



In their twenty-year marriage, Mike and Kristin Berry have had the joy of adopting eight children and fostering twenty-three. In *Securely Attached*, they offer practical insights, supported by therapeutic and medical facts, so all parents can better care for the children in their home who have experienced past trauma.

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# Contents

A Letter to Our Readers . . . . .	11
<b>Chapter 1:</b> Everyone Experiences Trauma . . . . .	13
<b>Chapter 2:</b> Trauma and the Brain . . . . .	25
<b>Chapter 3:</b> Resiliency and Healing . . . . .	41
<b>Chapter 4:</b> Attachment and Healing . . . . .	57
<b>Chapter 5:</b> How Trauma Disrupts Attachment . . . . .	75
<b>Chapter 6:</b> Building the Foundation for Healthy Attachments . . . . .	87
<b>Chapter 7:</b> Understanding the Behaviors That Hinder Secure Attachment . . . . .	99
<b>Chapter 8:</b> Is It Bad Behavior or Something Else? . . . . .	113
<b>Chapter 9:</b> The Caregiver Is the Detective . . . . .	133
<b>Chapter 10:</b> Prevention and Intervention . . . . .	147
<b>Chapter 11:</b> Managing Crisis Behavior . . . . .	161
<b>Chapter 12:</b> Emotional Regulation and Self-Care for the Caregiver . . .	183
<b>Chapter 13:</b> Co-regulation and Self-Regulation Strategies . . . . .	201
<b>Chapter 14:</b> What to Do When . . . ? . . . . .	223
<b>Chapter 15:</b> Communicating with Others . . . . .	237
<b>Chapter 16:</b> Parenting Your Children into Adulthood . . . . .	259
<b>Chapter 17:</b> Believing for More . . . . .	275
Acknowledgments . . . . .	281
Notes . . . . .	283
About the Authors . . . . .	285



## CHAPTER 1

# EVERYONE EXPERIENCES TRAUMA

**H**ave you experienced trauma? Chances are you have. Take a moment to inventory your trauma exposure. Mark a check next to each personal experience (or tally them mentally). Have you ever:

- Moved to a new home?
- Experienced housing insecurity?
- Experienced a house fire?
- Lived through a natural disaster?
- Changed schools?
- Changed caregivers?
- Experienced a premature birth?
- Had a loved one in the intensive care unit?
- Been verbally abused?
- Felt humiliated publicly?
- Witnessed domestic violence?
- Experienced domestic violence?

### *Securely Attached*

- Experienced microaggressions?
- Experienced sexual abuse?
- Broken a bone?
- Stayed in the hospital?
- Been in a war zone?
- Been in a car accident?
- Witnessed someone die?
- Been adopted?
- Been separated from your parents?
- Lived in a foster home?
- Lived with/said goodbye to foster siblings?
- Had a parent leave?
- Lost a loved one to death?
- Witnessed a person struggle with substance abuse?
- Lived with a person with a chronic illness?
- Experienced chronic illness?
- Been divorced?
- Ended a friendship?

Did you check at least one of the items? Of course you did! Chances are, you also felt a physical and emotional response to some of these memories. Though you may not have a physical reaction to your memory of moving to a new home, someone you know may experience a move and immediately be thrown back to when they were homeless as a child. Our life experiences are all tied together and stored in our memory. The seemingly insignificant experiences of one person can open the floodgates of trauma memories for another. At some level, we have all experienced trauma and that trauma experience has changed us.

I (Kristin) grew up in a typical American household. I had plenty of food, clean clothes, and two really nice parents. I am the oldest of four siblings. I went to a good school and lived in a com-

fortable house. I was never afraid of where my next meal would come from or whether I would have a warm place to sleep. I wasn't exposed to domestic violence, substance abuse, famine, or even natural disaster. When I first heard about the lasting effects trauma can have, I counted myself fortunate never to have experienced trauma. Or so I thought.

In 2012, Mike and I realized the parenting strategies we learned from our upbringings were ineffective. We spent the next eight years sitting at the feet of experts like Dr. Karyn Purvis, Dr. Ira Chasnoff, Julie Alverado, Deborah Gray (LICS), and Sherri Eldridge (adult adoptee and author). We soaked up their knowledge, and our perspective quickly shifted. We learned that trauma exposure changes the way the brain functions and, in cases of severe, chronic trauma, it inhibits the ability to attach in healthy ways. In other words, our children are unable to form a strong emotional bond that typically forms between a child and their caregiver when the child's needs are met. This ability, or inability, to attach and form stable relationships continues with them as they grow older. We began to see our children clearly in the light of this new reality.

