

# **Realistic Expectations**

## *The First Year Home*

*Know that you aren't alone. Take time to learn the skills to parent YOUR child. Connect with others who have similar experiences. Make time for yourself. The following articles were compiled as a great starting point for your education as a new adoptive parent.*

**A Different Perspective** *by Cynthia Hockman-Chupp*

**Strategies for Building Attachment** *by Karleen Gribble, BRurSc, PhD,*

**Top Ten Tips for Successful First Year Parenting**

*by Deborah Gray, MSW, MPA*

**Why Grandma Can't Pick Up the Baby**

*by Sheena Macrae and Karleen Gribble*

**What is This Thing You Call Sleep?** *by Dr Julian Davies, MD*

**Transitional Feeding Difficulties** *by Dr Julian Davies, MD*

**Alone No More...Recognizing Post Adoption Depression**

*by Heatherly Bucher*

**Adding The Oldest** *by Terra Trevor*

**Creating a Fit** *by Carrie Kitze*

**"When Do You Tell a Child he was Adopted?"**

**And Other Secrets We Shouldn't Keep** *by Adam Pertman*

**Unexpected Special Needs** *by Nancy Hemenway*

**Positive Outcome: How Can You Combat the Effects of an Orphanage**

*By Mary Beth Williams, PhD, LCSW, CTS*

**The Impact of Trauma on the Adopted Child** *by B. Bryan Post*

**Ten Keys to Healing Trauma in the Adopted Child** *by B. Bryan Post*

**How to Find a Therapist Experienced in Attachment and/or Trauma**

*tips from the Attachment & Trauma Network*

**Sensory Integration And the Internationally Adopted Child**

*By Barbara Elleman, MHS, OTR/L, BCP*

**Facts About Parenting a Child with Fetal Alcohol Spectrum Disorder**

*By Teresa Kellerman*

**How to Avoid the Syndrome of Parent Burn-Out** *by Harriet McCarthy*

**Being an Ally to Families Raising Children with Challenges** *by Ellin Frank*

**Help Your Child Ward Off a Mad Attack** *by Lynne Namke, EdD*

**Being with Your Child in Public Places** *by Patty Wipfler*

**Strategies to Deal with Anger and Power Struggles**

*by Christopher J. Alexander, PhD*

**When Adoptions Fail** *by Kim Phagan-Hansel*



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## **Congratulations and welcome to this thing called family.**

If you have just adopted your first, or even your 5th, there is a period of time that everyone needs to get to know one another and adjust to the new dynamics of a changed family. Each adopted child will come with their own set of experiences and coping strategies and we as parents come with the same. The mix of the two is what makes it unique to each family and oh so interesting!

We hope this guide will give you a starting point on realizing what your particular families' normal is and ways to get help and reach out if things just don't quite seem right. There are many other adoptive families with whom you can connect, who share similar experiences, and who have learned what worked and what did not for their families.

If you are struggling with your placement, a first call might be to your social worker. Call a friend who has adopted, join a local support group or head online to a number of e-lists that can be specific to the place your child is from or the circumstances of your placement.

The most important thing is to reach out. Connect. Share. If things are tough, don't be afraid to ask for help. ***There is no shame in asking for help.***

Every person who contributed to this guide has reached out at some point in their parenting journey. They discovered that this parenting job can be challenging and daunting as well as rewarding and enriching.

And it is a journey that is best not taken alone.

Carrie Kitze  
*Adoptive Mom, Publisher EMK Press*

## **A Different Perspective**

*Imagine for a moment...*

*You have met the person you've dreamed about all your life. He has every quality that you desire in a spouse. You plan for the wedding, enjoying every free moment with your fiancée. You love his touch, his smell, the way he looks into your eyes. For the first time in your life, you understand what is meant by "soul mate," for this person understands you in a way that no one else does. Your heart beats in rhythm with his. Your emotions are intimately tied to his every joy, his every sorrow.*

*The wedding comes. It is a happy celebration, but the best part is that you are finally the wife of this wonderful man. You fall asleep that night, exhausted from the day's events, but relaxed and joyful in the knowledge that you are next to the person who loves you more than anyone in the world...the person who will be with you for the rest of your life.*

*The next morning you wake up, nestled in your partner's arms. You open your eyes and immediately look for his face. But **it's not him!** You are in the arms of another man. You recoil in horror. Who is this man? Where is your beloved?*

*You ask questions of the new man, but it quickly becomes apparent that he doesn't understand you. You search every room in the house, calling and calling for your husband. The new guy follows you around, trying to hug you, pat you on the back. . .even trying to stroke your arm, acting like everything is okay. But you know that nothing is okay. Your beloved is gone. Where is he? Will he return? When? What has happened to him?*

*Weeks pass. You cry and cry over the loss of your beloved. Sometimes you ache silently, in shock over what has happened. The new guy tries to comfort you. You appreciate his attempts, but he doesn't speak your language-either verbally or emotionally. He doesn't seem to realize the terrible thing that has happened...that your sweetheart is gone.*

*You find it difficult to sleep. The new guy tries to comfort you at bedtime with soft words and gentle touches, but you avoid him, preferring to sleep alone, away from him and any intimate words or contact. Months later, you still ache for your beloved, but gradually you are learning to trust this new guy. He's finally learned that you like your coffee black, not doctored up with cream and sugar. Although you still don't understand his bedtime songs, you like the lilt of his voice and take some comfort in it.*

*More time passes. One morning, you wake up to find a full suitcase sitting next to the front door. You try to ask him about it, but he just takes you by the hand and leads you to the car. You drive and drive and drive. Nothing is familiar. Where are you? Where is he taking*

*you? You pull up to a large building. He leads you to an elevator and up to a room filled with people. Many are crying. Some are ecstatic with joy. You are confused. And worried.*

*The man leads you over to the corner. Another man opens his arms and sweeps you up in an embrace. He rubs your back and kisses your cheeks, obviously thrilled to see you. You are anything but thrilled to see him. Who in the world is he? Where is your beloved? You reach for the man who brought you, but he just smiles (although he seems to be tearing up, which concerns you), pats you on the back, and puts your hand in the hands of the new guy. The new guy picks up your suitcase and leads you to the door. The familiar face starts openly crying, waving and waving as the elevator doors close on you and the new guy.*

