

A photograph of a woman with long blonde hair and a young girl with long brown hair sitting on a bed with white linens. The woman is on the left, leaning towards the girl on the right. They are both smiling warmly. The woman is wearing a white long-sleeved top, and the girl is wearing a white tank top and green patterned pants. They are holding hands. The background is a plain, light-colored wall.

# Creating Affirming Homes

Volume 2

## The Gender Journey in Adolescence

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# Glossary

**Sex** is the idea that people can be grouped by biological and physical characteristics associated with reproduction, such as external sex organs, sex chromosomes, and internal reproductive structures.

**Sex (Assigned at Birth)** is the way the government and our families categorize our bodies into female, male, or neither. In the US, all people are labeled as “male” or “female” at birth by a medical provider, generally based on their genitals. This label is added to legal and medical documents throughout each person’s life. Because of the gender binary system, sex is directly linked to one of two gender categories—“male” to boy/man and “female” to girl/woman—so children are assigned a gender based upon that sex immediately, as well.

**Gender Binary** is a social and cultural system based on the idea that there are only two completely distinct genders—man and woman. It is justified by the myth that bodies only develop in one of two physical configurations that align with reproductive roles. Most existing gender binaries expect a person to naturally embrace and express certain behaviors, roles, feelings, and expectations associated with their assigned category. This belief system is dominant in the US and one of the sources of anti-TNG bias, stigma, and discrimination.

**Intersex** is an umbrella term for differences in sex traits or reproductive anatomy that result in bodies that don’t neatly fit into binary options. Some intersex features are noticed at birth. Others don’t show up until puberty or later in life.

**Gender** is a made-up way of grouping people based on shared physical or psychological traits, interests, or ways of being.

**Gender Identity** is a person’s internal sense of self as a woman, a man, nonbinary, agender, genderqueer, bigender, or one or more other identities; how we describe our gender relative to others in our culture. One’s gender identity can be the same or different from the sex assigned to them at birth.

**Gender Expression** is how we show the world our gender. This includes behavior, clothing, haircut, and voice. Most of the ways we talk, dress, and move are associated with being either masculine or feminine, so our choices are one way we show the world how we see ourselves and wish to be seen by others.

**Gender Roles** are the activities, interests, and behaviors a society attaches to a gender category. Every culture and community has expectations about how men/boys and women/girls should behave, which often shift over time.

**Cisgender** is a term used to indicate when a person identifies as the gender they were assigned at birth. Sometimes, this term is shortened to cis.

**Transgender** is a term used to describe people whose gender identity does not match the sex they were assigned at birth. A transgender experience does not imply any specific sexual orientation. Therefore, trans people may be straight, gay, lesbian, bisexual, queer, etc.

**Nonbinary** is a term to describe a person who identifies as a gender outside of the gender binary of man and woman. Nonbinary people may or may not also identify as transgender. Non-binary is one example of a gender-expansive identity.

**Gender Expansive** is a term used to describe a person who does not adhere to social rules and norms about gender. These individuals may identify as male and female or neither, or they may feel at home with their assigned sex but not with the expectations surrounding it. This term describes a broad, flexible range of gender identities and expressions outside the gender binary. Gender-expansive or non-conforming people may or may not also identify as nonbinary or transgender. All transgender folks are gender expansive, but not all gender-expansive folks are transgender.

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<https://www.med.wisc.edu/media/medwiscedu/documents/abou-ut-us/CH-174891-18-TNG-Youth-Report-Full.pdf> and  
[http://assets2.hrc.org/files/assets/resources/HRC\\_ACAF\\_SOGIE\\_Data\\_Collection\\_Guide.pdf](http://assets2.hrc.org/files/assets/resources/HRC_ACAF_SOGIE_Data_Collection_Guide.pdf)



**Sexual Orientation** refers to the direction of emotional, romantic, and/or sexual attraction toward or away from other people. The absence of sexual attraction (asexual or ace) is also an orientation.

**Two-Spirit (2S).** Two-spirit is a modern, pan-Indian umbrella term some Indigenous North Americans use to describe Native people in their communities who fulfill a traditional third-gender ceremonial and social role in their cultures. “Two-spirit” refers to a person who identifies as having both a masculine and a feminine spirit and is used by some Indigenous people to describe their sexual, gender, and/or spiritual identity. As an umbrella term, it may encompass same-sex attraction and a wide variety of gender expansiveness, including people described in Western culture as gay, lesbian, bisexual, transsexual, transgender, genderqueer, cross-dresser, or multiple gender identities. “Two-Spirit” grew into “an umbrella term” to reference words used before colonization.

**Queer** is a term people often use to express a spectrum of identities and orientations that are not traditionally heterosexual. Queer is often used as a catch-all to include many people, including those who do not identify as exclusively straight and/or folks who have non-binary or gender-expansive identities. This term was previously used as a slur but has been reclaimed by many parts of the LGBTQIA2S+ movement.

**Lesbian** is a term used to describe a person who identifies as a woman and primarily or solely experiences emotional, romantic, or sexual attraction to other women. Women and non-binary people use this term to describe themselves.

**Gay** is a term used to describe a person who affirms the potential for emotional, romantic, or sexual attraction to members of the same gender. Men, women, and non-binary people may use this term to describe themselves.

**Bisexual** is a term used to describe a person who can experience emotional, romantic, or sexual attraction to more than one sex, gender, or gender identity, though not necessarily simultaneously, in the same way, or to the same degree—sometimes used interchangeably with pansexual.

**Pansexual** is a term used to describe a person who affirms the potential for emotional, romantic, or sexual attraction to people of any gender, though not necessarily simultaneously, in the same way or to the same degree—sometimes used interchangeably with bisexual.

**Asexual-** Often called “ace” for short, asexual refers to a complete or partial lack of sexual attraction or lack of interest in sexual activity with others. Asexuality exists on a spectrum, and asexual people may experience no, little, or conditional sexual attraction.

**TNG** stands for Transgender Nonbinary Gender expansive/ nonconforming

**LGBTQIA2S+** stands for Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, Two-Spirit, and more.

**GLBT, LGBTQ, LGBTQNG+, and 2SLGBTQIA+** are all different versions of acronyms made up of the most common labels in white cultures used to describe people of diverse sexual orientations, gender identities, or expressions. The plus signified open inclusion of any labels that fall into this category. The top-billing letter gives insight into who is being centered at a particular historical moment. Initially, the “G” for Gay was first, then “L” for lesbian was moved to the front to center an appreciation for the care and solidarity of lesbians during the AIDS epidemic in the 1980's and now “2S” for two-spirit is increasingly at the front to bring awareness to the ongoing oppression and strength of indigenous peoples.

**Outing** refers to the act of sharing someone’s sexual orientation or gender-expansive identity without permission. Outing someone can seriously affect employment, economic stability, personal safety, or religious or family situations.

Adolescence is a time when our bodies and minds undergo huge physical changes. Since young people are undergoing BIG changes in a world very foreign to adults, it can be really hard for both teens and their caregivers.

As we'll discuss in this volume, the goal of adolescence is to get ready to take care of oneself and contribute to one's community. Because of how the body and brain are maturing, by design, every adolescent is fixated on figuring out who they are relative to others. Many teens struggle while completing this task because they are afraid to disappoint or be shunned by their family or community if who they are is not accepted.



Although some people know the gender binary is not a good fit from a very young age, many young people get clear on this during adolescence. Both are valid.

All humans need to be seen, accepted and enjoyed. We need to feel adored, cherished, and good enough. We need to feel unconditionally worthy of care and belong as we truly are, not as others want us to be.

When these needs are unmet, we suffer. We feel alone. We feel ashamed. We wonder if who we truly are is even lovable. Young people placed in foster care often struggle to believe they are worthy of love, to begin with. If they come to realize that a part of who they are is unwelcome by their foster family, they will suffer needlessly.

**Too many of us are afraid to follow our joy with abandon for fear that it will lead us outside of our community's circle of concern. We're told we must look a certain way to be accepted, and we're told we have to act a certain way to remain acceptable.**





Our world is filled with messages that suggest you will be cast out if you don't act or embody acceptable ways of being. Beyond messages, we see people get hurt for being different than what's considered "normal" or "preferred" all the time. Every day, people are hurt because of their race, gender, age, body size, sexuality, religious beliefs, nationality, sex and more.

It is reasonable for young people to feel hopeless. As caregivers, it is loving to want to protect young people from mistreatment.

But who we are is precious and a gift to be shared and celebrated. Hiding our light dims the whole world and prevents us from having the need to be seen, accepted, and enjoyed from being met.

**Teens who suspect that they have a SOGIE outside of their caregiver's expectations are more likely to struggle with hopelessness. How you respond to your young person's self-discoveries will dramatically impact how they treat themselves.**



**Guiding teens through the ups and downs of adolescence and preparing them to care for themselves and their communities is hard work. It is harder when teens are also dealing with the trauma of family separation or the fear that parts of who they are are unlovable.**

In this volume, you'll find information about the typical changes every teen is going through, how these changes may impact young people with diverse SOGIE, and tips for nurturing a safe and consistent environment to help your foster child integrate childhood trauma into their adult life story.

# Taking responsibility for yourself and your community is endgame for adolescence

Adolescence is the final growth spurt before our body shifts to adult functioning. Starting as early as age 9 for some and lasting until age 25 for most, young people wake up each day to new insights, abilities, and interests.

As teens, we are driven to know ourselves and our world better, test our limits, and figure out who we are relative to the people around us. We have a deep yearning for independence and may demand it or seek it out in ways that counter our upbringing. This self-focused period strains all our relationships.

The yearning for independence is the body's way of signaling that we are ready for more responsibility. Unfortunately, our ability to understand our limits and identify realistic consequences for our choices remains immature until our mid-twenties.

**Figuring out who we are relative to our families and the world around us is easier for some than others. For many, it requires trying something out to see what fits. Others feel certain about who they are and what they like from an early age.**

Rather than mold young people into the adults we want them to be, the caregiver's job is **to witness their discovery process with unconditional love and consistent encouragement.**

The journey to this endgame entails the following side quests:

Figure out **WHAT I LIKE** and don't like.

Figure out **WHO I like** and don't like.

Figure out how to communicate **WHO I AM** and what I need to others.

Figure out how I want to **ENGAGE WITH THE WORLD.**

Figure out what **MY values** are.

Figure out what my body is telling me about **MY PHYSICAL AND EMOTIONAL NEEDS.**

Figure out **HOW TO RESPOND** to my own distress and that of other people's

Learn how to **READ AND RESPOND TO SOCIAL CUES** in different situations in a way that builds community and feels good for me.

Find **MY REASON(S) TO LIVE** when life gets so hard





**The ways  
we grow in  
adolescence**

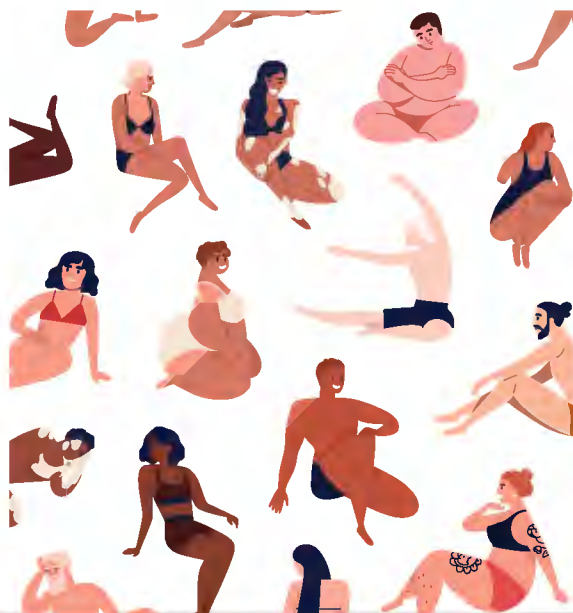
# We complete puberty and grow into our adult body



During adolescence, our bodies develop secondary sexual characteristics, such as facial hair or breasts, and grow to adult sizes. Our muscular control undergoes significant improvement, and menstruation begins for bodies with a uterus (aka menarche). The hormonal changes that spur this physical growth can also increase interest in sexual stimulation and the awareness of potential sexual partners. At this time, adolescents start to be treated as sexual beings by actual adults. It is confusing, exciting, and, at times, harmful.