A surprising thing happened to us as well. We began to reevaluate our own childhoods. I found that some of my life experiences have shifted my perspective. Throughout my life, I *had* experienced trauma. My mind didn't categorize the trauma as such, but my body and my heart stored the experiences in a way that changed my outlook on the world around me.

You may find it difficult to think in terms of a move being a traumatic experience when we think about soldiers coming home from war or children experiencing years of sexual and physical abuse, so let's clarify exactly what we mean by trauma. Trauma exists in two forms: acute and chronic. Acute is a scary, onetime event; whereas chronic is a distressing event or situation that happens repeatedly or continually over a period of time (we'll talk more about these

distinctions in the next chapter). According to Bessel Van Der Kolk, in *The Body Keeps the Score*, “We have learned that trauma is not just an event that took place sometime in the past: it is also the imprint left by that experience on mind, brain, and body.”<sup>1</sup>

Trauma can even happen at birth. In *The Primal Wound*, Nancy Newton Verrier describes the trauma that adopted individuals experience: “Many doctors and psychologists now understand that bonding doesn’t begin at birth but is a continuum of physiological, psychological, and spiritual events, which begin in utero and continue throughout the postnatal bonding period. When this natural evolution is interrupted by a postnatal separation from the biological mother, the resultant experience of abandonment and loss is indelibly imprinted upon the unconscious minds of these children.”<sup>2</sup>

When I thought about our first daughter, whom we adopted at birth, I wondered what trauma she could possibly have. After all, I was at the hospital while she was born. Mike held her in his arms in the nursery and even fed her the first bottle. *Surely she hasn’t been traumatized*, I thought. *We’ve been here the whole time.*

But then it hit me. Our child grew inside of someone else. She listened to that woman’s voice and her heartbeat. She felt her emotions and was nourished by her body. Then she lost her. Her mother was gone. The voice, the heartbeat, the familiarity.

Just because our child is a newborn doesn’t mean she isn’t acutely aware of losing that connection. Acknowledging this loss may be difficult for us, but it is vitally necessary.

Once we got our heads around the concept that everyone has experienced trauma, we began to ask ourselves why our own trauma experiences had not led to catastrophic results in our lives. We wondered where our resiliency came from and became determined to help our children heal, attach, and move forward as we had. But we quickly realized that couldn’t happen as long as their past trauma wasn’t addressed. So we began researching trauma.

## Trauma Changes the Way We See the World and Ourselves

I (Kristin) am fascinated with how things look from different perspectives. I love to take a photo while lying on the floor, camera level to the ground, or while perched atop a chair, camera angled just enough to capture the upturned faces of a room full of birthday celebrators. Both photographs may be of the same room, the same people, even the same day, but the perspective changes the way the viewer feels about the moment. Trauma experiences do the same—they change our perspective. Though we may be in the same room with the same people at the same moment, our experiences have changed the perspective with which we view things around us.

They also change the way we see interactions with others and the way we view our safety and our needs. I love to look at my friends' beautiful social media pages. I was gaining inspiration from a friend's page one night when it struck me that her page looked perfect—all her photographs were flawless, including those with her small children!

"How is this possible?" I asked my teenage daughter. "How do her pictures look so beautiful?"

My daughter glanced at me and shook her head. "It's a filter! No one looks like that!"

She was right. I was viewing my friend's pictures through a filter. The filter made her photos look soft, warm, and lovely. She was doing the same things at her house that I was doing at mine—washing laundry, cooking dinner, and taking her kids to the park—but the filter she placed over those moments changed the way I, the viewer, felt about them. Trauma is like a social-media filter that we carry with us everywhere we go.

Now consider how your children respond to things such as food, loud noises, schedules, strangers, and new experiences—they view

them all, even the simplest of things, through the filter of trauma. For instance, a child who has had multiple caregivers may view a day at school as a potential long-term separation from their current caregiver. One of our foster sons packed his toothbrush every day for preschool. One day I (Kristin) crouched next to him as he was getting out of the car and asked, “Why are you taking your toothbrush?” He answered without flinching, “I might never come back to this home and I hate when I have to get a new toothbrush.” He smiled a half smile and went inside. I stood dumbfounded. He and I were in the same world, at the same school, at the same moment. My perception of preschool was formed from my own experience of always returning home to the same family. Preschool was fun for me and I never worried about where my toothbrush was during the day.

My foster son’s perception of preschool, however, was formed from his experience of losing caregivers without warning. He knew that if he wasn’t careful, at a moment’s notice, he could lose his toothbrush, along with his caregiver and his home.

That is the effect of trauma. The more Mike and I studied trauma, the better we understood our children’s response to common everyday situations—situations that we often take for granted. And when we put understanding trauma into the mix of our parenting, our children’s exaggerated reactions to issues like dinner being late, going to the babysitter’s house, having plans change, hearing loud noises, or experiencing everyday disappointments make more sense.