*The new guy drives you to an airport and you follow him, not knowing what else to do. Sometimes you cry, but then the new guy tries to make you smile, so you grin back, wanting to “get along.” You board a plane. The flight is long. You sleep a lot, wanting to mentally escape from the situation.*

*Hours later, the plane touches down. The new guy is very excited and leads you into the airport where dozens of people are there to greet you. Light bulbs flash as your photo is taken again and again. The new guy takes you to another guy who hugs you. Who is this one? You smile at him. Then you are taken to another man who pats your back and kisses your cheek. Then yet another fellow gives you a big hug and messes your hair. Finally, someone (which guy is this?) pulls you into his arms with the biggest hug you’ve ever had. He kisses you all over your cheeks and croons to you in some language you’ve never heard before.*

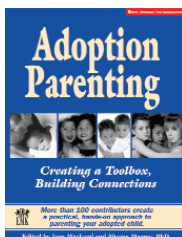
*He leads you to a car and drives you to another location. Everything here looks different. The climate is not what you’re used to. The smells are strange. Nothing tastes familiar, except for the black coffee. You wonder if someone told him that you like your coffee black. You find it nearly impossible to sleep. Sometimes you lie in bed for hours, staring into the blackness, furious with your husband for leaving you, yet aching from the loss. The new guy checks on you. He seems concerned and tries to comfort you with soft words and a mug of warm milk. You turn away, pretending to go to asleep.*

*People come to the house. You can feel the anxiety start to bubble over as you look into the faces of all the new people. You tightly grasp the new guy’s hand. He pulls you closer. People smile and nudge one other, marveling at how quickly you’ve fallen in love. Strangers reach for you, wanting to be a part of the happiness. Each time a man hugs you, you wonder if he will be the one to take you away. Just in case, you keep your suitcase packed and ready. Although the man at this house is nice and you’re hanging on for dear life, you’ve learned from experience that men come and go, so you just wait in expectation for the next one to come along.*

*Each morning, the new guy hands you a cup of coffee and looks at you expectantly. A couple of times the pain and anger for your husband is so great that you lash out, sending hot coffee across the room, causing the new guy to yelp in pain. He just looks at you, bewildered. But most of the time you calmly take the cup. You give him a smile. And wait. And wait. And wait.*

**How would each of us handle all these changes?  
How would this impact us for the rest of our lives?**

*Written by Cynthia Hockman-Chupp, Cynthia is an adoptive parent like many of us. She was a longtime school teacher for a variety of grades who has a website on dealing with attachment issues: [www.a4everfamily.org](http://www.a4everfamily.org).  
Analogy courtesy of Dr. Kali Miller.*



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# Strategies for Building Attachment

## *with Your Newly Adopted Child*

### **Prepare**

- Learn what you can about the sort of experiences your child might have had pre-adoption, what this might mean for their emotional development, and what sort of caring strategies might be helpful.
- Educate family and friends about how you might need to care for your child post-adoption and how and why this early attachment work is important.
- Talk with family and friends about how they can support you post-placement.
- Plan your move from the self-focused mental attitude of the adoption process, to the child-focused attitude that you'll need post-placement in caring for your child.

### **Recognize**

- Acknowledge the loss and hurt in your child's past, and that the placement in your family was a stressful (or even traumatic) event for them.
- Evaluate that how you were parented will impact your parenting; be prepared to change your beliefs and parenting style if necessary.
- Accept that your child has special needs as a result of their past and that these special needs may be anything from minor and short-term, to major and long term.
- Admit that while it is quite normal to be rejected by your child initially, it is also very difficult!
- Affirm that as the parent you are the expert on your child.
- Believe that 'gut feelings' you have about your child are significant, and should be treated seriously.
- Be aware that others may not understand what you must do to meet your adopted child's needs; you may have to act contrary to the advice of family, friends or health / child care professionals whose opinion you value.
- Realize that your child's emotional age may

be much younger than their chronological age, and that it is appropriate to provide nurture that is in line with their emotional needs.

- Value the hard work that may be involved in meeting your child's needs early on in the relationship, because it will bear fruit in the long-term.

### **Nurture**

- Because new experiences are hard to cope with during stressful times, minimize the stimulation your child receives in the early days post-placement.
- Keep your child close by frequently carrying them (children up to five or six years of age can be carried with the assistance of a sling).
- Control the contact your new child has with others until your child understands the specialness of family; this is especially important if your child is actively seeking to engage others.
- Provide physical closeness during the night via co-sleeping, or other sleep arrangements that keep you within arm's reach and line of sight of your child at night.
- Avoid using devices that place physical distance between yourself and your child, including hard baby carriers, baby seats, high chairs, and strollers.
- Breastfed, or otherwise provide the experience of nurture through food via bottle feeding.
- Provide lots of touch and skin-to-skin contact via massage, swimming together, or co-bathing.
- Respect that your child may initially not want to be close to you, or receive nurture from you, and that it may take some gentle persistence and patience before they are able to tolerate the intimacy involved in nurturing.
- Be responsive in your caregiving; in making decisions about caregiving choose options that encourage closeness rather than distance between your child and yourself.



- Do not ignore your child's cries to avoid 'spoiling' them or to teach them 'good sleep hygiene'; this will be detrimental to their developing trust of you.

### Refuel

- Don't be too proud to ask for help if you need it, or too polite to reject offers of help that interfere with parent-child attachment.
- Seek contact via online or face-to-face support groups, with others whose children have similar histories and experiences.
- Prioritize, so your time and resources are spent on what is important.
- Don't expect life to be 'back to normal' soon after placement.

~ By Karleen Gribble, BRurSc, PhD, Adjunct Research Fellow in the School of Nursing, Family and Community Health at the University of Western Sydney, NSW, Australia and adoptive mom.  
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### Online Learning

#### **www.adoptionlearningpartners.org**

Adoption Learning Partners – online parenting courses for adoptive families on a number of helpful subjects.

#### **www.ncfaeducation.org**

National Council for Adoption provides online education programs for adopting parents, adoption professionals, adoption agencies and social workers. They offer interactive seminars with adoption experts and professionals, certification programs and online interactive learning systems.

#### **www.bgcenterschool.org**

BGCenter Online School offers courses, CDs, publications, presentations, workshops and group consultations that help to raise awareness and prepare parents and professionals for addressing language, developmental and educational needs of internationally adopted older children.