While many young people eagerly await their adult bodies, those who don't identify with their sex assigned at birth may dread it.

For others, discomfort with their bodies begins as their bodies develop- or fail to develop- in the ways that reflect their true gender identity.



## Puberty comes with an uptick in violence.

In cultures with norms and laws hostile to gender expansiveness, there is a swell of verbal and physical attacks against people who don't adhere to other's narrow expectations of how they should look or identify.

At puberty, we see sharp increases in sexual violence for all young people, but especially those who are feminine-of-center.



# Until age 25 we struggle with impulse control & predicting long-term impacts



During adolescence, our brains develop and refine new neural connections, which set the foundation for our habits of responding to ourselves and each other. The brain is the last organ to complete its development, and the area in charge of long-term planning and consequences is the last to reach maturity around age 25. Identity development is a huge focus at this time of life and includes the emergence of abstract reasoning along with personal values and morals. Pre- and early adolescents (ages 9-16) tend to get fixated on what other people think of them and have trouble seeing shades of gray.



**For gender-expansive and transgender youth, talking with adults about their gender in a way adults can understand can be hard, but not because they are trying to be difficult.**

In early to mid-adolescence, teens start to be able to consider other people's points of view, see shades of gray, and that the world is not all about them. But this takes time and feedback. As this type of reasoning becomes more seasoned, teens can be quite volatile in logic, making it difficult to see compromise.

At first, teens tend to believe that nothing bad will happen to them and cannot be convinced otherwise- this is why they often behave recklessly. For example, if a teen has unprotected sex and does not get pregnant once, they frequently assume they do not have to worry about birth control.

Because adolescents have a limited ability to understand the long-term consequences of their decisions or anticipate a realistic future, youth of diverse SOGIE who experience parental rejection are more likely to engage in self-harm or have unprotected sex, which is why we see higher rates of pregnancy.



# Our emotions get bigger as our interest in adult support gets smaller



With the emergence of abstract reasoning comes the ability to grasp the staggering depth of unnecessary suffering in the world. It's a lot to behold. Add to it the sense of internal instability that is a side effect of a growth spurt, and we can begin to understand why teens are known to be moody.



For many, it is the first time we are differentiating from our adult support systems. Meanwhile, the breadth and depth of our emotional experience is exploding. Too few of us receive coaching in managing big feelings, and so many are shamed for experiencing the normal range of human emotions because of gender norms (see Volume 1 for more on this topic).

**It takes time, practice and trusted others to hold big emotions without buckling under their weight. Yet the need for independence gets in the way of accepting help from caregivers.**

**The fear of becoming an outcast gets painfully strong in adolescence. This overwhelming fear leaves many hesitant to live in their truth, regardless of their SOGIE.**

**But hiding who we are long-term is poison to our developing sense of self as mattering and deserving of respect.**







# We take risks to grow, find our people, and escape control.

Each day, your teen is waking up to new abilities begging to be used in a world full of seemingly limitless possibilities. As a result, tackling the side quests of figuring out what and who we like and how we fit in is a process of trying things on and seeing what feels right.

To grow, we must seek new experiences and experiment with new behaviors. Teens try on different activities, styles of clothing, ways of responding to social cues, and groups of friends. Unfortunately, humans cannot reliably identify when we are taking big risks with our lives until the brain finishes maturing at age 25.



**Since this time of life can feel out of control, we often engage others in power struggles.**

Caregivers struggle with teens over decision-making, and peers try to control each other via harassment and dominance. Kids with gender-expansive ways of being are often targeted as vulnerable outcasts by those who need to feel powerful (see Volume 1 for more detail).

**Given the powerful need to belong, when a teen's process of self-discovery is met with rejection from family or peers, they tend to escape by self-isolating, self-medicating, or self-harming.**

But we live in a world that harshly judges people's choices and responds to risk-taking very differently depending upon the color of one's skin. As adults, it's our job to prepare them for this.

However, few people of any age take guidance provided in a lecture. Like adults, teens only accept advice from those who respect them and their ability to know what the right decision is for themselves.

\*See Appendix A for tips on talking with teens about navigating risks.



# We expand our ability to do hard things without our caregivers

Doing new things is hard. Everything is a little hard when we are young because everything is new.

The ability to take on new challenges is called our window of tolerance. When we are tired, hungry, alone, or afraid, our window of tolerance is mostly closed, and we can't deal with another thing. But when we feel satiated, energized, safe, and connected, we are ready to try new things and face challenges head-on.

Children and teens tend to have more closed windows of tolerance than adults because their bodies eat up a lot of energy simply from growing. This is why infants need to eat and sleep frequently and why children and teens have greater rest and caloric needs than fully grown adults.

Chronic stressors like violence or the threat of violence also close our window of tolerance and tie up our resources by keeping us on high alert - also known as hypervigilance.

**For young people affirming diverse SOGIE, a lot of energy goes into watching for or anticipating negative responses from the world. As a result, they may initially have trouble tolerating additional requests made of them.**



**A big part of growing up is learning how to do hard things for yourself and others.**

It takes practice, support, and encouragement to develop the stamina to persist despite difficulty. Caregivers can support young people in opening their window of tolerance by paying attention to when their young person is struggling, showing them you see their difficulty and believe in their ability to do hard things.

Meeting young people with softness and understanding when they are feeling sharp helps to draw them toward connection, which is our greatest resource. Finally, encouraging your young person to listen to their body's limits and honor them is a powerful message to help them tap into the limitless well of resources inside them.



# We develop more adult strategies to manage stress



**Recognizing, anticipating, and meeting our bodily needs are the signs of healthy adulthood.** Too few people over the age of 18 ever get there. We all know adults who only realize they are hungry once someone points out they are irritable from hunger or who never make the connection between getting enough sleep and their openness to feedback.

Teens try strategies for managing stress that have been modeled to them. If we yell at people when we are irritated, they will yell at people. If we break things, they will break things. If we use alcohol or other substances to take the edge off, they will try this, too. Or they may try out strategies we never use to show how different from us they are.

While we can't control how our young people manage their stress, we can show them what it looks like to manage stress in ways that nourish relationships rather than harm them.

**Self-harm as a coping skill is more common among young people with diverse SOGIE than among cisgender and heterosexual youth. These youth report cutting or burning themselves to distract from the pain of being rejected by family or peers.**

Teens also learn strategies for managing stress from their peers. Hopefully, this includes strategies that help them move through hard feelings rather than suppressing them. For example, adolescence is a central time for sharing music that helps give a name to their feelings. However, it may also include trying out ways of coping that are more harmful, such as using drugs or alcohol or self-harming more directly with knives or fire.

While experimenting with self-harm is not uncommon, if you learn your young person is trying this strategy, talk to them about it in a calm and tender voice. Lead with your love and interest in knowing them better, especially their pain. Share your concern for their well-being and the possibility of hurting themselves more than they intend. Ask them what they need and let them know you'll watch and check in on them more frequently. Share your experiences with discharging pain and your hopes for them. If the lines of communication are genuinely closed, pull in other trusted adults or find a new one your young person will talk to.

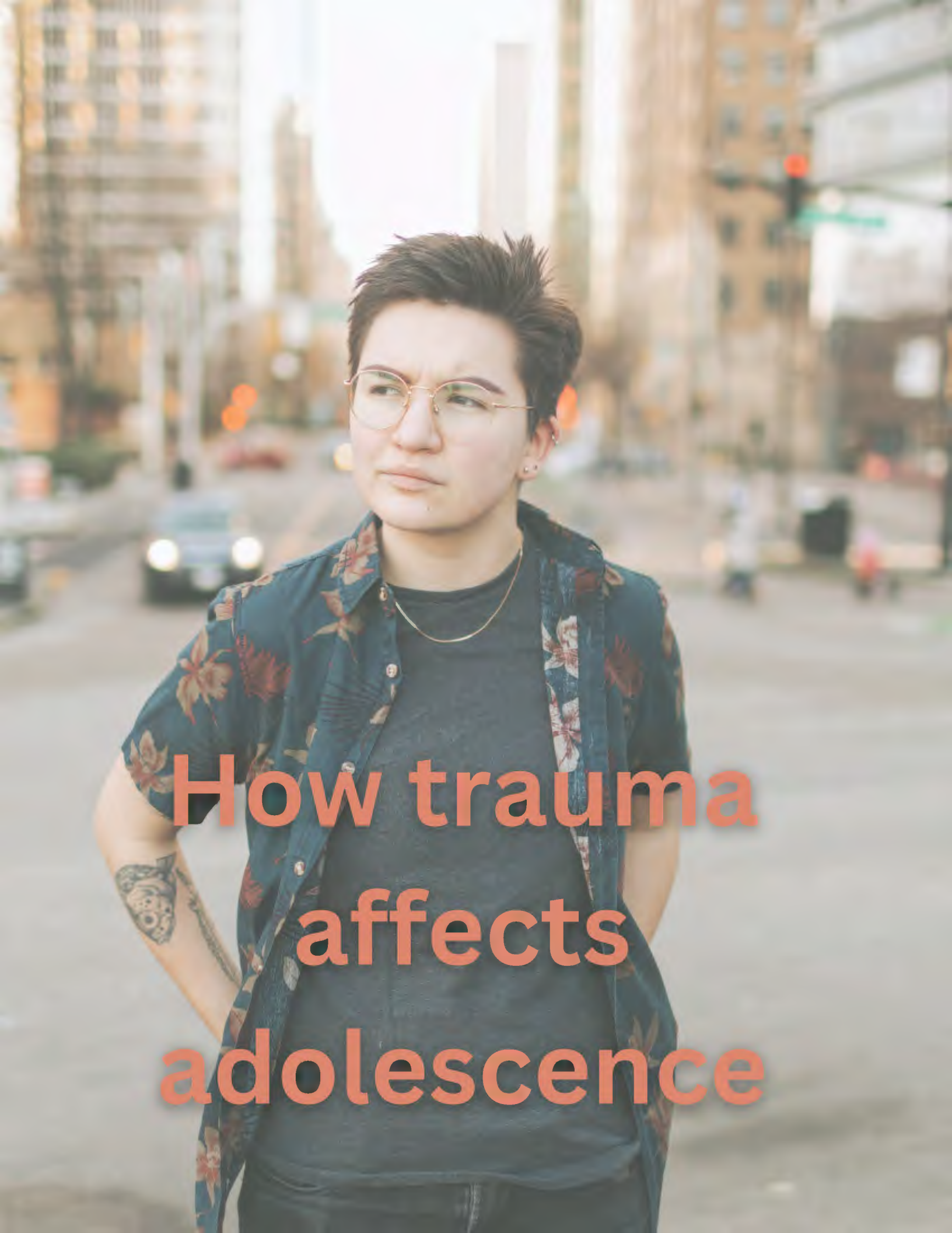


# Setting “right” expectations for adolescence

It is a teen’s job to push the buttons of adults. It’s hard not to take it personally, but it helps when we recognize that their poor choices and defiance are developmentally appropriate. Our job is still to provide boundaries and consequences. Still, it’s easier to do so calmly and compassionately when we understand this behavior has nothing to do with their feelings about us.