### **The Mind and Body’s Reaction to a Memory of Trauma**

Last summer on a warm afternoon, I (Mike) took a break from work to head out to our barn to muck the stalls. I love living on a farm, and my barn is my favorite place to be, so keeping it clean gives me a lot of pleasure. With six young children still at home,



I was eager for the time alone. And after several weeks of intense projects within our company, the barn brought a needed change of pace and solitude.

I grabbed a pitchfork and got to work. We have three horses in one stall and that produces a lot of manure! The warm breeze, the horses' gentle neighs, and our chickens' soft clucking relaxed me as I plunged the teeth of the pitchfork into the sawdust and began to sift out the manure. I filled two big scoops into my wheelbarrow. I was lost in my thoughts as I pushed the wheelbarrow out to the mud lot. I caught a glimpse of its contents. It was just manure, but I froze as a memory transported me thirty-five years into the past.

I was an eight-year-old playing at my friend's tobacco farm. As we were playing in the barn, his older sister and her friend tried to force us into a tiny fort we had built for fun. They yelled at us and threatened us. When we didn't move and whimpered out of fear, they laughed. His sister's friend took a stick, walked into the field, and returned with fresh, steaming cow manure. She waved it in our faces and continued to laugh. I was terrified that if I didn't do what she said, she would throw the manure on my clothes, my face, or worse, into my mouth. I wanted to run away as fast as I could, but I couldn't. I was powerless.

Decades later, I tightened my grip on that wheelbarrow of manure as the overwhelming feeling of powerlessness washed over me again. It was as real in my forty-three-year-old body as it was when I was eight. Though the memory didn't ruin the rest of my day, I realized that something that had happened decades ago still caused my body to react.

As caregivers of children with trauma histories, it's crucial that we understand the ways in which a child's trauma history directly impacts behaviors. For instance, consider the child who was not fed properly. They may have a survival response to the need for nutrition. Later, that same child may find security but always have

a similar survival response to hunger. It may kick in just because dinner is fifteen minutes late. The parent or caregiver can see that dinner is running behind, but the child is already responding to the situation through the filter of past trauma. Their brain is literally telling them that if they don't eat right now, they might die!

A child can still have a trauma response to everyday situations even after years of having their needs met. They may see that another child has new tennis shoes and immediately their mind tells their body their needs aren't going to be met. The resulting behavior may be to steal that child's shoes (or others just like it), or obsessively ask to wear or borrow the shoes.

Or they may participate in a classroom party where everyone receives a goody bag. As they look around the classroom, they see that someone has a bag that looks bigger than theirs. Their mind views the situation through a trauma filter and tells their body that they are missing out and that they aren't going to get their needs met. The child may drop to the floor and scream, or they may put the contents of the other child's goody bag into their own bag when the child isn't watching. We will talk more about our brains and behaviors as they relate to trauma in upcoming chapters, but for now it's important to understand that when your child behaves in a certain inappropriate way to an event or circumstance, it could be because their mind is seeing it through their trauma filter and telling their body to respond as such.

### **Understanding Trauma Changes Our Perspective of Our Children and Ourselves**

I (Mike) spent the first ten years of our adoption and foster journey concluding that the behaviors I witnessed from some of our children were a "bad child behaving badly." I believed they just needed discipline. Boy, was I wrong. In 2012, Kristin and I attended

## Everyone Experiences Trauma

a conference specializing in helping parents just like us. We gained a simple understanding of trauma, how trauma impacts a child's brain, and how that change impacts the way they see the world around them. In short, this conference was a game-changer for me, and our entire parenting approach. When we educate ourselves, we are able to parent with knowledge, compassion, and understanding, which can lead to helping our children attach better.

During the COVID-19 pandemic, our world has faced a trauma experience collectively. Though we were all faced with the same danger, our reaction to the risk, loss, and uncertainty was as widely varied as the people on this earth. In our own home, we had seven different reactions to each new bit of news. One child, upon finding out that senior prom was cancelled, threw their hands up and declared they were going to drop out of school. Another child, also a senior, cried for two days when she found out that the graduation ceremony had been cancelled. Another child stayed up all night keeping vigilant watch, believing that the virus might turn us into zombies. Another child researched the virus online and washed his hands until they started to bleed. One child ran away, while another sat in their room for days on end, refusing to eat or talk to anyone.

