

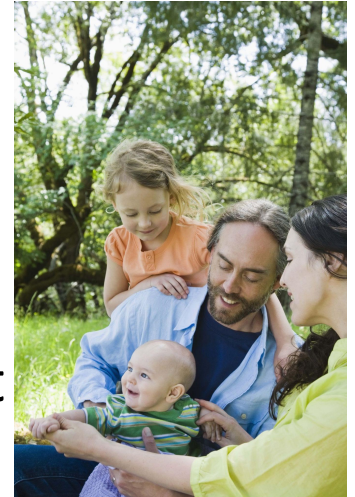
Supporting Foster, Adoptive and Kinship Families in Inclusive Early Childhood Environments



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www.FormedFamiliesForward.org

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Formed Families Forward

- A family-led nonprofit organization in Northern Virginia supporting foster, adoptive and kinship families who are raising children, youth & young adults with specialized needs, and professionals who work with our families.
- We offer free training, consultations to families, events, and systems navigation. Also: peer support groups; webinars; videos; *Learning Your Way* online modules; Directory; & other resources.
- Family partner to the Virginia Tiered Systems of Supports (VTSS; a VDOE project)

Who I am...

Melissa Lebling, aRPy Ambassador

- Mom to 7
- Family Support and Outreach Specialist
- Interests include Early Childhood Education, Brain Based Behaviors, and Kinship Navigation



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Learning Objectives

- *Understand how trauma, loss, and neurodiversity/disability commonly impact children in foster, adoptive, and kinship care*
- *Reframe challenging behaviors through a brain-based, inclusion-focused lens*
- *Identify practical strategies that promote regulation, belonging, and safety*
- *Strengthen partnerships with caregivers to support consistency across environments*

How many families are formed through foster care, adoption or kinship care?

Many of the families who parent center staff will encounter are foster, adoptive or kinship care families. It is important to be aware of the unique needs of these families when providing resources and direction.

Over **10.35 million children** in homes headed by those other than birth or step parents, 14.2% of all US children (Census, 2024)



Multiple agency involvement



What is foster care?

- A temporary living situation for children whose parents cannot take care of them. Children may live with relatives, with foster families or in group facilities.
- 328,963 children and youth were in foster care in US in 2024. 42% of those in foster care are older than 11 years.
- Reasons for leaving foster care: Reunification with parents, adoption, guardianship, placement with relatives, emancipation.
- Goal of foster care is to reunify.
- Emphasis on placing children with kin; children generally do better in a placement with relatives.

Foster care video



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What is kinship care?

- Relatives or close family friends raise children when their parents cannot care for them.
- 10.5% of all children - more than 7.7 million in US - are in households headed by grandparents or other non-parent relatives.
- Types of kinship care include:
 - Informal care
 - Diversion kinship care
 - Kinship foster care



Kinship care video



What is adoption?

Adoption is a legal process that permanently transfers parental responsibility from a child's birth parents to their adoptive parents.

Types include:

Public or 'foster to adopt'- Adoption of a child in foster care, with involvement of a public social services agency.

Private, domestic- Often arranged directly with pregnant birth parents, with assistance of a private organization or attorney; also called 'domestic infant' adoption.

Private, international- Intercountry adoptions arranged with involvement of private organizations.

Adoption



Why do children come into care?



AFCARS report #30 (2023)

Most common reasons for entering public care:

- Neglect (62%);
- Parent drug abuse (33%);
- Caretaker inability to cope (13%);
- Physical Abuse (13%);
- Inadequate housing (11%);
- Child behavioral problem (8%)
- Parent incarceration (6%)
- Alcohol abuse, parent (6%)

Understand how trauma, loss, and neurodiversity/disability commonly impact children in foster, adoptive, and kinship care



Common Characteristics

- trauma impact
- a history of broken attachments
- lack of consistent caring relationships
- multiple moves
- interruption in schooling; delays in getting IEPs & other records transferred
- identify as LGBTQ+
- run away
- juvenile justice involvement
- service disruptions
- cultural identity issues
- disabilities

Disability and foster, kinship care & adoption

- 30-40% of children and youth in **foster care have IEPs**.
- 40% of **kinship** households had a child with special needs in residence. One quarter of those households included multiple children with special needs.
- Children who live in **kinship care** with a relative have more special health care needs, mental health problems such as ADHD and depression compared with children who live with their parents.
- Compared to the general population, **children who were adopted** are more likely to have moderate or severe symptoms of depression, ADD/ADHD, or behavior/conduct disorder.