Forming the bonds of attachment are important to children new to your family. It doesn't happen overnight and will take some conscious parenting on your part. Some resources and websites to help you get started or online versions to share with family and friends:

**Why Grandma Can't Pick up the Baby (just yet)** [www.emkpress.com/whygrandma.html](http://www.emkpress.com/whygrandma.html)

**A Different Perspective** Imagine for a moment.....

[www.emkpress.com/perspective.html](http://www.emkpress.com/perspective.html)

**Ten Tips for Successful First Year Parenting** by Deborah Gray, MSW, MPA  
[www.emkpress.com/Toptengray.html](http://www.emkpress.com/Toptengray.html)

**A 4 Ever Family attachment resources**  
([www.a4everfamily.org](http://www.a4everfamily.org))

**www.attach-china.org** (attachment information/e-list not just for children from China)

**Attachment and Trauma Network**  
([www.radzebra.org](http://www.radzebra.org))

**Association for Treatment and Training in the Attachment of Children**  
([www.attach.org](http://www.attach.org))

Books to help

*Adoption-Parenting: Creating a Toolbox, Building Connections* edited by Sheena Macrae and Jean MacLeod (2006)

*Attaching in Adoption: Practical Tools for Today's Parents* by Deborah Gray (2002)

*Attachment-Focused Parenting: Effective Strategies to Care for Children* by Daniel A. Hughes, Ph.D. (2009)

*Becoming Attached: First Relationships and How They Shape Our Capacity to Love* by Robert Karen, PhD (1998)

*Nurturing Adoptions: Creating Resilience After Neglect and Trauma* by Deborah D. Gray (2007)

*Toddler Adoption: The Weaver's Craft* by Mary Hopkins-Best (1998)

# **Top Ten Tips for Successful First Year Parenting**

*By Deborah Gray, MSW, MPA*

Parents passionately want to succeed in raising emotionally healthy children. They also want to enjoy their little ones. When their children arrive later in infancy or childhood, most parents are well-aware that they are doing more careful parenting. They are nurturing not only to build a relationship, but to help mitigate any impact of losses or maltreatment.

What are reasonable things for parents to concentrate on during the first year home? How can parents do the best to enjoy their children? They do not want the pleasures of parenting their children dimmed by a chorus of cautions. On the other hand, they do want to make that first year a great start. Here are my TOP TEN tips for a great start to your relationship with your baby or child.

## **1. Spend ample time in nurturing activities.**

The most significant process of the first year home is creating a trust relationship. Intentional and ample nurturing promotes this goal. Restrict your hours away from the little one. Do not leave your child for overnight trips for this first year.

Meet your little one's needs in an especially sensitive manner. Feed on demand. Respond quickly to fussing. Allow the toddler or child to regress, bottle-feeding, rocking to sleep, lapsitting, and being carried. Let your child experience you as the safe person who is sensitively meeting her needs. Play little games that promote eye contact, like peekaboo, ponyride, and hide-and-seek. Make positive associations between yourself and food.

Rather than children becoming more dependent through this extra nurturing, they instead become trusting. Anxious people do not know who they can trust to help them. More secure individuals understand that they do not have to be perfect and that they can rely on significant others. Children who do not learn to depend on others tend to be anxious or emotionally constricted. Their "independence" is a false one, meaning that they do not trust others and can only rely on themselves. The child who has learned a healthy dependence is more secure in trying new things and venturing out. She always has a safe, home base to come back to—you!

## **2. Teach children to play with you.**

Many little ones have missed the joys of play. Act as an amplifier, teaching toddlers and children the pleasure of play. Most children have missed the experience of having parents express joy as they played. Because of this, their reward centers were not stimulated. This restricted the association of exploration and play with pleasure. Set aside at least thirty minutes a day for play with your children. Younger children may want this in segments. Do not hesitate to use voice tone and expressions that are ones usually meant for infants and younger children.

If your child can already play, then continue to build your relationship through play. Shared enjoyment cements relationships. Make your family one that develops a pattern of having fun. Throughout life having fun as a family builds self-esteem.

While some children take off in play, others cannot stay engaged for long. Continue to stretch the more tentative child, engaging her in mutually enjoyable activities. Look for different sensory modalities that might feel safer or more interesting. For example, a boy who was afraid to play outdoors began to use sidewalk chalk with his mother, even though the grass seemed overwhelming. Gradually a ball was used on the sidewalk, and then onto the grass. Take things in steps if children are wary.

## **3. Talk to your child.**

Parents of infants use exaggerated voice tones to emphasize important concepts. Their "amplifier system" helps children with attention to most important parts of the whole environment. After children move into the pre-school age, some of this "cheerleader" amplification diminishes. Continue to use this brighter emotional tone with your child as she understands your shared world—even if she is not an infant.

Explain things to him, even though you might think that the meaning of what you are doing is obvious. Not only are you conveying information to him, you are revealing your view of the world to him. Your voice tones guide him to better understand the context. Be sure to use your fingers and gestures to point out important things to him. This helps him to both attend to and understand the meaning of the context around him. Early language not only teaches us words, but a way of understanding our world through the subjects selected for attention and their associated intonations, expressions, and gestures.

Most of us have an internal dialogue going on during the day. (Yes, we are actually talking to ourselves.) Simply make some of this internal language external. This is a typical activity for parents of infants. However, it tends to diminish as children get older. Since children have missed this early activity, parents should feel free to describe things as they would to an infant.

#### **4. When toddlers or older children have behavior problems, use your body to stop them.**

Be gentle, but be consistently and predictably competent in stopping negative behaviors. Do not use over the shoulder commands or across the room reminders. Stay within arm's reach of the child, moving their hands, bodies, feet, to where you want them to go. Never tolerate hitting, kicking, or hurting. Some parents allow a child painful "exploration" of the parents' faces. This is teaching that will have to be undone later. Gently move their bodies to where you want them to be. For example, if your little one is reaching for an item, move the child or the item. Use the voice for a back up. Do not remind or repeat several times. Instead, describe in a pleasant manner how precious or pretty the item appears to you—as you move your child. Teach boundaries of respect from the beginning.

Obviously, most parents will not be getting much done except parenting when their child is awake. Remind yourself that your primary job is parenting when your child is awake.