Teens need to...	Caregivers can...
<b>Push limits</b>	Refuse to engage in power struggles. Explain the rules and give teens the freedom to show more responsibility.
<b>Make mistakes</b>	Expect mistakes. Think of them as a way to learn. When rules are broken, have consequences.
<b>Seek thrills and take risks</b>	Give your teens a chance to try new things and take smart, but not dangerous, risks.
<b>Do things on their own</b>	Let teens take on responsibilities. It builds confidence and shows that you trust them.
<b>Develop an identity</b>	Let teens try on different identities without pressure to be perfect or have it all figured out.





**How trauma  
affects  
adolescence**





# If we felt scared much of the time we were little, or had a few BIG scares, we adapt to watch for danger 24/7

Trauma is the experience of feeling overwhelmed, powerless to stop what is happening, and alone. Trauma can be acute (happens one time,) chronic (keeps happening over time), or complex (caused by the people who were supposed to protect you).

When it occurs during our growing years, our bodies expect it will always be this way and adapt to survive. We typically remain some degree of tense, alert, jumpy, and distrustful, ready to fight or flee at any moment. If nothing we did during early childhood was able to change our environment, we are more likely to go into a frozen or depressed state to survive. To the right are examples of these self-defense states: fight, flight, fawn, and freeze.

Until we are in a consistent and predictable environment with lots of support to work on healing, part of us stays scared and on high alert. This is both hard on the body and means that tiny reminders set off the same level of fear we experienced when the trauma occurred. This is called being triggered.



**Fight**



**Flight**



**Fawn**



**Freeze**

## What is a “trigger?”

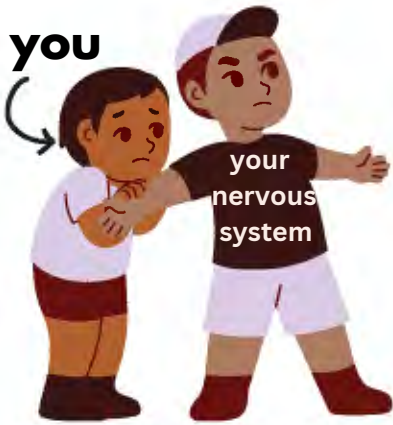
A trigger can be anything that reminds our bodies of the time(s) we were afraid. Common ones include scent, a word, and tone of voice. If a person has a surprisingly strong defensive or aggressive reaction, their nervous system is likely triggered.

**Getting triggered is the body saying there is a wound that did not receive the tending it needed when it was created.**

While a triggered person can be off-putting, caregivers are being offered a powerful opportunity to add a new, more loving chapter to that story of being hurt and alone.

Instead of reinforcing the belief that their feelings are too much and no one will help, we can provide a corrective experience by telling them, “I see you are very upset, and I want you to know you are safe; I am here; you are not alone; I love you.”

Once they are calmer, work on helping them become aware of their triggers and respond in loving ways that don't rely on lashing out for relief.

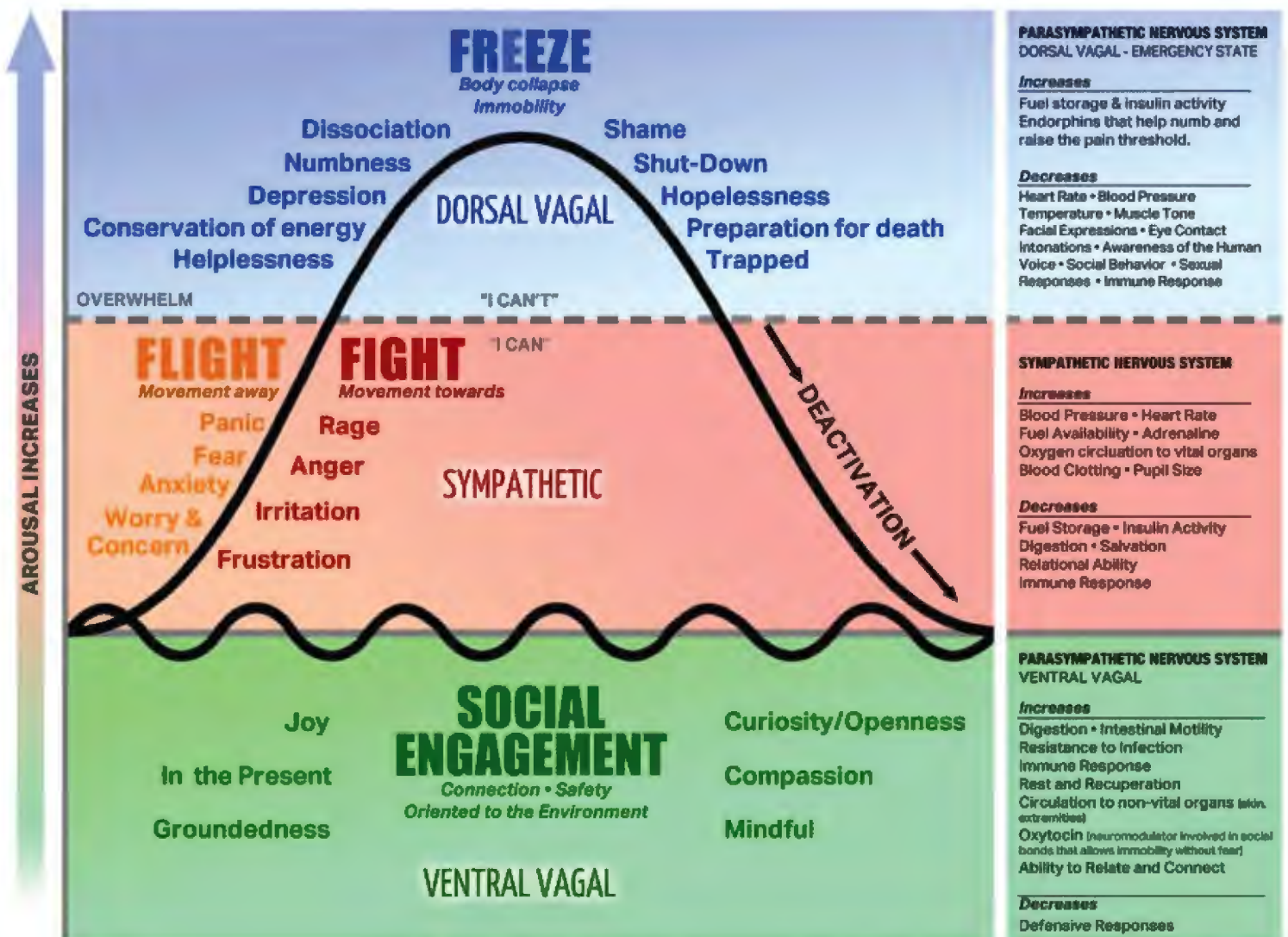


# When triggered, our body goes into self-protection mode

When the brain predicts we are in danger, it engages the sympathetic nervous system response. This prepares the body to fight or flee by increasing blood pressure, heart rate, available fuel in the blood and sending oxygen to our vital resources.

Energy is diverted from the digestive system and toward our largest muscle groups, which is why we feel nauseous. Our pupils become dilated to watch for sudden movements, and our immune system response lowers to direct all resources available to fight or flee.

If we predict that fight or flight isn't an option, we may move through a fawn state to try and appease the source of the threat or into a frozen state wherein the body shuts down, tries to conserve energy, and prepares for abandonment, severe pain, or death.

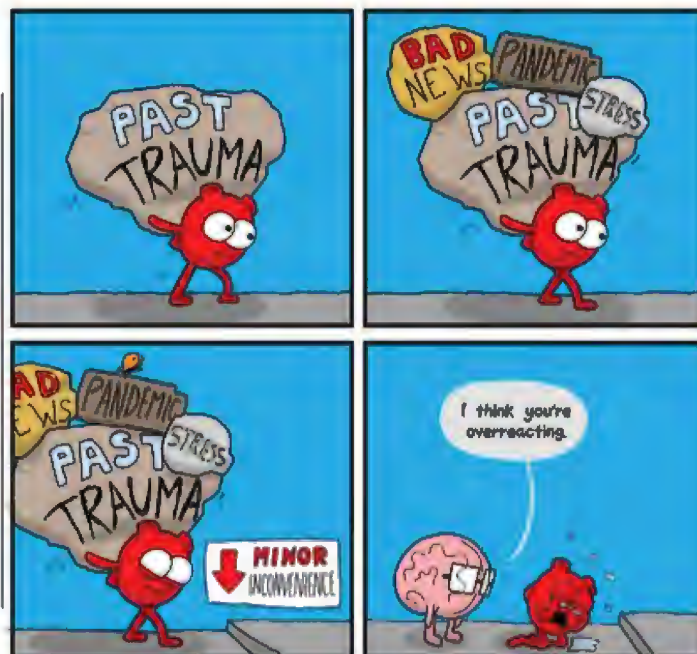


Adapted by Ruby Jo Walker from: Cheryl Sanders, Steve Hoskinson, Steven Porges and Peter Levine

rubyjowalker.com



# Living in self-protection mode exhausts our ability to take on new challenges



theAwkwardYeti.com

A hypervigilant person is chronically stressed, so some metabolic resources are always tied up in maintaining self-protection mode.

Hypervigilance can look like many things. It can look like flinching at loud noises- even ones we know are coming. It can look like people-pleasing to keep the peace or being surprisingly aware of other people's needs or interests. It also can look like sensitivity to social rejection- a person who interprets a lot of things as evidence that people are judging them or don't like them.

The most obvious sign is a very short temper- meaning it takes little to set someone off and cause them to get big to scare people off and thus keep themselves safe.

No matter what it looks like, hypervigilance takes a toll. Instead of resting and digesting, the body always reserves energy to fight or flee immediately. This is why your young person may feel overwhelmed by the smallest request- they may be at the edge of being overwhelmed all the time.

Fight, flight, fawn, and freeze are demanding metabolic states to sustain. Since we have limited resources, our bodies short-change activities not associated with surviving a threat- like digesting food and fully healing injuries, to maintain vigilance for ongoing threats. This leads to chronic and acute health problems, a higher likelihood of dealing with addiction to manage the pain, and early death.

When in survival mode, we push others away and isolate - we don't believe anyone is on our side when activated. Yet, connection is exactly what we need-

Re-acclimating a nervous system to be willing to anticipate and receive the support needed to prioritize resting and digesting takes time and much loving effort.

**Bridging a connection to an activated person must happen at their pace, on their own terms, for it to be a nourishing or healing experience.**





# But why is this suddenly the new normal? I've had this child for YEARS

Even if your foster child is thriving in your care and feels safer in your home, getting removed from one's family of origin is destabilizing, frightening, and hard to incorporate into one's life story. This is also true for young people who are removed as infants. During adolescence, big feelings that had long slumbered start to wake up.

In adolescence, the brain is finally able to grasp the enormity of the world and the world of feelings inside each person. It is also a powerful time for integrating painful moments from early childhood. For foster kids, this often includes trying to make sense of the pain of family separation.

