm system stays on or turns on too easily
- It’s hard to get the brain and body to calm down so that the child can sleep, learn, play, or be a friend

The body doesn’t turn off these reactions because the danger is too bad or happens too often.

### What These Changes May Look Like

- Attention-deficit/hyperactivity disorder (ADHD)
- Learning problems
- Aggression
- Anger problems
- Depression
- Sleep disorders
- Anxiety and nervousness
- Withdrawal or anti-social behavior
Exposure to Alcohol and Drugs Before Birth  
(Prenatal Exposure)

For some children who are adopted or in foster care, their struggles started before they were even born. Their birth mothers may have used cigarettes, alcohol, or other drugs during pregnancy. In fact, this is why some kids are placed in foster care. Sometimes, there is no record that the birth mother used drugs or alcohol. Even so, it still may have happened. If a child is struggling, it’s important to keep that possibility in mind.

Some commonly used substances are alcohol, cocaine, heroin and other opioids, methamphetamine (meth), and prescription drugs. Sometimes, a birth mother uses drugs and alcohol together. In those cases, it can be hard to say exactly which one has the most effect on the child.

When children are exposed to drugs or alcohol before birth, they can have problems with their development, behavior, and learning. It’s important to think about this type of exposure as a possible reason for some of a child’s problems. This may help you figure out why a child is having a hard time. It may also give you ideas to help you support the child.

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DRUG EXPOSURE

When a woman uses drugs during pregnancy, the baby is exposed to these drugs when the body and brain are growing very fast.

After birth, these drugs still affect how the baby’s body and brain work. We know this from scientific studies. For some children, no effect is ever seen. For other kids, their struggles improve as they get older and learn skills. For others, the challenges can be lifelong.

SOME OF THE EFFECTS CAN INCLUDE:

A higher chance of premature birth, which can cause physical and developmental problems

Problems with attention, learning, memory, and self-control

Low birth weight

Problems with self-regulation: sleep, eating, and bowel and bladder control

Extreme fussiness

Infant drug withdrawal (known as neonatal abstinence syndrome, or NAS)
ALCOHOL EXPOSURE

There are many labels used to describe the ways that drinking alcohol during pregnancy affects a child. The term fetal alcohol spectrum disorder, or FASD, is a general label that covers all of the possible effects.

Fetal alcohol syndrome, or FAS, is a term that describes the most severe form of alcohol exposure. The effect is seen in how the child’s face looks, how he grows, and how he learns and behaves. Some children may have other medical problems, such as a heart problem.

Although FAS does happen, the milder forms of FASD are more common. If a child is having learning or behavioral problems, you may not think about FASD and alcohol exposure, especially if he doesn’t look like the pictures above. But it’s still important to think about FASD and alcohol exposure.

Alcohol can hurt the brain and change how the brain works. This is true even if the child’s face doesn’t have the “FAS look.” As a result, a child can have problems that seem to have no known cause and may not get better with usual care.

With FASD, the injury to the brain does not get worse over time. But the child’s problems can get worse as he gets older, because more is demanded of him. Although the main damage to the brain cannot be fixed, a child can be helped if the problem is found early and he gets support from caring adults.

Here are some problems that happen in infants and young children with prenatal alcohol exposure:

- hard time sleeping
- very fussy, hard to calm
- slow growth
- hard time feeding
- delays in motor and language skills
- short attention span
- very high activity level
- easily frustrated

EFFECTS OF PRENATAL ALCOHOL EXPOSURE

POOR GROWTH:
- low weight
- shorter height

INJURY TO THE BRAIN:
- small head and brain
- developmental delays
- learning problems
- behavior problems (trouble focusing, being impulsive, being stubborn, anxiety)
- poor coordination and fine motor skills

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**TIP #1**
Know what a child does well. Know what can be hard for the child.