#### **5. Get enough sleep, good food, and exercise to stay in a good mood.**

Little ones who have been moved and/or neglected tend to be irritable, fussy, and hard to soothe. Parents use their own positive, well-regulated moods to help calm and engage these little ones. Your own emotional stability will help to steady your child's moods. A depressed parent struggles to form a positive, secure attachment with her baby or child. Depression makes the parent emotionally less available. The parent who is tired, eating junk food, and inert by day's end does not give a child a competent source of emotional regulation. Parents who find that their moods are slipping, even with good self-care, should see about counseling and/or an antidepressant. It is simply too hard to do this essential, nurturing parenting while being depressed.

Model respect for yourself by taking time for showers, good meals, and sleep.

#### **6. Be part of an adoption support group.**

The relationships between families are invaluable. The relationships can be emotional lifelines on hard days. If possible, find a mentor who is positive, and who likes you and your child. Ask her to be part of your circle of support. We all need to feel understood and authentically accepted. A mentor who can provide that sense of nurture for the parent helps the parent to be a good nurturer. The mentor relationship provides a sense of being heard and accepted, and tips and information. Parents are working harder emotionally when parenting a baby or child who has lived through uneven parenting. Parents need someone who cares for them. Sometimes this can be mutual support, and sometimes one-to-one.

#### **7. Keep a calm, but interesting home.**

Match the amount of stimulation in the home to the amount that is within the child's ability to tolerate. Many children have been massively understimulated before they came to parents. Neglect massively understimulates children. They do not build neurology to process as much sensory stimulation. After adoption, their worlds can suddenly be overwhelming. Things are too bright, too loud, move too much, and tilt too much. Slow things down, buffering your baby or child to the extent that they can process the information coming their way. Often children who are overwhelmed by noise will begin shouting, or those overstimulated by too much movement will begin running with arms like windmills. Lay out predictable, consistent events for the day. Some children find the movement of the car to be disorienting. If your child is having difficulties, try a couple of days limiting the car, determining whether or not this makes a difference.

#### **8. Explain to children basics of your relationships as they gain language.**

For example, "A mother's job is to love you. I will always come back home to you when I leave in the car to go shopping. You will live with me until you are as big as I am. I will not let anybody hurt you. I will never hurt you. We will always have enough food." One mother told me of her son's relief and better behavior when she told him that she would never allow others to hurt him. "Why didn't I think to tell him the first year?" She questioned. "He was afraid every time we went to the mall. He has been thinking for two years that just anyone could

haul off and hit him.” Another parent told me of the melting smile that her daughter gave her when she said that a mother’s job was to love her child. “I just assumed that she knew that. But she didn’t. She looked at my face much more after that.”

## 9. Do watch for signs of an exclusive attachment by the end of the first year.

Children should be seeking out their parents for affection and play. They should be showing off for positive attention. They should prefer being with the parent. They should show some excitement about time together. When hurt or distressed, the child should seek out the parent. In a secure attachment, the child will calm with the parent and accept soothing.

Trauma and traumatic grief are the common culprits when children are remaining wary, fearful, and controlling of their parents. Signs of trauma with younger children include regular night terrors, dissociation (child shuts off emotionally and stares away), scratching, biting, extreme moods, freezing in place, and destructiveness. Parents who see these symptoms should be finding a mental health counselor who is experienced with attachment, adoption, and loss issues to help them with their children. Working with both children and parent together, in dyadic (i.e., therapy between two) work can help reveal and repair attachment problems.

Do not have an artificial timeline of “fixed in a year,” for the preschooler or older child. Consider the year marker as the time it takes to really get to know your child—not to iron out any behavioral irregularities.

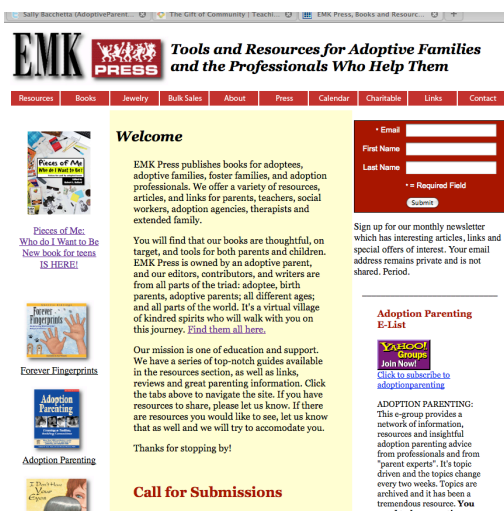
## 10. Enter your little one’s space—positively.

This often means getting low and looking up for eye contact. It means trying hard and trying patiently for a longer time. You are the one who has the responsibility of engaging your child positively. Do not use punitive techniques to try to build relationships. After all, no one wants to attach to a mean person. Instead, be strong, dependable, available, and kind. Veer away from advice that is strong, controlling, and mean in tone. Sensitive and kind parents gradually build empathy and security in their relationships with their children. That process takes time and the type of parenting that caused you to want to be a parent in the first place!

Maintain a sane schedule as you move into year two. Many parents decide that the first year is the marker until they can re-enter a “normal” schedule. Among family therapists there is national concern about the taxing schedule that Americans are considering “normal.” Resist this widespread but unhealthy pace. Continue to parent with margins of time that allow for sensitivity, with margins of emotional energy that allow for appreciation of those around you. Model a healthy, emotionally fulfilling lifestyle to your child.

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*Deborah Gray is a child psychotherapist who specializes in the areas of attachment, adoption, trauma, and loss. She is the author of *Attaching in Adoption: Practical Tools for Today’s Parents*, published by Perspectives Press, 2002. She is also the author of *Nurturing Adoptions*, 2008 (EMK Press editor’s note: These are great books to understand the basics of attachment and how you can help your child. I found them extremely helpful in developing a parenting style to help a post-insitutionalized child.)*



This article by Deborah Gray is just one of the many free resources available from EMK Press. Visit [www.emkpress.com](http://www.emkpress.com) to find others that will be of help to you as you parent your adopted child.



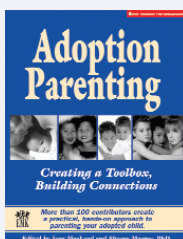
## Why Grandma Can't Pick Up the Baby

Newly adopted children often arrive into our families stressed by the transition and confused as to what family is and what's special about parents. It's a two-way thing—we also need time to learn our new children! We need also to have courage and knowledge to tell people in our circle of friends and family what we know to be best for this, our child. Here are some tried and tested bonding tips. If friends and family protest, print this sheet and give it to them.