Additionally, brain development inclines young people to internalize conflict in the home as their fault or a sign that something is wrong with them. As their subconscious seeks to test this theory, you may find your young person breaking the rules or lashing out at you. **Such behavior is a fearful heart saying, "Am I still lovable? Will you get rid of me, too?"**

Our brains shield us from our pain until we are safe enough to hold it. Some of the worst behavior can be a sign of trust in your care—and is a request for help to learn how to safely discharge pain!





**Adolescent  
Mental Health**



# We never stop needing an adult who sees us, accepts us without conditions and enjoys us



By learning to see and accept your young person as they are in each moment, you build the foundation for a secure attachment. Appendix B provides developmentally specific guidance for creating a home that conveys unconditional acceptance at every age.

**Most importantly, your enjoyment of your young person instills a sense that they are lovable and deserving of love, which is the greatest gift you can give a foster child.**

Keep in mind that **unconditional acceptance does not mean there are no rules**. You should set boundaries that ensure your young person's health and safety and help them to consider other people's needs. Just avoid rules that suggest some part of their identity is fundamentally unacceptable.

If you are worried about their safety when they express who they are in public, share that concern but frame it as the world is wrong, not that they are. Give your young person a chance to decide the risks they want or need to take to feel whole.



# For some kids, puberty marks a rapid decline in well-being

While diverse visions of beauty are increasingly celebrated, the main message is pretty consistent. Tune into any form of media and the camera focuses on people that look very much alike.

In real life, our stars continue to be flawless. In our stories, heroes are athletic boys. Villians are more often fat, disfigured, or feature physical characteristics associated with people who are not white. Women mostly speak to or discuss men. Men have great catchphrases. Everyone is cisgender, gender-conforming, and heterosexual.

In an era of computer-generated and altered images, it's hard for kids to understand how unattainable the ideals uplifted in the media can be. Worse, the focus on looks sends the message that what matters most is what other people think of you.

The less you match these ideals, the more likely you will be judged or harassed. For TNG kids, **having an adult body that doesn't match their sense of self can be both devastating and dangerous.** It is dangerous because other people take it upon themselves to harass folks who are different.

To prevent the consequences of going through puberty that doesn't match a transgender child's identity, some families connect with a healthcare provider to access medications that put puberty on hold. By delaying puberty, the child and family gain time — typically several years — to safely explore gender-related feelings and options with a lessened chance of harassment. Whenever the puberty-suppressing medication is stopped, puberty will begin.

They can continue puberty suppression until they are old enough to decide on the next steps, including hormone therapy to induce puberty consistent with their gender identity or not.

Most children who experience significant gender dysphoria in early adolescence (or have already taken steps to be recognized by others as members of their affirmed gender) will continue to have a transgender identity. Possible steps are explored in volume 3 of this series.

**Research shows that young people who are allowed to affirm their innate sense of gender through their bodies have mental wellness similar to their cisgender and or heterosexual peers.**



# Caregiver reactions to the quest for self-discovery will either protect or harm teens



Identifying who we are and who we like are key developmental tasks of adolescence. This exploration, experimentation, and self-discovery process is important and should be greeted with tenderness and dignity.

Many caregivers worry that if they accept their young person's diverse sexual orientation, gender identity, or gender expression (SOGIE), they will be encouraging a "phase" that may put their child in harm's way. Doing so runs counter to the role of protector.

Others are reluctant to release their hopes and visions of their young person's future, and more are afraid of losing their extended family or faith community because of the child's diverse SOGIE.

While the most straightforward path may seem to be encouraging your LGBTQ+ or TNG child to be more gender-conforming, ample research shows this approach causes much more harm than it prevents. Rather than feeling like an expression of love or care, the teens who received this response from their families said they felt their caregivers didn't love them, were ashamed of them, or even hated them.

**When caregivers encourage LGBTQ+ young people to hide or deny who they are, foster children may hear confirmation of the fear that, at their core, they are not lovable.**

Being valued by their parents and family helps young people learn to value and care about themselves. But hearing that they are bad or sinful harms their ability to love and care for themselves. This increases the likelihood of engaging in risky behaviors that can lead to permanent harm. It also affects their ability to plan for the future. Youth who are rejected are more likely to do poorly in school. And they are much less likely to want to have a family or to be parents themselves.

**Support or rejection ultimately has little influence on the gender identity of youth.**

**However, it may strongly affect a young person's sense of self as worthy of love and happiness. It also impacts the likelihood they will come to you for help and support when risky situations arise.**

# Discouraging caregiving moves associated with disconnection and despair:

- Telling them that it is “just a phase.”
- Trying to change their identity.
- Refusing to talk with them about it.
- Blaming their friends for causing your young person to be this way.
- Ignoring their request to use a different name and/or pronouns.
- Preventing them from participating in LGBTNGQ+ groups or events.
- Telling them God won’t love them or will punish them.
- Telling others (“outing”) your young person without their permission.
- Hitting, slapping, or physically hurting them.
- Excluding LGBT youth from family events and activities.
- Blocking access to LGBT friends, events, and resources.
- Blaming them when they are discriminated against.
- Pressuring the child to be more (or less) masculine or feminine.
- Telling them you are ashamed of them or how they look or act will shame the family.
- Making them keep their LGBTQNG+ identity a secret from the family; not letting them talk about their identity with others

**Coming out takes courage. While it can come as a shock or throw you for a loop, remember it is also an invitation to get to know your young person’s authentic self.**

Darnell came up to me and said, ‘Mommy, I like boys.’ At first, I didn’t pay much attention. I wasn’t sure what he meant.

*“A couple of weeks later, he said it again: ‘I like boys. You know, like you like Daddy.’ I said, ‘Darnell, we’re going to read Scripture.’ So I picked up the Bible and read him a passage. I did that every time he tried to talk with me, and then I realized that his eyes were just looking off. He didn’t understand what I was saying, but he knew I wasn’t listening. So then I asked him to talk and tell me what he felt. I was really afraid of what he was saying, but he is my little boy. And I love him.”*

When disclosing their gender-diverse identity or sexual orientation, some kids might expect immediate acceptance and understanding.

However, many loved ones move through a process that begins with discomfort and ends with acceptance or even affirmation.

One model suggests that the process resembles the stages of grief: shock, denial, anger, bargaining, and acceptance.

Just as gender-diverse children do best when their feelings are explored and validated, **some caregivers may need their own emotional support. They may also have many questions along their young person's journey.**



# What it feels like when your caregiver doesn't accept who you are

## Shock

My mother's unquestioned limitless love ultimately came with conditions. The one person who is supposed to love me more than anything doesn't

## Pain

I am hurt. I have lost my once fearless protector, my confidante, my safe, -nurturing-everything who enveloped my world with warmth and kindness and compassion; the one who told me everything would be ok; the one who would tuck me into bed every night, even when I was too old to be tucked into bed; the one who loved me when no one would. She doesn't love all of me and perhaps never will.

## Guilt

I shouldn't be pursuing my own happiness at the expense of someone else's. I am selfish. I am the worst person in the world.

## Bargaining

I'm confident that there is nothing I can do about it; it's a lost cause. I'm confident that there's still something I can do to improve it, some words, books, blogs, or someone out there that can help. Both sentiments are quite grim. Send another letter? Buy another book? I research to exhaustion, weighing out all the options. Keep talking about it? Or ignore it and pretend like nothing happened?

## Denial

She was not ready to understand. She is not willing to understand. I refuse to believe we will never get past this. But I don't hold out hope that we can ever overcome this.

## Shame

Half-opened arms await me as I walk through the front door of my childhood home. Only certain parts of me are welcomed.

## Anger

I'm angry that my mother cannot see beyond those negative thoughts and emotions casting a dark shadow between us. I'm angry at society for leading her to believe that what she feels is, in some ways, the right way to feel. I'm angry that she cannot see the wonderful person others see in me. That I've learned to see. She rejects the idea of who I am. For my entire life, she has refused to notice what has always been there, who I've always been. She doesn't bother to get to know the real me. She's too afraid to acknowledge there is more to me than she wants to see.

## Depression

I lose sleep. I write. I make myself physically ill. I cry. We're both still fighting each other and ourselves. I sincerely hope she gets to the final stage before I do: before I accept that things will never change, before I accept defeat, and before I bury our relationship and lay this fight to rest. I am ready to give up.

# Acceptance is suicide prevention



Some caregivers think it is their job to discourage their young person from making choices that can increase the likelihood of encountering harm.

They seek to discourage nontraditional self-expression or affiliation with communities of diverse SOGIE to prevent their young person from wandering away from tradition.

While these decisions come from a place of love, they are typically the source of increased risk for self-harm or suicidality among 2SLGBTNG+ young people and adults.

Research with young people and adults of diverse SOGIE has found that how family members respond predicts the likelihood of self-harmful thoughts and experiences. And a lack of words to describe one's SOGIE hinders self-acceptance and causes young people to engage in self-harm. This is why book bans and other acts of suppression are so harmful.

**Acceptance means you don't try to change your young person.**

**Acceptance is not approval; it just means you don't make your love conditional on the child changing.**

**Discouragement or outright rejection from important adults communicates that who they are is unlovable, and many young people engage in self-harm to cope.**



Williams, A. J., Arcelus, J., Townsend, E., & Michail, M. (2023). Understanding the processes underlying self-harm ideation and behaviors within LGBTQ+ young people: A qualitative study. *Archives of suicide research*, 27(2), 380-396. <https://www.tandfonline.com/doi/full/10.1080/13811118.2021.2003273>



# What an accepting response to your LGBTQ+ teen looks like

- Ask your teen what they need from you to feel supported.
- Look for signs of depression or self-harm, and if you notice any, ask your teen if they're okay and if they want to speak with a therapist or counselor.
- Ask them about their friends and welcome their 2SLGBTQIA+ friends into your home.
- Meet anyone they're dating, ask them questions, and check in with your teen about the relationship over time.
- Talk with them about safer sex and birth control. (Yes, even lesbian and gay teens should know about how pregnancy happens and how to prevent it because many 2SLGBTQIA+ identified youth have sex that can put them at risk of unplanned pregnancy at some point.)
- Make it known that homophobic or transphobic speech – including jokes – isn't acceptable in your home.
- Let them read books, watch TV shows and movies about 2SLGBTQIA+ characters, and explore online 2SLGBTQIA+ communities. (But be sure to talk about how to stay safe online.) You can show them trustworthy digital 2SLGBTQIA+ spaces, like Q Chat Space and Imi Guide.
- Let them wear the clothes they want to wear.
- Ask your teen about their experiences at school – whether they feel safe, if they're ever bullied or harassed, if they know other trans or gender nonconforming students, and if the school has any LGBTQ student groups.
- Talk with PTA and school administrators about the school's policies on anti-LGBTQ bullying. If the school doesn't have good policies, contact GSAFE (contact information can be found in Appendix C. The staff at GSAFE can help you advocate for new rules.

Some places aren't safe for your teen if they're out or dress in nonconforming ways. But making rules about where they can go and what they can wear can make them feel like you don't accept or support them. Keep an open dialogue with your teen about their safety so you can help them navigate those spaces and figure out what's best for them. Telling your teen, **“I want you to be able to express yourself how you're most comfortable, but I want us to figure out together how you can do that safely,”** will show you love and respect them and that you're there to help figure out challenges with them.