I (Kristin) am sorry to say that I didn't know what to make of their different behaviors. Our children were not thinking or acting rationally. I, too, had spent many sleepless nights worrying about family, friends, lost jobs, and our financial situation. We were all reacting in ways that didn't make sense. My typically go-with-the-flow family was suddenly chaotic. Each day, emotions fluctuated from anger to joy, from sadness to hopefulness, from denial to acceptance. I was ready to lose my mind in the midst of a conversation with one of my older children. Finally, I yelled, "Are you serious? *Everyone* is sad. At least you're alive. Cut this out right now; you aren't making any sense." I stormed out of the house and plopped down on our back porch to collect myself and my emotions.

Just then the phone rang. A good friend, also an adoptive mom, was calling to receive some support of her own. The story she shared with me was eerily similar to mine. She described her son's obsessive behaviors, fly-off-the-handle rage, and preoccupation with conspiracy theories. "I don't know what to do," she told me. "What is happening with him?"

*All this loss and uncertainty must be triggering the feelings of abandonment and loss of control from his childhood,* I realized. I nearly smacked myself in the forehead. I could see the trauma reaction so clearly in my friend's son, but I had failed to see it in my own home. From that moment on, Mike and I were able to react differently to our children and empower them to see the virus and the quarantine through new eyes. For our family, though understanding trauma didn't relieve us from the feelings of sadness or worry, it did help us identify how our bodies and minds were feeling, and in turn helped us react differently to our circumstances.

In the weeks that followed, all seven of us had a variety of ways to cope with the isolation, fear, and uncertainty. One child made care packages for all her friends and left them on their doorsteps. One child created a movie of her senior year to share with her friends in place of the celebration they were missing. Another child cut hearts out of construction paper to put in our windows to let neighbors know they are not alone. All of them made videos to send to friends, grandparents, and cousins. Some of us spent time alone reading or painting. All of us played cards and board games together. Once we understood our need to process the trauma we were experiencing, along with the trauma memories that all of this was stirring up, we were able to handle the roller coaster of emotions with grace.

As parents, it's important to remember that your children's perception of things around them are often filtered through the lens of trauma. If your child is responding to a situation in a way that

## Everyone Experiences Trauma

doesn't seem logical to you, ask yourself how the lens of trauma may be changing their perception of what is actually happening. And the important thing to remember is that as you work toward helping them address their trauma and heal from it, you also open new pathways for them to begin securely attaching.

### What Now?

- Watch Nadine Burke Harris's TED talk called "How Childhood Trauma Affects Health across a Lifetime." You can find it on YouTube.com.
- Journal or discuss with a friend:
  - How has trauma changed your perspective?
  - Using the list at the beginning of this chapter as a starting point, write about your own trauma experiences. (This stuff is hard, so try using a nice gel pen in a fun color. It may make the task more enjoyable.)
  - How and where can you see that trauma experience as a filter through which you view your community, your family, your personal relationships, and your parenting?
  - What are some ways your trauma experiences have made parenting more difficult?
  - What are some ways your trauma experiences have driven you to become a better parent?
  - Use the list at the beginning of this chapter as a starting point to recognize some of the trauma experiences your child has had. Can you think of others?
  - What are some specific experiences that have affected your child's perspectives? (You may not know everything your child has experienced. That's okay. Learning about and getting to know your child will happen over a lifetime.)

***Remember . . .***

- *Everyone has experienced trauma.*
- *Every child who was adopted has experienced trauma.*
- *Your child's experiences have changed the lens through which they see the world.*



## CHAPTER 2

# TRAUMA AND THE BRAIN

“What are you doing? Seriously, stop it. Please, just stop it!” Jane found herself shouting at her teenage daughter, Betty, after an hour of trying to calmly reason with her.

Betty had been hoarding food under her bed for months, and when Jane found the foul-smelling stash, Betty began to scream at her. Jane used a gentle tone to explain that the smell was not okay, that the food was rotten, that it was smelling up her room, and that the smell was lingering in the carpet. She brought garbage bags and carpet cleaner into Betty’s room and offered to help her clean.

To her increasing frustration, everything she said or did only heightened Betty’s response. Instead of accepting her mother’s help, Betty insulted her mother, turned on her siblings, threatened to harm herself, and eventually broke down in tears.

Betty’s hoarding and subsequent reaction to being discovered made no sense to Jane. They had plenty of food in the refrigerator. The pantry was fully stocked. Betty knew that. She had been living with her family since she was three years old. For thirteen years, Betty had plenty to eat, a safe home, and a loving family.

Jane could see the situation from a logical, rational perspective. Her request for Betty to “just stop it!” is a reaction we often have as parents when our children do something that doesn’t make sense. However, it isn’t any more reasonable to ask our child to abandon an emotional reaction than it is for us to ask someone in a wheelchair to leave the wheelchair at the door. A person who uses a wheelchair does not cease to need the accommodation just because someone tells them to stop. A person who is having an involuntary reaction to trauma cannot stop just because someone tells them to. That’s because trauma has ingrained itself into our children’s brains and has shaped the way they interact with the world around them.