- New experiences are hard to cope with during stressful times so minimize the stimulation your child receives in the early days post-placement.  
Save the welcome party for later!
- Control the contact your new child has with others until your child understands that family is special; this is especially important if your child is actively seeking to engage others as opposed to you. In the early days and months even Grandma may have to wait to cuddle!
- If you will use caregivers other than yourself from early on, bring them into your bonding circle, but try to ensure that the care givers defer to you on how to feed the child, how much excitement you think is appropriate, etc.
- Keep your child in close proximity to you—carry them if you can. Slings are useful even for older toddlers and pre-schoolers. Your child will begin to recognize your special feel and smell!
- Do not ignore your child's cries to avoid 'spoiling' them or to teach them 'to go to sleep'; this will be detrimental to their developing trust of you.
- Arrange for physical closeness so that you are within arms reach and line of sight of your child at night.
- Avoid hard baby carriers, baby seats, high chairs and strollers which put distance between you and your child. Slings and front-facing strollers allow eye-contact.
- Provide the experience of nurture through food via bottle feeding/feeding games. Hold your child on your lap at mealtimes.
- Provide lots of touch and skin-to-skin contact via massage, swimming together or co-bathing.
- Be persistent but not invasive when nurturing your child. Your child may take some months or more to become comfortable with your care-giving. Becoming familiar rather than strange takes time, but the bond forged will last a lifetime.

Some families use visual aids to help their children understand the 'circle of love'. Draw your child at the heart of concentric circles with those on the outside furthest from your close family relationship, where kisses and cuddles are permitted. Think up your version of this! Display it on the fridge – and live it for real. Show it to doubting friends and family. They – like your child – will get it!

*Sheena Macrae and from Karleen Gribble BRurSc, PhD, Adjunct Research Fellow in the School of Nursing, Family and Community Health at the University of Western Sydney, NSW, Australia and adoptive mom.*



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## **The Problem ...**

**Dr. Sears:** "Thou shalt cosleep, unless you don't really want that special bond we like to call attachment."

**Dr. Ferber:** "Thou shalt let them cry, unless you don't really want that thing we like to call a good night's sleep."

**Dr. Dobson:** "Good night's sleep? Have you considered a good night's spanking?"

**Dr. Weissbluth:** "If you don't sleep train them now, there's a 92% chance they'll be huffing paint behind the Quik-E-Mart by age 16."

**That neighbor whose kid would have slept well even if raised by wolves:** "Really? Our precious Tyler slept through the night since he was 2 months old ..."

**Attachment therapist:** "Never let their feet touch the ground ..."

**Movement therapist:** "But if she doesn't learn to crawl soon, her left brain will never talk to her right brain!"

**Mother-in-law:** "You're spoiling that child - she needs to cry it out."

**AP mom on your 4am chat group:** "Cherish these magical middle-of-the-night bonding opportunities - not ever sleeping is a glorious gift!"

**Dad:** "Honey, the baby's crying ..."

**Mom:** "Honey, why don't you go cherish this particular magical moment ..."

**Too many experts, not enough left brains talking to right brains. Too much opinion, not enough research. Too much crying, not enough sleeping. What's an adoptive parent to do? Read on, my sleepless friend, as we tiptoe through the too-often tendentious topic of SLEEP.**

## **What is This Thing You Call Sleep?**

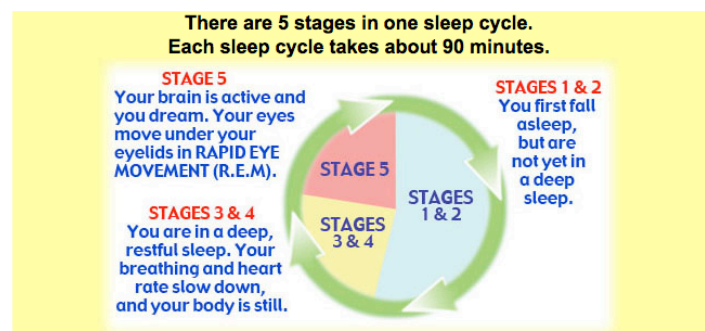
*by Dr. Julian Davies, MD*

So much depends on adequate, restful sleep. We've got important work to do at night, from physical growth (80% of growth hormone is secreted while we sleep), to mental growth (integrating themes and memories of the day), to recharging cellular batteries, and other functions that we just haven't understood yet.

We all sleep in cycles, but children have unique sleep patterns. As infants, they have many sleep periods through a day, and a greater proportion of active (REM) sleep - about 50%, with the other half being "quiet sleep", a precursor to more developed Stages 1-4 of non-REM sleep. By 3-4 months, melatonin turns on, and infants organize their sleep into more of a day/night pattern. This is why it's silly to expect children to sleep through the night before 4 months.

By 6 months, the full cycle of non-REM and REM sleep is happening, but infants can get into Stages 3 and 4 (deep sleep) much faster than adults, and still spend more time in REM sleep. Deep non-REM sleep is important, since it's the most restorative phase of sleep, and is also when growth hormone is released. REM sleep seems to process and organize new memories and events, and is crucial to mental wellbeing.

By 3-4 years of age, children's sleep finally resembles adult sleep in quality, with 4-6 sleep cycles. The first half of the night has more non-REM sleep, with more REM sleep in the second



**You'd think with something this important we'd be born good at it ... but we're not. Not even close.** Just like walking and talking, the ability to fall asleep and stay asleep is something that is learned at developmentally appropriate times. How and when to help your child learn is the hard part. Why bother? Sleep deprivation is being increasingly linked to emotional and behavioral problems, poor concentration, impulsivity, ADHD misdiagnoses, impaired learning, reduced physical performance, poor growth, headaches and bellyaches, and decreased immune function, not to mention family stress.

### **Sleeping through the night?**

As for "sleeping through the night" ... nobody does. We all wake up to some degree several times a night, often when our

sleep cycles from deep to lighter sleep. Arousals after REM sleep also occur, and tend to leave you more awake and alert. You may not be up long enough to remember it (that takes 3-5 minutes), but you do wake up, even without the “help” of your less sleep-skilled child. Our goal, thus, is not to “sleep through the night”, but to promote healthy sleep associations and self-soothing skills so that your kids will fall back asleep when they wake 5 times every night.

How common are night wakings that you’ll notice? By 4-6 months, babies are physiologically capable of sleeping through without feeding, but according to the 2004 Sleep in America poll, 70% of these infants still wake up and need help or attention, with 47% of toddlers, 36% of preschoolers, and 14% of school-age children also with notable awakenings. The numbers seem considerably higher in new adoptees, for reasons we’ll address below. As far as other sleep difficulties go, the same poll revealed that 69% of all children experience one or more sleep problems, including stalling, bedtime resistance, and daytime sleepiness.