Suggestions from planned parenthood:  
<https://www.plannedparenthood.org/learn/parents/high-school/what-should-i-teach-my-high-school-aged-teen-about-identity>



# Impacts of Discouraging Moves



Child feels rejected



Child receives confirmation of the fear they are inherently unwanted




Child no longer trusts you are a resource for support



Current and future parent/child relationship uncertain



Child more likely to act out, skip, or struggle in school



Child more likely to take risks, harm self, or end their life

# THE IMPACTS OF ACCEPTING MOVES




Child feels loved for who they really are and not who they think we want them to be

Child receives confirmation that all of who they are is lovable



Trust that you can be relied upon as a source of support is deepened

Current and future relationship preserved




Child more capable of managing a hateful world without hating themselves

Check out Appendix B for developmentally specific tips for communicating acceptance of diverse SOCIE at any age!



# Caregiver mental health

Breathe!



Stay  
Positive!!

Soccer  
practice  
3 pm

Don't  
pick  
dry

Wash  
Baseb

Much like during the “terrible twos” (and threes), parenting an adolescent is rough. During both developmental stages, the young person is seeking increased independence while overestimating their ability to be fully independent. Like toddlers, teens are inclined to respond with unbridled rage when adults appropriately restrict their independence.



While young people experience elation in newfound freedom, **adults often feel a sense of loss.** Typically, this is mixed with the relief associated with reduced hands-on caregiving. Adults reel from realizing that their “baby is growing up” and what that says about where the adult is in their life course.



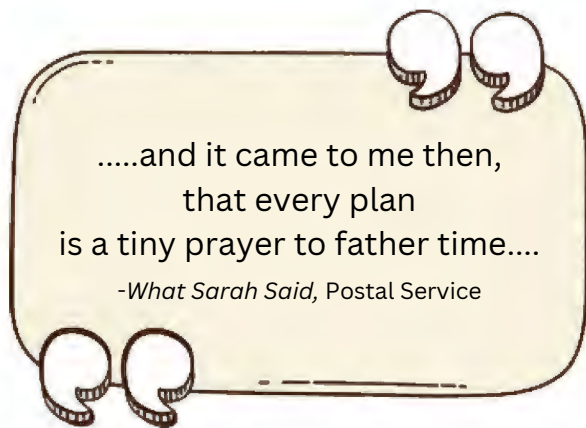
It’s painful to see our young people face the darkness of suffering in the world. And it’s scary to begin to allow more and more independence to your young person. The looming threat of losing a child is too overwhelming to even think about, let alone face head-on.

Caregivers are charged with considering threats young people can not yet see. It is hard to reconcile our understanding of the most pressing threats from our own youth with the challenges our young people are facing. This can lead to overwhelm.



Forbidding a teen from doing something comes from a place of care but also fear. Teens sense your desire to control them but cannot anticipate the same consequences you so clearly see. It can feel maddening to everyone involved.





.....and it came to me then,  
that every plan  
is a tiny prayer to father time....

-What Sarah Said, Postal Service



## It's ok to grieve the future you had planned for your young person

At some point or another, most people imagine what their future will look like. Typically, that imagining follows what we've been told to expect and the order in which we should expect it: fall in love, marry, make a home, and have children. As caregivers, we often imagine our young people's futures and how they tie to our own. Will we be the parents at a wedding? Will we become grandparents?

When life doesn't proceed as imagined initially, it is common to feel upset. Many people wonder, "What is wrong with me?" This extends to when our children don't live the life we imagined for them.

For many caregivers, a child revealing they are Two-Spirit, transgender, nonbinary, gender expansive, or queer brings the future they had envisioned into question. Some worry, "*Not only is my child not going to get married and have a baby, but I won't get to walk my child down the aisle or show pictures of a grandbaby.*"

Many caregivers feel grief arise at this potential future loss when their young people reveal a gender-expansive or queer identity. At first, many will be shocked, angry, and possibly dismissive. As the reality of the situation settles in, these feelings may evolve into a sense of fear for their child's well-being and concerns about their own identity as parents and about their own standing in certain communities.

Sometimes, these feelings will be translated into negative behaviors that deny the child's experience. Even if coming from a place of love and protection, many of these behaviors can have the opposite effect, putting the youth at extremely high risk for depression, poor health, risk-taking, and even self-harm or suicide.

**Any time our young people claim their own lives in ways we'd rather they didn't, it is human to feel some kind of way about it.**

There is space and time to move through your feelings about your young person's self-discovery.

**This is work you need to pursue with other adults.**

In the meantime, do your best to show up for your kiddo enthusiastically.

Say again and again-  
"I love you, no matter what!"

love you



If you have difficulty managing your reaction to learning about your young person's sexual orientation or gender identity, it can be helpful to talk with other caregivers who have been there.\*

**Be honest with yourself about your emotions and your own needs, and do not blame yourself.**

\*Explore the support resources available to you in Dane County in Appendix C



**Build a  
home  
that  
nurtures  
healing  
and  
growth**





A child's earliest relationships are some of the most important. They form our foundational expectations of the world as a place filled with help or as a harsh environment in which you cannot count on anyone.

When we are cared for by adults who are consistent, predictable, tender, and responsive to our needs, it sets the expectation that support will be offered as needed.

If our needs were rarely met, adult behavior was unpredictable, our homes were loud and chaotic, or we were shamed for having needs, our nervous system learned to always prioritize defense, self-reliance, and/or disassociation.

Because of these early experiences, we find it hard to trust others. Not getting comfort when needed means we usually didn't receive much coaching on holding and discharging big feelings safely while growing up.

**The great news is that it is never too late to re-train the nervous system to notice and receive care. In fact, we are always looking for these reparative relationships.**

In this section, you will find best practices for creating a safe and secure relationship with a young person who has defenses against such a possibility. While it takes time, persistence, and warmth- it can happen. These practices complement the recommendations for cultivating a gender-affirming home covered in Volume One of this series. Together, they help equip you to instill in your foster child the sense that **their life is treasured, no matter what they do with it, that they are enough, and that they are loved beyond measure.**





# As a trauma-informed foster parent, you can center healing in your caregiving



Trauma-informed parenting is an approach that emphasizes responding to outbursts with curiosity rather than punishment. Healing-centered parenting seeks to support the integration of traumatic experiences in a way that helps young people integrate, make sense of, and get a sense of purpose from all their experiences, even hard ones.

Being trauma-informed in your caregiving means you anticipate your foster child's behavior will reflect how their nervous system is functioning rather than interpret their behaviors as a sign of their respect or love for you.

Instead of only seeing a child who needs firm guidance to tell right from wrong, the trauma-informed caregiver sees expressions of pain or unmet needs and seeks to nurture an expectation of safety.

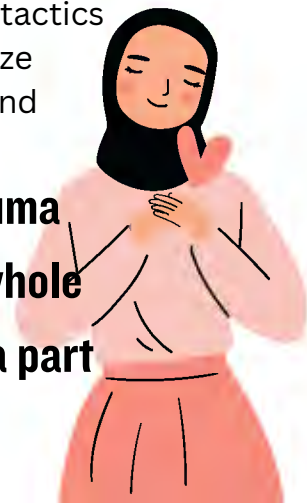
Healing trauma is not about stopping pain from arising. Rather, when traumatic wounds are “healed,” we no longer feel overwhelmed and alone in managing them.

Our brains are prediction machines. When early childhood is characterized by chaos, violence, or unresponsive adults, our brains will predict more of the same. A reactive child is responding appropriately to old patterns. Healing is creating new expectations that the child is always safe with you and will have the resources needed to meet challenges.

Healing does not require us to forgive or forget. As we integrate our traumas, we tend to know them better and have more clarity about why what happened to us was wrong and not our fault. Yet, unlike before the trauma was integrated, we can remember it without getting flooded with our feelings.

The biggest goal of healing is to re-tune the nervous system so that it is willing to receive care and begins to anticipate the possibility of being cared for as a reliable resource. Caregiving tactics that help achieve this prioritize consistency, predictability, and persistence.

**When integrated, trauma shifts from being our whole story to becoming just a part of our story.**



# Cultivate safety through caregiving

Our brains like patterns. Consistency, predictability, and persistence are the key ingredients for creating a sense of safety.

The more effort you put into creating an environment that is peaceful, predictable, and consistent in its expectations, the better. Since a distrustful psyche repeatedly tests your bond for proof that you cannot be trusted, persistent kindness in your caregiving approach is priceless. So what does this look like?

## Be Predictably Calm

Be boring. Co-create a schedule with your young person and stick to it. Eat meals together. Have taco Tuesdays and meatless Mondays. Have daily rituals that affirm your connection at transitions. For example, hugging at hello and goodbyes, saying something you are thankful for at dinner, wishing each other sweet dreams at bedtime, etc. Co-create rituals for birthdays, holidays, and other celebrations. Stay calm. **Get curious instead of furious.** Apologize when you handle things poorly or behave unpredictably.



## Be Consistent in your words & actions

Say what you mean and mean what you say. Follow through with your promises. Be transparent about your expectations and only change them after thoughtful consideration. Make a short list of house rules (2-5, at most) in plain language and use that language when setting boundaries. **Model what compassion and care look like in all your interactions.** Be kind to yourself *and* others. Stay with your kiddo when they get activated. Share your calm when they are overwhelmed.

## Be Persistent in your support

Keep reaching out a hand. **Show your young person that you are not afraid of their big feelings, that nothing they can do could lessen your love for them or your certainty of their inherent goodness.** If they try to hurt you, set a boundary. Name what just happened and identify how you will care for yourself but still love them. For example, “You said X, which felt like you were trying to hurt me; I don’t let people talk to me like that, and neither should you. I see you are not ready yet, and I’ll try again later”).





**Best  
practices  
in retraining  
a nervous system**











# Show and teach how to safely release distress

No matter our age, we need others to help soothe our stressed bodies. As infants, our only tools are to look away from something or to cry out for support. If our cries were mainly met with care, we learned to offer a suffering body kindness and compassion. If we were infrequently attended to when we called out for help, we learned to ignore or suppress the messages from our bodies. Later in childhood, we may try to make others feel our pain so we are less alone.

Learning to release big feelings without hurting ourselves or lashing out at others takes time if the opposite was modeled to us in childhood. As foster parents, you can model and coach your young person through a different way to move through big feelings.

**Be consistent in your expectations about how family members behave toward each other during a conflict, be predictably peaceful in your responses, and be persistent in your efforts to refine the following three skills so that you can coach your young person from a place of understanding**



## Step 1: Get curious, not furious

Coach your young person in noticing the sensations in their bodies without creating stories about them: What am I feeling right now? Where am I feeling it? Is it pleasant or unpleasant? Does it feel like high or low energy? Is this a familiar sensation? When else have I felt this way?

## Step 2: Identify the unmet need

Feelings are messages about bodily needs. When they arise, reflect on the following: When did I last eat or drink water? Low blood sugar and dehydration are common culprits for distress. Second, look at the environment: Do I feel safe? Does anything remind me of a time I didn't feel safe? Do I feel heard? Valued? Is my need for safety or connection feeling unmet?

## Step 3: Be kind & ask for help

Breathe in some love and understanding for yourself and use your exhale to let others know what you need without demanding or whining.



# Expect imperfection & encourage self-compassion

In a world that structures our earliest stories about good guys vs bad guys, it may feel like only bad people make mistakes or hurt people. But we all make mistakes, and we all hurt people we love.

Ideally, we learn from our mistakes and don't repeat them- but make new ones. Our job is to remind one another that we are worthy of love, dignity, and second chances-- no matter what. We teach that lesson through our reactions when we are disappointed by one another.

The teenage years are an excellent time for imparting the importance of humor and grace as helpful skills for shrugging off difficulty. So much of adolescent anxiety is tied to the fear that if we are not a certain way- smart enough, good enough, athletic enough, thin enough, straight enough.... then we will be cast out of the circle of our community's concern, left to suffer alone.