### **Trauma Experiences Leave a Scar**

Have you ever broken something and tried to put it back together? I (Kristin) am the oldest of sixteen grandchildren on my mom’s side. When my grandfather passed away twenty-one years ago, I was just about to get married. My aunts and uncles sorted through ninety years’ worth of memories. Together they gifted me my grandmother’s china. The honor was not lost on me. I have gently wrapped and carried each delicate piece to the seven homes I have lived in since, careful not to damage any of it.

A few years ago, two of our children were roughhousing in the kitchen and bumped the shelf where I kept the teacups and saucers. One fell to the ground and shattered. I heard the crash, walked to the kitchen, and knelt to gather the broken pieces.

“I’m sorry, Mommy. I’ll glue it,” my son said, starting to cry.

I shook my head. “It can’t be glued; the damage is too bad.”

He tried to fix it, which was sweet, but it was never the same. The break had changed nearly everything about the tiny cup.

Brains are the same way. Trauma experiences are stored inside the brain like tiny shards of broken china. We can mend them, but



they cannot go back to exactly the way they were before the experience happened. They are changed.

### **Simplifying the Brain's Complexity**

When we first learned about trauma and its effect on the brain, we found ourselves overwhelmed. Thankfully, we worked with professionals who disentangled the complex information to make it clearer. We found that to appreciate the effects of childhood trauma on our children's brains, we must understand, in a simple way, a few key parts of the brain. We are parents who struggled for years to comprehend our children's behaviors at a surface level. It wasn't until we recognized that trauma changes the brain in a fundamental way that we gained the ability to address behaviors from a perspective of patience, understanding, and healing.

Out of all the brain's complex and unique facets, the three most important for our purposes are the brain stem, the amygdala, and the prefrontal cortex.

#### ***The Brain Stem: The Part That Keeps Us Alive***

According to William C. Shiel Jr., "The brain stem controls the flow of messages between the brain and the rest of the body, and it also controls basic body functions such as breathing, swallowing, heart rate, blood pressure, consciousness, and whether one is awake or sleepy."<sup>1</sup> The brain stem keeps us alive. It oversees the things we do without thinking, like breathing, heartbeat, pulse, blood flow. The brain stem is also where we retreat when we are alarmed, in danger, or experiencing something intense.

#### ***The Amygdala: The Brain's Alarm System***

The amygdala filters sensory input to assess potential risk before that information is transferred to the rest of the brain for further processing. The amygdala functions as an alarm system as well

as the pleasure sensor, and is thought to play important roles in emotion and behavior.<sup>2</sup> It is best known for its role in processing fear; however, it is also responsible for much of our human behavior. When our amygdala senses the smell of Grandma's apple pie, it processes that input to quickly put our mind at ease. When it senses the smell of smoke, it alerts the brain to potential danger. If danger truly exists, our body becomes prepared to get to safety. If danger doesn't exist—for instance, if the smell of smoke is a campfire—the alarm will quiet and the rest of our brain will process the smell as something anticipated and potentially fun. For people with trauma history, the amygdala plays a crucial role in how they respond to certain high-intensity situations.

### ***The Prefrontal Cortex: Where Logic and Reasoning Live***

The prefrontal cortex is located at the front of the brain and is responsible for a person's executive-functioning skills. Executive functioning is responsible for impulse control, planning, decision-making, problem-solving, self-control, and strategizing for long-term goals. Our prefrontal cortex gets us from point "A" to point "B" in the most efficient and successful way possible. Our executive-functioning skills are especially important when it comes to tasks such as getting ready for work or school, following a list of chores or errands, and preparing for the day in time to meet our daily demands. The prefrontal cortex is also where our calm, collected, and reasonable natures live.

So right now, I (Mike) am typing these words while listening to instrumental Christmas music, and I feel calm and peaceful. I am working on this book, following a schedule, and managing my responsibilities as a parent. The prefrontal cortex is responsible for all these behaviors. It's important to note that when we are in an intense situation, the amygdala sounds our brain's alarm, and the prefrontal cortex gets completely overridden.