### **How much sleep does my child need?**

The following table is based on sleep surveys and recommendations from the National Sleep Foundation:

| <b>Age</b> | <b>Total Sleep Hours</b> | <b>Hours at Night</b> | <b>Number of Naps</b> |
|------------|--------------------------|-----------------------|-----------------------|
| 0-2 mo     | 10.5-18                  | What night?           | It’s all naps ...     |
| 2-12 mo    | 14-15                    | 9-10                  | 3→2                   |
| 1-2yo      | 12-14                    | 11-12                 | 2→1                   |
| 2-3yo      | 12-14                    | 11-12                 | 1                     |
| 3-5yo      | 11-13                    | 11-11.5               | 1→0                   |
| 5-12yo     | 10-11                    | 10-11                 | You wish              |
| 13-18yo    | 8.5-9.5                  | 8.5-9.5               | They wish?            |

While each child is unique, it’s rare for kids to need much less sleep than these recommendations. However, there does seem to be individual variation in amount of needed sleep, as well as “night owl” vs “early bird” variation; these patterns are present from early childhood and are fairly stable. As for the naps, children who nap are happier, have better attention spans, may learn better, and arrive at bedtime without being overly tired. Good naps lead to good night-time sleep, and vice-versa. “Sleep begets sleep.” Just try to keep naps from lasting into the later afternoon. For a great discussion of the how and why of naps for one and all, see *Sleepless in America*.

### **Special Concerns in New Adoptees**

Sleep disturbances are far and away the biggest initial concern for the new adoptive families that come to our clinic. Most new international adoptees sleep well enough on the trip home - quite possibly because they’re thoroughly overwhelmed and emotionally exhausted by this transition. When you arrive home, 1-2 days of jet lag per time zone crossed is typical, but children often recover before grownups.

Learning as much as possible about the prior sleep environment and bedtime routines can be very helpful. But since orphanages can have unnaturally long naps and early bedtimes (often aided by medication, sadly), you may not want to follow their timetable precisely. Remember that children from orphanages may never have been alone in a room, and will need a prolonged transition to sleeping by themselves. Children in foster care may have quite evolved bedtime routines, transitional objects, and sleep habits ... such as cosleeping, which is common in Korea and many other countries. Even the clothes they came in have reassuring smells and associations, so keep them around ...

If the “cry-it-out” methods work as advertised, then why do kids from orphanages who’ve unfortunately been crying-it-out their whole lives sleep so poorly at first? Well, since almost every aspect of bedtime and your child’s new sleep environment is different and thus “wrong” at first, it’s natural that new adoptees have difficulty falling asleep and falling back asleep during night arousals. Your child’s grief at the loss of familiar caregivers may erupt at night, and when you come to console them they may be expecting someone else.

New adoptees are usually so overstimulated (we call it “Disneyland syndrome”) that they may blow right through sleepyp time into an adrenaline-addled second or third wind. Also, your child is experiencing dramatically more love and stimulation, is having rapid catchup development, and we know that children working on new skills often obsessively practice or at least cogitate upon these new milestones. Nighttime is no exception, and it’s not unusual to find children happily or unhappily attempting new feats in the crib.

Children experiencing parental love and attention for the first time are understandably reluctant to give it up because someone says it's "bedtime". The early stages of a new attachment have an insecure, "velcro" quality, so it's normal for new adoptees to be anxious and insecure around bedtime. If they won't even let you have a bathroom break, how are they suppose to handle the big kahuna of daily separations - bedtime in their own crib? Add to that the fact that it's developmentally normal for kids to have a flareup of separation anxiety at around 18 months, and you got quite an anxious child on your hands.

Plus ... it's scary in the dark, even for many "home-grown" kids. On top of that, think of all the negative associations with nighttime your adoptive child may have had. Being cold, soaked through the rags that served as diapers, in a hard metal crib, with no one answering your cries, and waking up to a different shift of caregivers is not a good memory. Neither is hearing your first parents yell and hurt each other late at night.

Finally, children with histories of prematurity, prenatal substance exposures, lack of early responsive, regulating caregiving, and stressful/traumatic experiences can literally be wired differently, with real neurologic differences in sensory processing and self-regulation. Children with oversensitivities to sound, light, or touch are more likely have difficulty filtering these inputs out at night. Children with poor emotional and self-regulation experience their emotions more intensely, and have difficulty self-soothing. The process of "attunement" (a

powerful emotional connection in which the caregiver recognizes, connects with, and shares the child's inner states) with a responsive caregiver is necessary to help your child identify, organize, and work through their emotions. That attunement, more than "crying-it-out", is what will rewire your child so that they develop genuine self-soothing skills. Try to see initial nighttime awakenings with empathy for where they're coming from and what they're now experiencing.

For all of these reasons, most adoption professionals do not recommend sleep training that involves prolonged crying in the first few months home. You may have brought home an 18-month-old, but he/she may be emotionally younger in many ways, and your relationship itself is a bouncing brand new baby ... one that will keep you up more than you might like in the first few months. Plan on being more emotionally and physically available at night, and try to think of these nighttime interactions as an opportunity for bonding, and a way to repeatedly show your new arrival that she is loved, safe, and well-cared for.

But keep your eyes on the prize - restful restorative sleep for all. It's never too early to set up good sleep habits, and help build self-soothing skills. You'll probably want to have both a transitional sleeping plan, and a longterm plan. Get the *The No-Cry Sleep Solution for Toddlers and Preschoolers* or *Sleepless in America*, and one of the "sleep training" books (*Sleeping Through the Night* is my favorite, but see our list of recommended Sleep Books at [www.adoptmed.org/sleep-books](http://www.adoptmed.org/sleep-books)), and get down to learning and soul-searching about what's going to work for your family in the short and long-term. Pantley's questionnaires can help guide the discussion ([www.pantley.com/elizabeth/](http://www.pantley.com/elizabeth/)), and the National Sleep Foundation's Children's Sleep Diary ([www.sleepforkids.org/html/learn.html](http://www.sleepforkids.org/html/learn.html)) can help analyze a school-age child's sleep patterns.