**TIP #2**
Accept the child’s problems. Understand that the child is not behaving this way on purpose.

**TIP #3**
Work to make sure that the child has consistent expectations, as much as possible, between home and school.

**TIP #4**
Use daily routines.

**TIP #5**
Use simple, clear language and examples.

**TIP #6**
Use visual aids and cues (like schedules, charts, and calendars).

**TIP #7**
Help your child learn through hands-on experience.

**TIP #8**
Repeat instructions, information, and rules.

**TIP #9**
Use positive discipline by rewarding small successes. Don’t use negative consequences for small mistakes.

**TIP #10**
Structure the child’s time.

**TIP #11**
Watch over the child while they try to do things on their own.
Children who are adopted or in foster care are more likely to have big physical health issues. Sometimes, these health problems are the reason that they were available for adoption or placed into foster care. Other times, the problems may be the result of abuse or neglect, or they may be the result of early toxic stress. Whatever the situation, kids need parents and teachers to address these health needs in a way that is as easy as possible for the child.

When children have seen or experienced sexual violence, they may act sexually in ways that put them at risk. This behavior may not be socially acceptable, and it may make others uncomfortable. For example, children may masturbate (“play with themselves”) as a way to calm themselves down. This by itself is not harmful. But children can be taught to do this in private places rather than in public spaces.

Teachers can work with parents in several ways. Together they can provide private spaces for kids. They can help children learn about healthy, loving, and respectful sexual behavior. And they can help kids protect themselves and respect the wishes of others.

Whatever the situation, kids need parents and teachers to address these health needs in a way that is as easy as possible for the child.
Transitions

Big changes in life are hard for everybody. For children who have lived through trauma and other unstable times, changes and transitions can be even more difficult. When a child first moves into a new family, she often goes through a time without many emotions or many problems. This is (unfortunately) sometimes called a “honeymoon period.” The child may be very calm and on her best behavior. And the new parent is very happy to have the new child with the family. But what’s really happening is this: The child is very anxious, trying to learn the rules and routines of the new household. She is also on guard against the scary or unsafe things that may have happened with past changes.

Kids may also have these feelings when they go to early education and child care. You can help the child through this stressful time, by working with parents to help her feel safe and secure. Photos and transition objects, like a soft blanket or stuffed animal, can help. A detailed tour of every space in the child’s classroom can also help her feel more at ease. It’s good to talk about what happens in each space, and what sounds, smells, and sights the child might experience there.

It’s also helpful to talk about when the child’s parent will return, in terms that she can understand. (For example: “We will have a snack, then playground time, and then Mom will come back and take you back to your house.”) This can help make her less anxious.

As the child gets used to the new family and child care settings, she will test her limits and push boundaries. Once a child feels relatively safe, she may even “act out.” People sometimes call this “the end of the honeymoon.” But she is actually trying to express her sadness and anger, and heal from her trauma. You can help by talking with the child about understanding big feelings, and healthy ways to handle them.

Remember: It can be stressful for the child just to leave her new home and to be apart from her new parents. She may not fully understand that the separation from her parents is temporary. She may not yet feel sure that her parent will return. It can help for you to be very clear about what will happen during the day, and when her parent will come back to take her home. Some children need this reassurance for months or even years after they join their new families.
Children who are adopted or in foster care sometimes have struggles with learning. This can be because they are still operating in “freeze-run-fight” mode. In this mode, their brains are not ready to learn. Also, some of these kids have missed time in school, or they have moved to lots of different schools. So they’re often behind just because they haven’t been able to learn things in a consistent order. They also may not have had a chance to learn what behavior is expected in school. It can really help kids to have learning and emotional supports, even in preschool.

Being the parent of a child who has learning struggles can be hard, especially if school was easy for the parents. It helps to have realistic expectations of the child, even as everyone works hard to help him do his best in school. It can also help to find play activities that come easily to the child. This can help make school less stressful for everyone.
Identity

Kids who are adopted or in foster care often face other differences that can make life hard. If a child lives with a family of another race or ethnicity, this can make her feel very different. Children can do very well in interracial adoptive families. But when a child looks different from her parents, she and her family stand out right away. Even today, many places have very little diversity. If a child is in a family like this, she may be the only person of her race in her child care or preschool. This can leave even very young kids feeling like they do not fit in and are all alone.