## How Trauma Affects the Brain

When it comes to trauma, how are these three areas of the brain affected? Let's imagine you and I (Mike) are in a lecture hall together. I am standing in front of you talking about, you guessed it, "How trauma changes the brain." In the middle of my discussion, the fire alarm suddenly blares. Then smoke floods through the vents and fills the room. We realize that flames are lapping at the wall behind us. What do we do? We stop what we're doing and move toward the exits. We may become panicked, which causes us to run, push, or claw our way out of the building. What we don't do is stop and discuss what we're eating for lunch. We aren't functioning out of the prefrontal, planning, executive-functioning part of our brain; we are functioning out of our survival brain. You and I would have one goal in mind: *Get out!*

In this situation, here's what's happening in our brains: The amygdala (our alarm system) is telling us, "Danger, danger, danger!" We aren't thinking anymore; our bodies are just reacting. Our brain stem (our survival instincts) takes over. The brain diverts blood and oxygen to the body and away from the prefrontal cortex. This means the prefrontal cortex isn't working. When the amygdala is triggered, it disrupts the place in our brains where logic and reasoning exist. That's why we don't stop in the middle of a smoke-filled room to discuss our favorite movies. We are functioning from our survival brain, which is directing our bodies to safety!

Speaking of feeling safe. Once we make it out of the hot, smoke-filled, potentially fire-ridden building, we stand in the middle of the parking lot feeling frazzled, scared, and panicked. We watch as the fire department roars up and charges into the building. We realize we are safe—that feeling of safety is the prompt that silences the alarm. The amygdala is no longer alerting us, and blood and oxygen are directed back to the prefrontal cortex. We are again able

to reason. After thirty minutes or so, we calm down because we are no longer in the path of destruction. By the time the firefighters come out, many of us have resumed our natural states of being. We call this regulation or our baseline of behavior. We'll go deeper into this in later chapters.

What you and I have just experienced would be defined as an acute traumatic situation. Our brains filter daily many less-traumatic reasons for alarm. If I were standing in front of you talking and talking and talking right up to lunchtime, you may begin to feel on edge, because you're getting hungry. Your amygdala warns you that something is wrong, but because this is not a life-or-death situation, your neocortex takes over and processes the information logically. You realize that lunch is in a few minutes, and I'm almost done talking. You may tune me out and think about your favorite foods or you may override your feeling of hunger and force yourself to stay focused.

For a person who has experienced chronic trauma, for instance, in the form of food insecurity, these feelings of hunger may trigger a larger reaction in the moment due to a stored memory of the threat to survival. You may notice your child has a disproportionate reaction to being denied a snack or having to wait five minutes for dinner, which may be because their alarm system has been wired to expect to be hungry. In other words, they go into survival mode.

To explain survival mode, we need to remember the brain stem, which keeps us alive. For instance, it is responsible for breathing. We don't have to think about breathing, it just happens because our brain stem tells our lungs to breathe. When we experience trauma or the memory of trauma, our brain stem can override the rest of our brain, including logic and reason. This is what we often refer to as "survival brain." Our survival brain is like a parking brake. We lived in Cincinnati, Ohio, during the first years of our marriage. Cincinnati is filled with steep hills. Whenever we parked a car in

the city, it became a habit to put on the parking brake. If we got into the car and tried to drive without disengaging the break, we found ourselves stuck. The brake had overridden the other systems. Our brains do much the same thing—they have a safety system in place.

### **Involuntary Actions and the Midbrain**

Betty moved in with her foster family at the age of three after living in five different foster homes and multiple stays with biological family members. In her short three years, she experienced food insecurity, housing insecurity, and domestic violence. Betty's new foster family was affectionate and fun loving. They embraced when they felt sad and hugged and high-fived to share joy.

The first time Betty witnessed her foster dad wrestling playfully with her foster brother and sister, she ran to her room in tears and hid under her bed. Her foster parents were shocked and had no idea what had happened. When they remembered her past experience of physical abuse, they understood that their behaviors had triggered a reaction in Betty. They quickly stopped wrestling and crouched next to Betty, assuring her that everything was okay. They smiled softly and told her they were sorry for scaring her.

Betty's foster family eventually adopted her. In the fifteen years that followed that incident, Betty has lived in an environment of safety. She can give and receive hugs and high fives. She voluntarily shows affection to her parents, siblings, and friends. However, she still reacts physically to any touch she doesn't anticipate. She may jump if someone bumps into her on public transportation or shout if her mom pats her on the back unexpectedly. She knows why her body reacts this way but often she is powerless to control her response. She can't just "cut it out." Her brain is filtering the action of touching through her experiences of trauma. Her brain reacts without any logical thought. It's wired that way.

Our brain filters experiences and often reacts in the midbrain without thinking. The midbrain is located at the top of the spinal cord and is responsible for filtering and storing sensory information and motor movement and reactions. That's why we shiver when we're cold or we jump when something surprises us. The midbrain is looking for danger and filters sensory information first before the information makes its way to the neocortex (where the information is processed logically). It has the power to cause us to react without thinking. This is why we jump when we hear a loud noise. Jumping is a reaction—it happens without thought. A split second later, the neocortex gets the information and processes that information using logic. The brain realizes the loud noise is just a door slamming from wind blowing in through an open window. The brain then tells the body to calm down because there is no danger.