Show your young person what it looks like to offer yourself grace, not to take yourself too seriously, and to grow together. Not only will this reduce their fear of asking for help and seeming vulnerable, but it will also increase the likelihood that they will not unnecessarily punish themselves.

**Try out these phrases to get beyond the discomfort of mistakes.**

**We are not our decision(s).**

**Everyone makes mistakes; what matters is how we work to repair them.**

**Messing up is how we grow!**

**You are loved no matter what you do or don't do! But we do have some expectations about behavior in this house. My job is to prepare you to avoid bigger consequences as an adult by giving you smaller consequences now.**





# Set predictable limits calmly and compassionately.

As caregivers, part of our job is to set limits for our children in a way that increases freedom. When we set limits to control our teens, we inhibit them from taking the necessary risks of growing up. The goal is to set consistent boundaries that can decrease with time.

Just like toddlers need to be allowed to fall to learn the limits of their bodies while being protected from falling from a great height, so do teens need room to make minor mistakes. Letting teens push the boundaries builds stronger, more confident young people.

If you make them afraid of you by getting big and scary when they make mistakes or by limiting their movements to calm your anxieties, they will be less likely to come to you when they really need adult support. Don't punish them for getting mad about your limits either.

**Be consistent:** You may encounter resentment or be ignored altogether if you establish limits at random. At the same time, let your teens understand that **“consistent” does not mean inflexible, permanent, or unchangeable.** Most limits should change to match the child's readiness for independence.

- Keep your expectations for young people of the same age consistent regardless of gender or sexual orientation. For example, don't automatically give boys more freedom at night than girls or disallow an LGBTQ+ child from dating, but allow a heterosexual child of the same age to date.

**Be Persistent:** It's natural to get mad when disallowed from something- especially if we can't understand why or disagree. Once they are calm, **it's your job to reach out no matter how often you get rejected.**

**Be predictable:** Set limits well ahead of the behavior when everyone feels calm and connected.

- **Explain the reasons and expectations behind the limits you've set.** You may have some “always” or “never” rules for safety. For example, “Always wear a seatbelt. They save lives, and I care about yours.” Or, “You are never permitted to drive if you have been drinking alcohol. Not only are you putting yourself at risk, but you're also putting others at risk.”
- **Clearly state any exceptions you may have.** “Typically, we don't allow you to go out on a school night. However, I'm willing to make an exception tonight because you finished your homework, and you'll be home by 9:30, so I know you'll get enough sleep.”

# Share joy together



Joy triggers a host of significant physiological and psychological changes that can improve our physical and mental health. Joy is inaccessible when we feel threatened, and conversely, invoking joy inhibits the slide into the pattern of fight, flight, or fright. Safety and terror are incompatible," says Bessel Van Der Kolk, M.D., in his book, [The Body Keeps Score](#). We must create loving and joyful memories together if we want children to feel safe. We now know that much of the wiring of our brain circuits coincides with being in tune with those around us. Prioritizing connection with others supports trauma recovery.

- **Your attention is a gift; give as much of it as feeds you to do so.** Turn away from screens and towards each other; focus on quality over quantity.
- **Give both pain and delight your full attention.** Immerse yourself in each experience and encourage your young person to feel it fully and let it go fully. Practice returning to a state of presence together. When great things happen, immerse yourself in them together- celebrate with each other, hype each other, share in and build on each other's excitement
- **Learn what brings your young person joy and seek opportunities to feel that joy together.** Learn your child's favorite music, games, and books and experience them together.
- **Create joy rituals together.** Do things that you both enjoy. Watch movies you both like and make eye contact when you feel the same.
- **Internalize the positive to honor and resource during the harder times.** At the end of every day, take a moment to discuss the positive experiences that happened with your young person. Encourage your young person to soak up the experience by thinking about it briefly. Draw attention to any changes in your body, such as warmth, feelings of care, or happiness. Repeat as often as you wish! Remind them to call upon this memory when feeling down or disconnected.





# Listen when your young person speaks

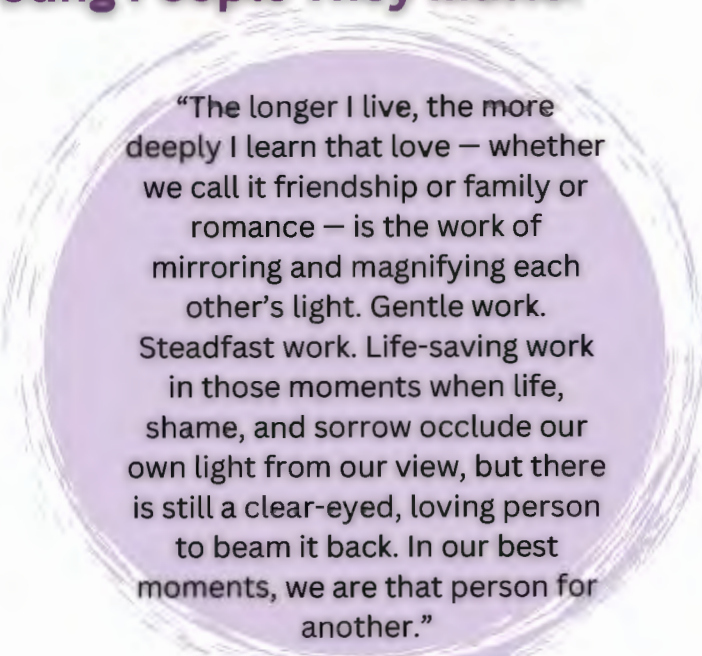
## **What you say is less important than how you listen.**

A nervous system adapted to survive trauma never knows how one's caregivers will receive a bid for connection. Will I be listened to? Will I be ignored? Will I be mocked for having this need or made to feel guilty when I ask for caregiving? Does my caregiver believe in me, or do they think I need them to figure everything out?

By giving our young people our full attention, we show them they matter to us. By listening more than we speak, we show them their thoughts matter to us. By asking questions and encouraging them to identify their solutions, we show them we are confident in their ability to know what is better for them than anyone. By apologizing when we did not show up as the best caregivers we can be, we show our young people that they should always expect to be treated with respect, even when they make mistakes.

## **Active Listening Tips that Show Young People They Matter**

- Set daily times for listening.
- Put down devices or pause televisions.
- Sit at their level.
- Repeat what your young person says before responding to confirm you understood them.
- If what your person says concerns you- ask questions before you consider raising an alarm.
- If your young person shares that you did something that hurt them, own it.
- If you make a mistake, apologize and promise to improve.



“The longer I live, the more deeply I learn that love – whether we call it friendship or family or romance – is the work of mirroring and magnifying each other’s light. Gentle work. Steadfast work. Life-saving work in those moments when life, shame, and sorrow occlude our own light from our view, but there is still a clear-eyed, loving person to beam it back. In our best moments, we are that person for another.”

**-James Baldwin**

# Share power



We all need to feel accepted for who we are, free to make choices, and appropriately challenged to grow. Helping young people gain power and control is essential to integrating times when they didn't have it and instead were harmed by someone with power over them.

Every day, children are told no, expected to follow someone else's schedule, and conform to rules that don't make sense to them. While some of these rules are for their safety, most are just convenient for adults. Rarely are young people consulted when adults make decisions that impact their lives.

Yet, we all thrive when our lives are our own as much as is safely possible. This is why providing young people with as many choices as possible is important, and this should increase as they age.

By giving young people choices as much as possible, we nurture the sense that their feelings and perspectives matter. Helping them build confidence in their ability to make good decisions in childhood sets them up for sound decision-making when the stakes are higher. Upon this foundation, we build and reinforce the truth that they get to control how and when their bodies are touched except in certain situations concerning their safety and that their boundaries, needs, and desires matter.

It can begin in early childhood by providing transition time between activities out of the child's control and gradually increasing opportunities for independent decision-making. In late childhood and early adolescence, this can include encouraging civic engagement as discussed under the work of supporting meaning-making.

## FORM



To keep the lines of communication about gender open, it is a great practice to always fill out forms about your child together. When you get to the question of gender, ask them, "Should I put boy, girl, or other?" Even if your child has always expressed a cisgender identity, this reinforces the idea that if there's new information, you are open to hearing it.



# Use your resources to support individual & collective meaning making

Give your foster child the gift of using your adult resources to help them make sense of their histories, build bridges across the disruptions in their lives, and connect with a whole community of support.

Use your knowledge and resources to find and connect them with an accepting community. Do the work to connect your young person with mentors, peers, caregivers, family members, community elders and historians, community programs, and social action groups that share key identities with young people, such as race, ethnicity, sexual orientation, and gender identity and expression (SOGIE), and religious or spiritual beliefs.

Finally, many people make sense of the harm they've experienced by helping others who have had similar experiences or by putting their energy into preventing the harm from ever happening again.



## Connect your young person with others working to create a more loving and accepting world

- Help young people connect to organizations and groups that share their interests.
- Encourage young people to speak at city council or school board meetings to discuss challenges and opportunities in their community that they are passionate about.





# Summary

Adolescence is hard on everyone. For families with young people dealing with trauma, adolescence can be especially hard. Helping a fearful nervous system feel safe may feel like an uphill battle, but the view at the summit is breathtaking.

But no matter how tough, independent, or unaffected your teen behaves, they still need to know that nothing they do or say could diminish your love for them. It is the MOST effective way to prevent a young person from internalizing the message that they are defective or shouldn't expect to be treated with dignity and admiration.

In a world that often stigmatizes people whose gender doesn't fit society's expectations, transgender, nonbinary, and other gender-expansive youth can be at greater risk for self-harming behaviors such as disordered eating, cutting, suicide, and depression. One study has shown that 41% of transgender and gender non-conforming people have attempted suicide.\*

But your support can make a tremendous difference. An important study of transgender and non-binary teens showed that teens who perceived that their parents strongly supported them about their gender were 93% less likely to attempt suicide than teens who did not perceive that they had strong parental support.\*\*

That doesn't mean you are not allowed to have negative feelings about it. Everyone's feelings are valid. There is room for adults to be upset or disappointed when their dreams are dashed. As always with parenting, the appropriate room to work through our feelings about our kids is filled with other adults and no children.

In this volume we have provided tips for tips for supporting the whole family to welcome all that adolescence brings and hold onto each other through the storm. In the third and final volume, we provide resources for navigating the waters of engaging the community if your young person comes out as 2SLGBTBQ+.

\*Toomey, R. B., Syvertsen, A. K., & Shramko, M. (2018). Transgender adolescent suicide behavior. *Pediatrics*, 142(4).

\*\*Ryan, C. (2009). *Helping Families Support Their Lesbian, Gay, Bisexual, and Transgender (LGBT) Children*. Washington, DC: National Center for Cultural Competence, Georgetown University Center for Child and Human Development.



# Resources used to create this booklet

Some of the information contained in this guide has been adapted from the following websites and publications:

- [Achieving Permanency for LGBTQ+ youth \(Kinnect\)](#)
- [Affirm.Me resources](#)
- [DCF's LGBTQIA2S+ Resource Hub](#)
- [Healthy Children.org](#)
- [HRC All Children All Families](#)
- [interACT: Advocates for Intersex Youth.](#)
- [Gender Spectrum](#)
- [Learning for Justice](#)
- [National SOGIE Center](#)
- [Trevor Project](#)
- [Youth Acceptance Project](#)
- [PFLAG International](#)
- [Planned Parenthood](#)

Barz, E., & Owen, L. (2019). *Our Trans Loved Ones: Questions and Answers for Parents, Families, and Friends of People Who Are Transgender and Gender Expansive*. PFLAG National. Retrieved from [PFLAG.org](#)

Child Welfare Information Gateway. (2021). **Supporting LGBTQ+ youth: A guide for foster parents**. U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. <https://www.childwelfare.gov/pubs/LGBTQyouth/>

**Nonbinary, Gender-Fluid & Gender Expansive Youth FAQ for Parents and Guardians**. Washington, D.C.: The Human Rights Campaign Foundation.