Sometimes adults aren’t sure if it’s okay to talk about racial and ethnic differences. They may worry that their child will feel isolated. But children may feel ignored if these differences are not talked about.

Of course, racism doesn’t just affect kids who are adopted or in foster care. But in many cases, a child’s parents, family, and friends haven’t felt the same racism that she has. So it may be hard for her to understand it and respond in a healthy way—even at a very young age.

Many children who are adopted or in foster care also live in families that aren’t traditional. Some families have just one legal parent. Some have two parents of the same gender. Some have grandparents or other extended family members as guardians. This can also make kids feel singled out or different.

If a child is in foster care, kinship care, or an open adoption, she may be in touch with her birth parents. It can be really helpful for kids to have these connections. We know this from many scientific studies. But it can also get very tricky, especially if the birth parent is struggling with a substance use disorder or other mental health problems. Educators can help by working with parents to support children as they deal with these complicated relationships.

Some children who have been adopted or are in foster care do not know parts of their own life stories. A child may not know her actual date of birth; a birth date may have simply been assigned to her. Many children do not know details of their early lives. They often do not have baby pictures, records of first words or first steps, or stories of silly things they did when they were little. Some may have early memories of trauma. But they may not have the words or details to explain how nervous or upset they feel when those memories come back. Educators can help here by being aware of possible missing information when planning classroom activities.

All of these differences can be very hard for children who are adopted or in foster care, even when they are very young. Kids may be bullied because they or their families stand out. They often get unwanted questions about their lives and their families. School projects about family history or baby pictures can make a child feel like she is different or doesn’t belong. And kids in foster care may feel even more stress because they’re not in a permanent family.

Caring adults can help by being aware of what the children might be going through. They can also help by creating communities that welcome and celebrate children and families of all kinds.
Children who have lived through trauma may react to everyday things in ways that seem like over-reacting. But, as we have discussed, these actions are really related to their earlier trauma. When this happens, how the adults around them act next can make a big difference in helping them. Kids who have lived through trauma need different kinds of support from their parents and teachers than other kids do. In fact, if adults react like they usually do for most kids, it can make things worse, not better.

Children who have had trauma often need more help from adults to deal with their feelings of frustration and anger. They also need those adults to remain very calm and not to take things personally. Certain behavior strategies have been shown to really help. You can learn more about them [here](#).

The table on the next page lists some common behaviors of children at different ages, along with ways to respond. One column shows the “usual” ways to react. The other column shows ways that work better for children who have had trauma.

Children who have had trauma often need more help from adults to deal with their feelings of frustration and anger.
## GUIDANCE: CHILDREN WITH NO TRAUMA HISTORY VS. CHILDREN WITH HISTORY OF TRAUMA