While the transitional plan should probably involve some parental presence during sleep onset and night arousals, the longterm plan is up to you. It's a emotionally loaded powder-keg of competing sleep philosophies out there, and I'm not going to light the fuse. If you are loving, attentive, and attuned during the day, and have been responsive to transitional sleep issues in the first months home, you do have my permission to move into some modified "gentle" sleep training if that's what you need to do (prolonged hysterical crying does feel traumatizing to many of us, though). You also have my blessing to cosleep 'til the cows come home, as long as you're all cosleeping and not cosleepless.

*Sleepless in America: Is Your Child Misbehaving...or Missing Sleep?*  
by Mary Sheedy Kurcinka

*The No-Cry Sleep Solution for Toddlers and Preschoolers*  
by Elizabeth Pantley  
(her site has sleep logs and other useful info  
[www.pantley.com/elizabeth/](http://www.pantley.com/elizabeth/))

*Sleeping Through the Night, Revised Edition: How Infants, Toddlers, and Their Parents Can Get a Good Night's Sleep*  
by Jodi A. Mindell

for Dr Davies' thoughts and reviews on these titles, visit  
[www.adoptmed.org/sleep-books/](http://www.adoptmed.org/sleep-books/)



Bottom line - know thyself, and know thy children. If they have histories of trauma or neglect, you don't want to reinforce those stress-forged neuro-endocrine pathways by retraumatizing them. If a method feels like torture, or just isn't helping your child, then try something else. Sleep training is not a one-size-fits-all solution; some children may settle quickly after a brief fuss that blows off some of the stresses of the day. Some will cry for HOURS and devolve into a sweaty, snot-smear, how-dare-you-do-this-to-me, too-frantic-to-sleep zombie. And they'll do this every time the routine gets off and you have to "re-sleep-train". Weigh the risks and benefits for your family. What's worse, lonely frantic crying and loss of loving, attuned care at night, or having a dangerously sleep-deprived, depressed, not-so-attuned parent during the day? There's no right answer to that ... you need to trust your instincts here. That said, I do think Mary Sheedy Kurcinka's *Sleepless in America* is the closest I've read to "the right answer", since she skillfully walks you down the path of what underlies your child's sleep issues, and helps you adjust your approach to your child's temperament. Very very highly recommended.

### **Let's get practical ...**

**After all this sleep theory, I know that you wanna get practical, so let's get into practical:**

#### **Zeitgebers**

But first, more theory. Ha. Just kidding. Zeitgebers are the "time-givers", the environmental cues that set or reset our biological clocks. Because we run on a 25-hour clock, and the world runs on a 24-hour clock, we need daily cues to continually set our circadian rhythms. And trust me, you need these right now, especially if you just got off the plane.

- Light is the major zeitgeber - keep things dim in the hour before bedtime, dark at night except for a dim nightlight if necessary, and brightly lit through the day. A sunny breakfast first thing in the morning is ideal.
- Physical handling and eye contact are potent stimuli that can boost adrenaline levels. Keep the physical play and long intense gazes for daytime ... but soothing contact like rocking and gentle backrubs work well at night.
- Food routines can help maintain circadian rhythms, so try for consistency in your meal/snack/bottle schedule.
- Vigorous physical activity during the afternoon can make a big difference at night as well. Go for a big hike or playground session - your new arrival may have more energy than you think.

#### **Bedtime Routines**

Even if you're a free spontaneous spirit, your child is gonna need a bedtime routine. Young children thrive on predictability and routine, and that goes double for post-institutionalized children. How long should it be? How about 30-40 minutes ... sound too long? Well, how long does your child take to actually fall asleep after you "put them to bed"? Either you've just found some time that could be better spent on a cozy, bonding bedtime ritual, or you've won the sleep jackpot (don't tell the other parents). When things are going well is when it makes sense to trim it back to 20 minutes or so. Here are some ideas for your bedtime routine ...

- The whole hour before bedtime should be free of TV, computer games, vigorous play, or other stimulating activities.
- Sleepy-time snacks. Preempt the "I'm still huuuungry" calls with a healthy and even sleep-inducing bedtime snack. Complex carbohydrates, as well as turkey, peanut butter, bananas, soy and dairy products (which all contain tryptophan) can help you get your sleep on. Best eaten half an hour before bed.
- Review a pictorial sleep routine story that you wrote/drew together to reinforce the prebed ritual, and to confidently anticipate sleep successes. These sorts of personalized picture stories can really help in any anxious situation.
- Baths. Who doesn't love a bath? Well, the kids who got stuck under a cold faucet during diaper changes don't love the bath so much at first, but usually quickly warm up to the concept. Try not to make it a wet 'n wild play session, though. Remember - "you're getting sleeeeeepy ..."
- Brush the teeth. Battery-powered toothbrushes are fun. So are tasty toothpastes. "Should I brush your teeth ... or your bellybutton?" Riff on your routine with absurd suggestions - they like it, and it builds language in the younger child or new English speaker. My niece likes to "teach the cat how to brush".

- Change into PJs ... and don't forget to change out of PJs in the morning - helps them be a more powerful sleep association.
- Bedtime bottle? The dentists just can't seem to win on this one ... but certainly no caloric beverages in the crib/bed, and it's nice to finish feeding 15 minutes before sleep to let saliva wash out some of those sugars, and to avoid setting up drinking as a sleep association that won't be there in the night. Milk, formula, and breastmilk are all soporrrific!
- Take a tour of the room, saying goodnight to all the favorite toys. Doubles as a language lesson for the English learners.
- A bedtime prayer is part of many bedtime rituals ... think about the content though. "If I die before I wake" might not be your best sleepytime thought.
- Put your child in his bed or crib and take up your station next to him. Oh look, was there a nice little not-too-stimulating surprise waiting in bed? Maybe a sticker? Or a new book? Isn't going to bed dandy?
- Do consider a gentle, soothing back massage or foot rub. Massage can work magic at bedtime, unless your child is overly sensitive to touch or ticklish ...
- Bookreading. Let your child choose 2-3 books. The lights should be really dim by now, so it's not about the pictures, it's about your soothing voice. If your voice needs a rest, try a tape of you reading, or an audiobook.
- "Goodnight, you princes of Maine, you Kings of New England ..." What will you leave your child with each night?

### **Bedtime Itself**

It's earlier than you think. In fact the ideal toddler bedtime is often somewhere between 6:30 to 8pm.