[Center on the developing child: Harvard university;](#)  
<https://developingchild.harvard.edu/guide/what-is-early-childhood-development-a-guide-to-the-science/>

Perry, J.R. & Green, E.R. (2017). **Safe & Respected: Policy, Best Practices & Guidance for Serving Transgender, Gender Expansive, and Non-Binary Children and Youth Involved in the Child Welfare, Detention, and Juvenile Justice Systems**. New York City, NY: New York City's Administration for Children's Services. Retrieved from: <https://www.nyc.gov/assets/acs/pdf/lgbtq/SAFEandRespectedUpdate061417.pdf>

Ryan, C. (2009). **Helping Families Support Their Lesbian, Gay, Bisexual, and Transgender (LGBT) Children**. Washington, DC: National Center for Cultural Competence, Georgetown University Center for Child and Human Development.

Ryan, C. **Supportive families, healthy children: Helping families with lesbian, gay, bisexual & transgender children**. San Francisco, CA: Family Acceptance Project, Marian Wright Edelman Institute, San Francisco State University, 2009.

Substance Abuse and Mental Health Services Administration, **A Practitioner's Resource Guide: Helping Families to Support Their LGBT Children**. HHS Publication No. PEP14-LGBTKIDS. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

**Healing-centered engagement:** [Shawn Ginwright](#) Read more here:<https://ginwright.medium.com/the-future-of-healing-shifting-from-trauma-informed-care-to-healing-centered-engagement-634f557ce69c>

Campos, B., & Keltner, D. (2014). **Shared and differentiating features of the positive emotion domain**. In J. Gruber & J. T. Moskowitz (Eds.), *Positive emotion: Integrating the light sides and dark sides* (pp. 52–71). Oxford University Press.

# Appendix A.

## Tips for talking to your teen about risk-taking

Remember that even though it may seem like they really don't want it, teens need caregiver support and guidance.

- Begin with why you care
- Don't lecture. Ask your teen what they think.
- Share your values, expectations, and concerns.
- Use books, news stories, video games, movies, and shows to start talking about hard topics like alcohol, drugs, and sex. Compare the risk-taking in these stories with what might happen in real life.
- Talk about the pros and cons of what your teen wants to do. Include choices so your teen can practice making decisions.
- Look for ways to make the activity safer. Would training or safety equipment help? A different time or place?
- Ask your teen why this activity is important. Is there something else they could do that's not as dangerous?
- Have some give and take. If you must say "no," tell your teen why.

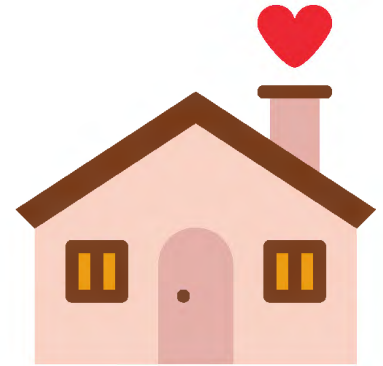
More resources found here: <https://parentandteen.com/what-teens-may-hear-when-parents-set-rules/>





# Appendix B.

## Creating a gender-affirming home at any age



On the following pages you will find age-specific suggestions regarding the below topics:

1

Creating an affirming environment that shows your child you'll accept them.

2

Using language that builds an understanding of the world characterized by a trusting relationships with our bodies and with each other.

3

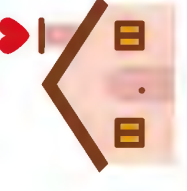
Demonstrating a welcoming heart through adult behavior.

4

Growing secure attachments by setting limits calmly with love, compassion, and mutual appreciation.



# Early Childhood (0-3)



**Provide materials for self discovery**



**Build vocabulary for gender**

Provide accurate, affirming vocabulary to describe body parts, experiences, and body sensations:

*"Look at that person over there- I love their hair!"*



Use accurate names for body parts, especially "private" parts.



Offer simple explanations for gender and bodies that match their language skills.

*"There are boys, girls, and people that don't feel like either."*

**Coach body awareness**

*"What is your body telling you? Is it telling you to slow down and rest?"*

Show them you see them and accept them by helping them name their feelings.

*"That surprised you!"*

*"You want to do X, but I won't let you, which makes you mad!"*

*"Do you need a hug?"*  
*"I think you're telling me you are hungry"*

**Calmly explain your own needs as they arise and how you are meeting them:**

*"I feel light-headed and short-tempered; I think my body is telling me it needs food- I'm going to ask Mary to watch you while I get food."*

**Give child control whenever possible**

Provide options whenever possible:

*"Would you like broccoli or carrots?"*



*"Is your belly full?"*



*"Are you ready to go, or do you need five more minutes?"*

*"I'm going to change your diaper now. Are you ready?"*

*"Would you like to wear this or that?"*



**Set limits calmly & compassionately**

Validate their experiences & express understanding when kids misbehave:

*"You really wanted to run into the street, but I stopped you and that was frustrating! It's ok to be mad, I'll be right here."*

**Help them control their bodies if they start to lash out, or provide them with safe materials to destroy.**

*"I can't let you hurt your sister, but I can let you destroy this box- would that help?"*

**Respond to hard emotions with tenderness:**

*"That hurt! Of course, you're crying- let it out!"*

*"It's hard to wait- I hate it too!"*

*"I'm so sorry that was so cold!"*

**Tell your child you love them no matter what.**



# Young Child (Ages 4-6)



Provide materials for self discovery

Talk about messages about gender

Coach body awareness

Show you trust and Set limits calmly & enjoy them compassionately

Gradually increase the complexity of explanations- keep them to 1-2 short sentences.

*"Colors are for everybody! Pink is for boys and nonbinary kids too- it's not just for girls."*

When the child wants to talk about gender norms, talk about fairness.

*"I don't think it is fair that girls are not allowed to go topless, but boys are. What do you think?"*

Avoid stereotypes about gender.

Rather than saying, *"Boys aren't as good as girls at communicating,"* try *"Hmm, I wonder why that person is not using their words to ask for what they need. Do you think they know how?"*

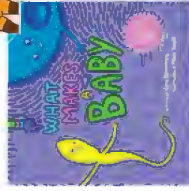
If you see a "hidden" message in the media bring it up with curiosity:

*"Heels don't seem like the appropriate footwear for this adventure, don't you think?"*



PATRICIA POLACCO

In Our Mothers' House



Slowly expand the feelings vocabulary for all children, regardless of their gender.

*"That's right, let it out; feel your feelings! It's hard not to get your way!"*

Emphasize consent whenever possible.

*"Your body belongs to you. Unless I need to touch you to keep you safe, you get to decide who touches you and for how long."*

Apologize when you don't like how you handled something.

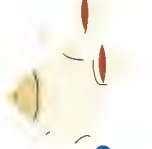
*"I got very activated and raised my voice with you. I really didn't like how I behaved. No one deserves to be talked to like that."*

Reflect aloud if you don't actually know what someone's pronouns are.

Fill out forms for camp, school, or activities with your child.

When you get to the question of gender, ask them, *"Should I put boy, girl, or something else?"*

Let your child choose the activity and do it with them.



Refrain from criticizing your child's efforts at self-expression.



Find something to praise:

*"You are really feeling yourself in that outfit! I love to see you smile so big!"*

Ask your child what their limits are with their bodies and respect them.



*"I have a hug for you. Would you like it?"*

Communicate the rules before they need to be enforced:

*"Bedtime is at 8:00 so I need you to wrap up that activity at 7:30 so that we can start getting ready for bed. If you don't, we won't have time for a story. Do you understand?"*

Don't raise your voice or threaten the child- you have all the power. If you feel yourself getting frustrated, let them know and take a break if possible:

*"I'm getting really frustrated that you haven't started to clean up that puzzle even though I've asked you twice. I'm afraid I'm going to lose my cool in*

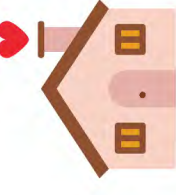
*a minute, so I'm going to take a time out and when I get back I'd appreciate your help.*

**Tell your child you love them no matter what.**





# Early Adolescence (Ages 11-13)



## Provide fuel for self-discovery

Update your media library to match their developmental interests (e.g., chapter books or graphic novels; musical artists, etc.).



Facilitate access to clothing, footwear, jewelry, etc. that affirm the child's internal sense of artistry, beauty, and gender.

Provide journals and art supplies for self-exploration and expression.



Explore interests that are considered outside of gender norms for how you identify yourself and invite your child along on your journey.

## Provide language to make sense of and figure out their place in the world

*"Everything that grows grows in its own way."*

*"Only you know what you need, want and who you are. Same goes for everybody else."*

**Increase the complexity of your explanations for human behavior**, adding abstract concepts like systems of power- and collective experiences like intergenerational trauma, etc.



### Help your child make

**connections** between the

pressure they feel to be gender conforming and other political efforts to concentrate power in the hands of the few (e.g., sexism, racism, classism, ageism, etc).

Gradually increase your child's freedom to make decisions for themselves- and respect their decisions if they are not

**harmful to their health or immediate safety:**

*"Your body, your choice."  
"I trust you know yourself best; please trust my love for you is behind my recommendations."*

**Share your hopes and desires for a trusting relationship.**

*"I want you to share your truth with me- what could I have done better?"*

**Provide positive and true feedback everyday.**

*"I really appreciated how you said that, it opened my eyes."*

## Show them you trust and enjoy them

## Engage the child in limit setting

Update limits based upon the child's growth.

**Don't tolerate jokes about body size, appearance, or identity in your home.**

*"I don't think that is funny and I know it's not kind."*

**Return to consistent, clear, and simple messaging around the values/goals that guide your parenting:**

*"It's my job to protect you from big consequences that your brain cannot yet see."*

**Negotiate consequences** to limit crossing before they must be enforced; remind your child of the agreed-upon consequences when they consider pushing a limit.

## Model self-awareness & self-kindness

**Share your personal strategies for moving through despair**

Be sure to speak of your body with appreciation and of your mistakes with kindness.

**Role model what it looks like to be accountable for our mistakes:**

*"Everyone gets it wrong sometimes- especially me. I want you to know I'm always on your side and rooting for you, even when I set limits."*



**Remind the child that your love for them is independent of their behavior and can only grow.**

# Mid-Late Adolescence (Ages 14-18)

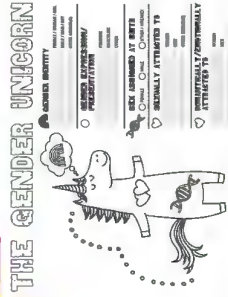


**Provide fuel for self-discovery**

Gift clothing and accessory options that affirm the child's internal sense of beauty and gender.

Suggest options for fiction and nonfiction stories of gender-diverse people in and out of intimate relationships.