<table>
<thead>
<tr>
<th>CHILD’S BEHAVIOR</th>
<th>Response for Children With NO Trauma History</th>
<th>Response for Children With Trauma History</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INFANTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LOTS OF CRYING</td>
<td>Reassure the child, but allow her to cry and learn to calm herself.</td>
<td>The child may need extra help to learn to calm herself (like wrapping her in a blanket, turning down the lights).</td>
</tr>
<tr>
<td>FEEDING</td>
<td>Eating will usually calm the child.</td>
<td>The child may need help with calming down to eat (swaddling, turning down the lights). Babies with NAS in particular require minimal stimulation during feeding, with dim lights and low noise.</td>
</tr>
<tr>
<td><strong>TODDLERS</strong></td>
<td></td>
<td></td>
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<tr>
<td>EATING</td>
<td>Have meals at the same time every day, with the whole family. This way, the child learns good eating habits. Healthy snacking helps him learn what are good foods to eat and when he should be eating.</td>
<td>The child may worry that he won’t get food when he needs it. He may hide food or want food all the time. Make sure the child can always get healthy food (like in a lunchbox he can carry with healthy snacks). The child may not feel full even after eating. Tell him when the meal is done, and distract him so that he can take a break from eating.</td>
</tr>
<tr>
<td>TANTRUMS</td>
<td>Ignore the tantrum.</td>
<td>The child may not calm down on her own. Allow some time for initial rage, then offer to help. Take her hand to help her calm down and help her body feel safe.</td>
</tr>
<tr>
<td>NOT SLEEPING</td>
<td>No electronics at naptime. Have a naptime routine. Let the child fall asleep without direct adult support.</td>
<td>Same advice about routines, but the child may need more help from the educator. Let him sleep near the educator. Using a blanket or stuffed toy may help.</td>
</tr>
<tr>
<td>ACTING OUT</td>
<td>Use a clear, stern “no.” Explain what is not allowed, and show the child the right thing to do.</td>
<td>A loud or stern voice may make the child act out more. Use a very quiet voice. Tell her that she needs to stop and show her the right thing to do.</td>
</tr>
<tr>
<td>ACTING YOUNGER THAN CHILD IS</td>
<td>Ignore the action. Tell or show the child what he should do based on his age.</td>
<td>The child may need to act younger for short time. Allow this behavior, then go back to the skill at another time.</td>
</tr>
<tr>
<td><strong>EARLY CHILDHOOD</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EATING</td>
<td>(see guidance under Toddlers)</td>
<td>(see guidance under Toddlers)</td>
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<tr>
<td>DISORGANIZED SLEEP</td>
<td>(see guidance under Toddlers)</td>
<td>(see guidance under Toddlers)</td>
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<tr>
<td>SELF-SOOTHING (ROCKING, HEAD BANGING)</td>
<td>Show the child another way to calm down, and get her mind off it.</td>
<td>The child may need the educator to hug or calm her. She may not be able to calm down on her own. Show her other ways to calm down (holding a toy or blanket).</td>
</tr>
<tr>
<td>TANTRUMS</td>
<td>Take a time-out. Ignore bad behavior, reward good behaviors.</td>
<td>The child might not be able to do time-out if he’s too upset. He may need to be held or rocked to get his brain to calm down. Quiet him with directions (not yelling).</td>
</tr>
</tbody>
</table>
RESOURCES

Safe and Sound Materials
This guide is part of a series of resources designed to help children who have experienced trauma and adversity, by helping their parents, caregivers, and other adults in their lives understand how that early trauma may have affected them. Access all of the materials at: www.aap.org/safe&sound

Helping Children in Foster Care Make Successful Transitions Into Child Care

Neonatal Abstinence Syndrome (NAS)

Adverse Childhood Experiences (ACE) study:
www.cdc.gov/violenceprevention/acestudy

Parent Training Programs
www.cebc4cw.org/search/topic-areas/parent-training-programs

Trauma Treatment (Child and Adolescent)
www.cebc4cw.org/search/topic-areas/trauma-treatment-child-adolescent

National Child Traumatic Stress Network
www.nctsn.org

Back to Sleep for Babies in Foster Care: Every Time, With Every Caregiver

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Dave Thomas Foundation for Adoption
Finding Forever Families for Children in Foster Care

The Dave Thomas Foundation for Adoption is a national nonprofit public charity dedicated exclusively to finding permanent homes for the more than 150,000 children waiting in North America's foster care systems. Created by Wendy's® founder Dave Thomas who was adopted, the Foundation implements evidence-based, results-driven national service programs, foster care adoption awareness campaigns and innovative grantmaking. To learn more, visit: davethomasfoundation.org or call 1-800-ASK-DTFA.

Jockey Being Family® is Jockey International, Inc.’s corporate initiative dedicated to providing comfort to families touched by adoption. Jockey Being Family naturally reflects Jockey’s values as a family-owned company and its dedication to outfitting individuals with the comfort and support they need to live their best lives. Recognizing the unmet need, Jockey® selected post-adoption services as an issue where Jockey Being Family could make a significant impact. Jockey believes that by strengthening adoptive families, we can ensure permanence for children and strengthen families in our communities. We believe that every child deserves to grow up with a loving family in a forever home. To learn more, visit: jockeybeingfamily.com and jockey.com.

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