Trauma



Before we talk about how to effectively engage with foster, adoptive and kinship families, we need to discuss **trauma**.

Every child in foster, adoptive, and kinship care has experienced loss and trauma.

Disability may be an additional trauma or the result of trauma.

It is important to be aware of trauma and its impact.

What is trauma?

Trauma refers to experiences that cause intense physical and psychological stress reactions.

It can refer to a single *event*, multiple events, or a set of circumstances that is *experienced* by an individual as physically and emotionally harmful or threatening and that has lasting adverse *effects* on the individual's physical, social, emotional, or spiritual well-being.

SAMHSA definition, 2014

Examples of causes of trauma

- Physical abuse and/or neglect
- Sexual abuse
- Emotional abuse and/or neglect
- Exposure to domestic violence
- School violence
- Medical injury/illness
- Loss of or separation from a parent or caregiver
- Traumatic grief
- War zone/refugee experiences
- Natural disaster



**COGNITION &
LEARNING**



**PHYSICAL
HEALTH**



EMOTIONS



**BRAIN
DEVELOPMENT**



**THE IMPACT
OF CHILDHOOD
TRAUMA**



BEHAVIOR



RELATIONSHIPS



MENTAL HEALTH

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Trauma Characteristics 0-2 years of age

- Over/under reactive to people and environment
- Difficulty being soothed
- Difficulty forming secure, positive relationships with caregivers
- Impacts on sleep, eating and toileting
- Delays in meeting developmental milestones

Source: Zero to Three

Trauma Characteristics 2-5 years of age

- Hypervigilance
- Losing a previously developed skill
- Changes in behavior patterns
- Sleep challenges
- Reenacting trauma through play
- Increased fearfulness
- Increased separation anxiety

Source: Zero to Three

Trauma Characteristics 5-12 years of age

- Overwhelming sense of worry
- Experiences of guilt and shame/self-blame
- Headaches/stomach aches
- Difficulty concentrating
- Social challenges
- Trouble sleeping

Source: Zero to Three

Reframing challenging behaviors through a brain-based, inclusion-focused lens

Behavior is communication, not compliance.

- *Ask: What is this child trying to tell me?*
- Shift from control → connection



The Reality of Uncertainty

- Court decisions
- Placement changes
- Visitation schedules
- Unknown permanency outcomes
- Unknown birth history
- Change in family dynamics



How Uncertainty Shows Up in Children

- Clinginess or withdrawal
- Aggression or meltdowns
- Regression
- Difficulty with transitions

What have you seen?



What's Under the Behavior?

- Lack of Felt Safety
- Need for Connection
- Unpredictable Routine
- Sensory Dysregulation



Identify practical strategies that promote regulation, belonging, and safety



Key Mindset Shifts

- Behavior is communication
- Connection before correction
- Regulation before expectation
- Uncertainty impacts behavior



What Children May Be Experiencing

- Fear of loss or change
- Difficulty trusting adults
- Sensory overwhelm
- Emotional dysregulation



Strategies That Work

- Predictable routines
- Visual supports
- Co-regulation
- Sensory supports
- Warm, responsive relationships
- Clear, simple expectations
- Flexibility during stressful times



Regulation Before Expectation

You can't teach when a child feels unsafe.

- Regulated adults → regulated children
- Co-regulation comes first
- Skills come after safety



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The Brain-Body Connection

- Behavior = nervous system response
- Fight, flight, freeze, fawn or fib
- Not willful misbehavior



Decode the Behavior

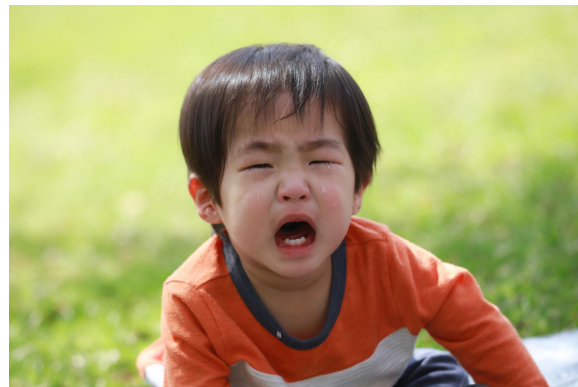
Ask yourself:

- What happened right before?
- What need is not being met?
- What skill is missing?