**Fill the home with books about gender or created by people gender expansive folks and highlight these resources.**



**Hold a mirror up to their inherent goodness**

Repeat statements that affirm their unconditional worthiness  
*"You are enough exactly as you are."*

*"You don't need to prove to anyone that you are worthy-you already are."*

*"Our decisions do not define us-everyone deserves a second chance."*

*"You deserve to be treated with respect and to feel safe in all relationships."*

**Provide counter-narratives to the myth of perfection:**

No one gets to tell you who to like, how to dress or celebrate being alive. Self-presentation is communication- depending on your goals, it can help to be fluent in many languages.

**Show you trust your child & enjoy their growth**

Ask your teen their opinion on all sorts of things, including why they think people do the things they do. Gently offer alternative possibilities if the child puts forth gendered explanations like boys will be boys or girls are catty/mean to each other, etc.



**When talking about the future, share your confidence that your child will live a full and happy life surrounded by community.** If you doubt this will happen, experiment with believing it is possible- and focus time on supporting your child and developing the skills or cultivating a community that celebrates them for who they are as they are.

**Engage them in relationship maintenance**

Set up a weekly check-in for your relationship

- *"How are we showing up as roommates to one another?"*
- *"How did we show each other respect and admiration over the past week?"*
- *"In what ways did we feel disrespected or unappreciated?"*
- *"What changes to how we talk to each other do we each want to see?"*

- *"How can I better show up for you as a caregiver/parent?"*

And then explore why you can or cannot meet these requests.

**If your late adolescent is reluctant to respect your limits** or engage with you, discuss how that discourages you from providing bonus resources or makes you consider removing or ceasing to offer bonus resources for your child that are a drain on you- like an allowance or other non-necessities.

## Model healthy vulnerability & humility

**Talk about your experiences with gender identity** and expression growing up and now. Ask about theirs. Use the gender unicorn worksheet as a tool to open the discussion.

**Ask your teen their thoughts on current events** and give them your full attention if they answer. Thank them for sharing and only provide your thoughts if asked. If they ask, don't lecture or teach...be open to disagreement.

**Tell your child you love them no matter what.**





# Appendix C.

## Resources for 2STNG+ young people & their caregivers

### Support Resources in Dane County

#### For Caregivers

##### TransParent Group

Facilitated by MMSD LGBTQ+ Social Worker  
608.616.9010 Phone  
shohs@madison.k12.wi.us  
Support and advocacy group for parents of transgender and gender non-conforming youth. **If not currently active, check out TransParentUSA. Details on the following page.**

##### PFLAG Madison

PFLAG is the first and largest organization for lesbian, gay, bisexual, transgender, and queer (LGBTQ+) people, their parents and families, and allies.  
1704 Roberts Ct.  
Madison, WI 53711  
608.848.2333 Phone  
pflagmadison@yahoo.com  
<http://www.pflag-madison.org/>

##### Welcoming and Affirming Religious Organizations

A UW Social Work student, Eric Miller, compiled a directory of Welcoming and Affirming Churches and Congregations as part of an LGBTQ course requirement. He admitted it was much work. Board member Susie Murray suggested checking out the Wisconsin State Journal page that lists places of worship with the tagline “Welcome and Affirming.” She added that she had visited several churches that purported to be “Welcoming and Affirming,” but sadly, this was not her experience. See the list [here](#)

#### For Young People

##### \*GSAFE

(Gay Straight Alliance for Safe Schools)  
[www.gsafewi.org](http://www.gsafewi.org)  
GSAFE increases the capacity of LGBTQ+ students, educators, and families to create schools in Wisconsin where all youth thrive. They also provide leadership opportunities for youth.

##### OutReach LGBTQ+ Community Center

Outreach provides various services, including a directory of LGBTQ-friendly businesses updated each year.  
[www.lgbtoutreach.org](http://www.lgbtoutreach.org)

##### \*Orgullo Latinx LGBT+ of Dane County

An educational and social group for Latinx LGBT+ youth community and their allies residing in Dane County.  
<http://orgullolatinx.weebly.com/>

##### Briarpatch Youth Services, Inc

Briarpatch provides emergency counseling and shelter services for teens and their families. Reach their 24-hour Crisis/Hotline line here: [1-800-798-1126](tel:1-800-798-1126) or 608.251.1126

##### Teens Like Us (TLU)

TLU is a social, educational, and support group for LGBTQ+ youth and their allies that has run out of Briarpatch for 20 years. There are weekly group meetings, field trips, and yearly formal dances where kids can be themselves free of harassment.

##### People Like Us (PLUS) @ Freedom, Inc.

608.661.4089 Office  
PLUS is a support and leadership-building group for Black and Hmong gay, same-gender loving, stud, gay, boi, womanist, two-spirited, gurl, femmes, fish, LGBTQ, and other self-identifying, queer youth of color.

# Appendix C.

## Resources for 2STNG+ young people & their caregivers

### Trans Health & Legal Resources in Dane County

#### **\*Wisconsin Transgender Health Coalition**

<https://witranshealth.org/>

The Wisconsin Transgender Health Coalition works to provide equitable access to health and health care for transgender, intersex, nonbinary, and gender nonconforming (TING) people.

#### **\*Children's Hospital of Wisconsin Gender Health Clinic**

The Gender Health Clinic is a multidisciplinary clinic focused on children and youth seeking assistance with gender identity development and transition concerns.

Click HERE for their website:  
[childrenswi.org](http://childrenswi.org)

#### **\*Pediatric and Adolescent Transgender Health (PATH) Clinic**

The Pediatric and Adolescent Transgender Health (PATH) Clinic in Madison, Wisconsin provides education about medical care options for gender-variant children and adolescents.

Click HERE for their website:  
[uwhealthkids.org](http://uwhealthkids.org)

#### **\*Madison Area Transgender Association (MATA)**

MATA is a group run for and by Transgender adults out of the Outreach Community Center. They provide support groups, education, and peer advocacy.

[www.lgbtoutreach.org](http://www.lgbtoutreach.org)

[www.transgenderservices.org/mata](http://www.transgenderservices.org/mata)

#### **\*Trans Law Help Wisconsin**

Click HERE for their website:

<https://www.translawhelp.com/>

#### **\*The World Professional Association for Transgender Health (WPATH)**

is a 501(c)(3) non-profit, interdisciplinary professional and educational organization devoted to transgender health. For a list of their members in Wisconsin (including doctors, therapists, Surgeons, etc), click the link below

Click HERE for their website:  
[wpath.org](http://wpath.org)





# Appendix C.

## Resources for 2STNG+ young people & their caregivers

### National Resources

**Gender Spectrum's** mission is to create a gender-inclusive world for all children and youth. To accomplish this, we help families, organizations, and institutions increase understandings of gender and consider the implications that evolving views have for each of us.  
[genderspectrum.org](http://genderspectrum.org)

**The National Center for Transgender Equality** advocates to change policies and society to increase understanding and acceptance of transgender people. In the nation's capital and throughout the country, NCTE works to replace disrespect, discrimination, and violence with empathy, opportunity, and justice.  
[transequality.org](http://transequality.org)

**Transparent USA's goals are to:** Build parent communities to strengthen and aid families in their role as confident caregivers and advocates. Be a pathway to informational and supportive resources assisting gender-expansive families. Expand awareness, acceptance, and cultural integration of the full gender spectrum. **They offer a virtual community for caregivers in states without an active transparent chapter.**

[advocates.transparentusa.org](http://advocates.transparentusa.org)

**National SOGIE Center** helps organizations and child welfare agencies improve their ability to support 2SLGBTNG+ youth.





# Appendix D. Interpreting the body's messages

## WHAT IS MY BODY TELLING ME IT NEEDS RIGHT NOW?

**FEAR**

- WIDE EYES & PUPILS
- QUICK MIND
- SENSITIVITY TO SOUND/LIGHT
- POUNGING HEART
- SHALLOW BREATH
- TIGHT CHEST
- BUTTERFLIES
- TIGHT HANDS & FEET
- SENSITIVITY TO TOUCH

**ANGER**

- FURROWED BROW
- CLENCHED JAW
- TIGHT SHOULDERS
- STROUCHED OR HOT FACE
- FLXED BICEPS
- TIGHT ABS
- ↑ BLOOD FLOW TO LIMBS
- CLENCHED FISTS
- CURLED TOES

**SADNESS**

- HEAVY LIDS/EYES/MOUTH/FACE
- CRYING/RELEASE OF WATER/FLUID
- LOW BLOOD FLOW/HEAVY BODY
- SLOW HEART & BREATH
- NUMBNESS OR LACK OF SENSATION

**DISGUST**

- URGE TO LOOK AWAY OR AVOID
- "VUCK" THROAT CLENCH/CLOSING
- LUMP IN THROAT
- ACTIVATED/CLENCHED STOMACH
- BURRIES NAUSEA
- "PIT IN STOMACH"

**JOY**

- SLOW MIND
- CLOSED EYES
- SOFT JAW
- RELAXED SHOULDERS
- EASIER BREATH
- SYNCHRONOUS HEART & GUT
- SOFT HANDS
- NOTICEABLE TOES & FEET

**GENIUS**

- ACTIVE MIND/IMAGINATION
- PERCEPTIVE EYES, EARS, TONGUE, NOSE
- ACTIVE HEART
- WIGGLY LIMBS
- ACTIVATED GUT
- WIGGLY HANDS & FEET

**I NEED: A GREATER SENSE OF SAFETY**

- TO TAKE A BREATH OR CHANGE MY BREATHING
- TO DISCHARGE ENERGY MOVE • SHAKE • GRUNT
- TO LEAVE OR BE FURTHER AWAY
- TO SLOW DOWN
- TO SPEED UP
- TO GROUND IN THE PRESENT
- TO FIND AN EXIT
- SOMETHING ELSE: \_\_\_\_\_

**I NEED: SOMETHING TO MOVE OR CHANGE**

- MORE INFORMATION, CLARITY OR UNDERSTANDING
- TO BE HEARD/NOTICED
- TO SAY "NO"
- TO SET A NEW BOUNDARY
- TO DISCHARGE ENERGY ~ SQUEEZE • YELL • MOVE ~
- A SNACK/MORE GLUCOSE
- SOMETHING ELSE: \_\_\_\_\_

**I NEED: CONNECTION TO SELF, OTHERS OR PURPOSE**

- TO REST
- TO SLEEP
- A BREAK
- TO BE DONE
- ATTENTION
- CONSENSUAL PHYSICAL TOUCH ~ A HUG • A SNUGGLE • A PAW ~
- TO CRY
- FRIENDSHIP
- TO REMEMBER
- SOMETHING ELSE: \_\_\_\_\_

**I NEED: SUPPORT CONSUMING/DIGESTING/METABOLIZING THAT**

- TO RELEASE SOMETHING
- TO TALK ABOUT/SHARE SOMETHING CAUSING DISCOMFORT
- TO INVESTIGATE SOMETHING FOR MYSELF
- TO SUSPEND JUDGEMENT ~ MY OWN • SOMEONE ELSE'S ~
- TO TAKE A VERY SMALL BITE
- SOMETHING ELSE: \_\_\_\_\_

**MY NEEDS ARE MET IN THIS MOMENT**

- SAAVOR IT
- SHARE IT
- CELEBRATE!
- REST
- REMEMBER THIS FOR LATER
- SOMETHING ELSE: \_\_\_\_\_

**I NEED: TO EXPRESS MYSELF**

- TO MAKE SOMETHING
- TO SING
- TO DANCE
- TO PLAY
- TO EXPLORE
- TO TAKE ACTION
- TO WRITE
- TO UNDERSTAND MORE DEEPLY
- SOMETHING ELSE: \_\_\_\_\_