Even when we explain rationally to our children why they react in ways they don't need to, they often are unable to do anything about it, because of the reactionary memories that have been placed in their midbrains. This is why a child who has been physically abused may always jump back if someone tries to touch them. Even if the touch is loving, even if the touch is unintentional, even if they know the person doesn't want to hurt them. Trauma experiences change the way our brains react.

### **Think of Your Child's Brain Like a House**

We live in a 1930s farmhouse in central Indiana. Though our first and second floors may be warm and cozy, our basement is creepy. It's an old cellar-style with low ceilings. The floor stays wet most of the year, which leads to a damp musty smell. More than once, the septic tank has backed up and filled our basement with a sludge we won't even dare to describe. Our basement is not a place we spend a lot of time. We have our hot-water heater, furnace, and

water softener there. We also have a stack of eight folding chairs in one corner in case we need to escape a tornado. We consider our basement strictly for survival purposes. When we have to go to the basement, we get what we need and we get out.

When it comes to laying a foundation for healthy attachments, the basement represents our survival brain. The main floor, which is warm and welcoming, represents our feeling or emotional brain. In our house, the main floor is where we have the deep (and sometimes difficult) heart-to-heart conversations. It is where we celebrate exciting moments, laugh until our sides hurt, argue, and even shed tears. The second floor, the upstairs, represents our logical brain. Our upstairs has wide-open windows and views for miles. We can see clearly, think, rest, and refresh. It's where our deepest healing takes place.

If we relate our brain to a house, it looks something like this:

*Basement:* survival only; no learning or relationship building takes place here.

*First floor:* emotions and feelings live here.

*Upstairs floor:* logic, learning, resting, and planning take place here.<sup>3</sup>

### ***Basement Brain***

A child who has experienced chronic trauma may return to the basement brain often or even become stuck there. We can be tempted as caregivers to try to reason with the child while they are in the basement brain. We simply cannot do this. Survival brain is not the place to create healing, reasoning, or healthy relationships. Our job as caregivers is to enter the basement with the child and help them make their way back upstairs.

We recently had one of our friends ask us how to get her daughter out of her “emotional funk,” as she described it. She explained that when her daughter becomes emotional, or does not receive the

answer she wants, she cannot be talked to, coerced, or bribed out of this state. We shared how normal parenting tactics to get a child to “snap out of it” rarely work. This is basement-brain dwelling. We have a tendency as parents to expect our children to immediately climb the stairs (so to speak) out of the basement. But they can't. They need assistance. It's our job as caregivers to walk with them and help them climb the stairs to the first-floor brain. (We'll explain how to do this in later chapters.)

### ***First-Floor Brain***

The first-floor brain is where we experience our feelings. In our home, we gather around the first-floor's kitchen table, eat warm meals, laugh, relax, and enjoy our time together. We also tend to feel the hard stuff here too. The first floor is where we see sibling rivalry, arguments about curfew, and shed tears over lost friendships. We study for tests, make meals, read books, and pay bills. All these emotions are good; all these activities are part of real life. Emotions are difficult too. They can trigger the brain into thinking it's time to run back to the basement. When our children are in the first-floor brain, a lot of good can happen. However, it's also possible that our children will end up with the alarm sounding that it's all just too much! Often, our children move back and forth from the first floor to the basement brain. They are in a fight for survival, where even the celebratory or “good” moments seem hijacked by the basement brain.

### ***Upstairs Brain***

I (Mike) already feel myself longing for that coveted Sunday afternoon nap in our loft, as the warm sun floods through the window and creates a toasty atmosphere. This is the upstairs. It's the epicenter of peace and comfort. This is removed from the survival mode of the basement and even the emotional environment of the first floor. When we're talking about our children's emotions and



behaviors, the upstairs–floor brain is the peaceful, logical brain. This is where we must lead our children.

### **Not All Trauma Is the Same**

All trauma experiences change the way our brain filters and responds to the world around us. But not all trauma experiences are the same. As we mentioned briefly in chapter 1, there are two primary types of trauma: acute trauma and chronic trauma—and both shape the brain.

#### ***Acute Trauma***

Acute trauma can be described as a scary or intense onetime event. This onetime event could have a profound impact on the way we react to certain reminders of the event. My (Kristin's) brother was in a car accident last year. He and his family were injured, and healing has been a long and often grueling process. Even though the accident happened only once, their bodies and minds remember the event each time they drive past the site or the hospital, hear emergency-vehicle sirens, or visit the places in the community they had been just prior to the accident.