Common Triggers

- Transitions and unpredictability
- Visits with family/Discussion of families
- Loud or chaotic environments
- Changes in routine or caregivers



Sensory-Informed Supports

- Quiet/cozy space
- Fidgets or movement breaks
- Noise reduction
- Flexible seating



Co-Regulation in Action

- Get low, slow, and calm
- Use a soft, steady voice
- Offer presence before words
- Stay with, not over
- Time In not Time Out



What Does Not Help

- Lecturing or reasoning
- Punishment during escalation
- Demanding compliance
- Sending away for isolation



After the Behavior (The Repair)

- Reconnect before redirect
- Teach the skill later
- Practice when calm
- Keep dignity intact, no shaming



Teach Missing Skills

Children may need support with:

- Emotional regulation
- Communication
- Flexibility
- Problem-solving



Behavior challenges are skill deficits, not character flaws

Simple Replacement Skills

Instead of hitting → “Help” or “Stop”

Instead of running → “Break” card

Instead of shutting down → choice-making



Environment Matters

- Reduce overwhelm
- Create clear expectations
- Use visual cues
- Keep spaces predictable



ACTIVITY - Strategy Sharing

Work in groups to choose:

- 1 regulation strategy
- 1 environmental support
- 1 relationship-based response



Strengthen partnerships with caregivers to support consistency across environments

- Be a consistent, safe environment
- Communicate with compassion
- Respect confidentiality
- Avoid assumptions about permanency



Normalize the Uncertainty

- “We’re here with you.”
- “Let’s focus on today.”
- Flexibility matters
- Be mindful of celebrations
(Mother’s Day/Father’s Day celebrations)



Partnering with Caregivers on Behavior

- Share patterns, not judgments
- Ask: “What works at home?”
- Align strategies across settings
- Share positive reports



Language Matters

Instead of:

- “Real parents”
- “When they go home...”
- “Dear Parents”

Say:

- “Family”
- “Right now...”
- “Dear Caregivers”



You Are a Protective Factor

You are an important part of the child's life, you offer:

- Stability
- Predictability
- Connection
- Regulation support



Key Takeaways

- Behavior = communication
- Uncertainty impacts everyone
- Relationships drive inclusion
- Small changes matter



DEC Recommended Practices Alignment

The DEC Recommended Practices provide evidence-based guidance to support:

- Inclusion and access for all children
- Social-emotional development and behavior
- Strong partnerships with families

These practices align with trauma-informed, brain-based approaches and support children experiencing uncertainty, including those in foster, adoptive, and kinship care.

Interaction

INT1. Practitioners promote the child's social-emotional development by observing, interpreting, and responding contingently to the range of the child's emotional expressions.

INT2. Practitioners promote the child's social development by encouraging the child to initiate or sustain positive interactions with other children and adults during routines and activities through modeling, teaching, feedback, or other types of guided support.

INT3. Practitioners promote the child's communication development by observing, interpreting, responding contingently, and providing natural consequences for the child's verbal and non-verbal communication and by using language to label and expand on the child's requests, needs, preferences, or interests.

Environment

E1. Practitioners provide services and supports in natural and inclusive environments during daily routines and activities to promote the child's access to and participation in learning experiences.

E2. Practitioners consider Universal Design for Learning principles to create accessible environments.

E4. Practitioners work with families and other adults to identify each child's needs for assistive technology to promote access to and participation in learning experiences.

Instruction

INS5. Practitioners embed instruction within and across routines, activities, and environments to provide contextually relevant learning opportunities.

INS6. Practitioners use systematic instructional strategies with fidelity to teach skills and to promote child engagement and learning.

INS7. Practitioners use explicit feedback and consequences to increase child engagement, play, and skills.

INS8. Practitioners use peer-mediated intervention to teach skills and to promote child engagement and learning.

Family

F1. Practitioners build trusting and respectful partnerships with the family through interactions that are sensitive and responsive to cultural, linguistic, and socio-economic diversity.

F2. Practitioners provide the family with up-to-date, comprehensive and unbiased information in a way that the family can understand and use to make informed choices and decisions.

F3. Practitioners are responsive to the family's concerns, priorities, and changing life circumstances.

What matters for kids in foster, adoptive and kinship homes is the same that matters for **ALL** kids

“The things that really matter when it comes to the success of foster kids—emotional stability, positive adult role models, and the knowledge that someone dependable is looking out for their best interest—that’s what matters most for all kids.”

-Kate Burditt; staff attorney at the [Juvenile Law Center](#)

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