Acute trauma can linger in a person's mind and change the way they live long after the event took place. That is because the trauma experience is stored in the brain. Picture the person who lives a fairly normal life, but suffered the sudden loss of a child years earlier. The child's bedroom is closed up tight with everything still in its place, frozen in time. The parent cannot talk about their child without tearing up, and every holiday is marked with deep depression. The person who suffers a horrific car accident may be afraid to make left turns. The person who was robbed at gunpoint in their younger years hates to be alone or feels paralyzed if outside after dark. Though acute trauma may not affect our every moment, it does leave a lasting memory.

Some examples of acute trauma:

- Experiencing a home fire
- Losing a job
- Being the new kid at school
- Moving from one house to another
- Losing a friend
- Losing a loved one to death
- Being in a car accident
- Witnessing something intense or horrific
- Being a victim of sexual or physical assault that happened once
- Having major surgery
- Being in financial duress
- Living through a natural disaster

Most of us experience acute traumatic situations. Earlier this year, I (Mike) was on a flight home and had a connection at Chicago's Midway International Airport. As I flew toward Midway, I looked out my window and spotted an enormous, old, dilapidated building. It took up two city blocks. Suddenly my body filled with anxiety. Odd, right? But this was no coincidence. We were flying over Gary, Indiana, and that building was the ruins of City Methodist Church. In the summer of 2013, I visited that church with a film crew from the church I was working with at the time. We were there to film a documentary-style video in the building. As the team and I were scouting the location, we witnessed men smash in the windshield of one of our vehicles. It sent the entire team into panic. In "fight-or-flight" intense situations, I am a "flight" response, so I immediately began looking for ways to get out of there.

It took us a solid eight hours for our bodies to calm down. The next day was fairly normal for all of us. No one remained trauma-

tized from the event. Our logical brains processed the onetime event and categorized it as such. However, nearly six years later, at an altitude of eight-thousand feet, safely above City Methodist Church, the anxiety from that fateful summer day returned to me like a flood. That's the impact acute trauma can have on a person. My entire life wasn't changed, but my brain held on to the trauma and affected my body's response.

### ***Chronic Trauma***

Chronic trauma is a distressing experience that happens repeatedly or continually over a period of time. Foster and adoptive children have often experienced repeated traumatic situations that have lasted over their lifetimes. Remember Betty who lived with five foster families and multiple family members before the age of three? Through that experience, she learned that caregivers cannot be counted on. Even after more than a decade of having Jane as her mother, Betty's brain still filters their relationship through her experiences of loss. Though she doesn't purposely do that, the trauma shaped her brain to respond that way.

Some examples of chronic trauma:

- Prolonged abuse
- Neglect
- Malnourishment
- Food insecurity
- Housing insecurity
- Multiple caregivers over a short period of time
- Witness to domestic violence
- Living in a highly volatile environment
- Living in a dangerous environment
- Living in a war zone or experiencing war
- Terminal illness

Let's consider how chronic trauma affects our children who were in a repeatedly volatile situation, continually hungry, abused, or threatened. The same thing that happens in an acute traumatic situation happens in a chronic traumatic situation. The amygdala sounds the alarm, the prefrontal cortex is overridden, and the child moves into their brain stem (survival mode). The difference, however, is that the trauma continues and the amygdala does not calm down. The prefrontal cortex stays overridden, and the child resorts to living in a state of survival.

Imagine experiencing a car crash every single day. You don't know when it's going to happen but it is guaranteed to happen every day. How would you feel? How would you interact with the world around you? Would you be free to emotionally connect or attach to other people? Your body and your mind would be tense all the time just waiting for the trauma to happen. People who experience chronic trauma live in this constant state of survival—and that affects their ability to securely attach with you and others in your family. The good news is that even though trauma shapes the brain, healing and healthy emotional connections can happen.

### What Now?

- To learn more about the brain, watch National Geographic’s “The Human Brain, Explained”: <https://www.nationalgeographic.com/science/health-and-human-body/human-body/brain/>.
- To learn an easy way to remember the three parts of the brain, go to our website: <https://www.thriveparents.org/understandingtrauma/>.
- Journal or discuss with a friend:
  - Write or talk about a time when you reacted to something without thinking (a loud noise, an off-hand comment, an emotional television show, or a distinct smell). Were you confused by your reaction? How did your body feel when it reacted that way? Did you realize right away why you reacted that way or did it take you a while to process the sensory input logically?
- Watch Paris Goodyear-Brown’s TedxTalk on trauma and play therapy: <https://www.youtube.com/watch?v=SbeS5iezIDA>

### ***Remember . . .***

- *Trauma changes the way our brain processes information.*
- *The brain can respond involuntarily to sensory input.*
- *Sometimes the brain’s response to an experience doesn’t seem to make sense.*

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