- Use your sleep logs to keep track of when your child shows signs of sleepiness, and when he actually falls asleep.
- If you miss it, poof goes the easy sleepy bedtime - tired cranky adrenaline-addled children don't fall asleep well.
- If you get home from work late, you may need to rejigger that or make early mornings your quality time.
- If you're having sleep issues, you're well advised to keep sleep schedules the same 7 days a week. Which means keeping the bedtimes the same, but also not letting them sleep in much past their usual/appropriate wakeup time (ouch).
- That said, sometimes your child's current circadian rhythms has him going to bed later than you think. Try letting the bedtime start out later but inch it backwards by 10-15 minutes per night.

### **Falling Asleep**

This here is the key, folks ... the associations your child has with that golden moment of falling asleep will be the ones she needs each time she wakes in the middle of the night. Do everything in your power to let that moment be on her own. No feeding, no rocking at that moment, if you can. Stay in the room at first, by all means, stay next to the bed or even in it if you must ... you can wean that later if you want. Falling asleep is hard to do if you are anxious and having difficulty letting go ... Here are some ideas to help with the weaning process, which may take weeks to months.

- Does your child have a "lovey", or transitional object, that can represent the emotional security she's building with you? If she didn't arrive with one, have an array of dolls, stuffed animals, and blankies around for a few days and see if she gravitates to one. Several of my patients swear by the Slumber Bear that plays womb sounds when jostled.
- When she settles on one, experienced parents keep backup loveys on hand, and even rotate them so they're equally worn and stinky.
- Maybe there are a few nonsense "errands" you need to do, in the room or out of it? But you'll be right back.
- In fact, you can set a silent timer like an hourglass egg timer or visual timer and tell her that you'll be back in 3 minutes when the timer is done. Come back, check on her briefly, and repeat. Make sure you do come back.
- Even if you're not doing the timer thing, coming back in for brief checkins when your child is not screaming for you is reassuring and rewards good bedtime behavior.
- Successes with independent falling asleep are often followed by fewer night wakings in 1-2 weeks.

## Night Wakings

Remember the sleep study statistics - 70% of infants, 47% of toddlers, 36% of preschoolers, and 14% of school-age children wake and need help at least once per night - these are normal, folks.

- What's going on? Illness, teething, soaked diapers, recent stresses, new developmental milestones, night fears, night terrors, nightmares?
- Again, be more responsive at first than you might eventually plan to be ...
- But be as brief, boring, and minimalist in your interventions as possible.
- And give brief fussing a chance to subside on its own - your child may be having one of those night arousals that doesn't involve fully waking up.
- Before you approach your wide-awake-and-screaming-at-4am child, take several slow, deep breaths, in through nose, out through mouth, focussing on a happier parenting moment or image of your child. Then go in.
- Keep the "deep cleansing breath/find your happiness" thing going while you're in there. Seriously - breathing and a calm, affectionate approach is SO helpful, day or night; HeartMath's "Quick Coherence technique" is one way to get there.
- Review your child's sleep associations - is there anything he falls asleep to that isn't there in the night?
- Is there something your child could do for himself that's self-soothing? Some of my older adoptees have cassette/CD players in bed with calming stories or music. If you played music at bedtime, can your child turn it back on easily?
- Pantley has several great suggestions - giving your older child one or two Get-Out-Of-Bed-Free cards, a "Sleep Fairy" that leaves stickers under the pillow when children have had a successful night (depending on what they're working on - reward incremental successes), and even wrapped prizes in the morning for kids that have a good quiet night.
- If you suspect night terrors, do less. They're more distressing for you than your child, and sleep experts discourage waking a child while they're having one. I've also heard that limiting fluids before bed may help, as full bladder might provoke night terrors.

## Cozy Sleep Nooks

First things first - if there's a TV or computer in your child's room, banish it forthwith. They are the anti-sleep.

- Ideally the sleep area is for sleeping and quiet resting ONLY, and perhaps separated by curtains or other dividers from the rest of the room.
- Lots of stuffed friends can be reassuring, as are pictures of loved ones.
- Climb in and spend some time in it yourself. Is the mattress comfortable enough? Audible household or outdoor noises? Lights shining in from the hallway or street?
- Is there a place for you? Because that's the ultimate safe, secure "cozy sleep nook", at first. I think the ideal transitional solution is with one parent sacked out next to the child, since that will maintain a consistent sleep environment for the child when you eventually wean the parental presence.
- If you're not there during the night, something that explicitly reminds her of you is also very important - since smell is one of the most powerful shortcuts to our primitive brain, where our senses of anxiety and security come from, perhaps an aromatic worn t-shirt or pillowcase of yours? And some photographs of you together in a loving, calm moment can be reassuring in the night.
- Other options are having the crib or for an older child, a futon, next to your bed.
- Cosleeping is also a popular option at first. Some adoptive parents report that their child was easily weaned after a few months to their "big girl bed", but in general, once you start cosleeping it's the hardest to wean.

## Light

- Seattle in the summer is brutal for sleep. Try creative window treatments like "blackout curtains", cardboard, aluminum foil (also adds a certain "blocking the alien mind control rays" touch to your decor) or whatever it takes to get that room dark.
- If you do use a nightlight, keep it as dim as possible to avoid vernichten das zeitgeber, ja? If you know what I mean ...

## Sound

- White noise can be a godsend for sleep, and is one of the first things I recommend for light sleepers.
- A fan or aquarium pump running all night long can help drown out other intrusive noises.
- Ocean wave noise generators, womb noises, and heartbeat lullabies are other favorites.

## Smell

- That lovey smells funky for a reason. Wash it at your peril.
- Something that smells like you can be soothing too. See above ...
- Aromatherapy - lavender and chamomile scents are felt to be relaxing as well. Try some “Badger Sleep Balm” ([www.badgerbalm.com](http://www.badgerbalm.com))

## Touch

- Being wet in the night is trouble, so limit fluids in the 1-2 hours before bed, use diaper doublers, and consider a nice layer of protective diaper paste before bedtime.
- For children that seem to crave that snug-as-a-bug-in-a-rug sensation, often winding up wedged in the corner, perhaps a smallish sleeping bag or sleepsac would feel good. Grembo, LittleBigFoot, and others make zipup sleep bags for infants and toddlers. Tucking in the sheets extra-tight may help at first, but they come undone; some parents have used a lycra sleeve around the mattress that the child slips into. Weighted blankets are available for older children with sensory issues as well.
- Many orphanage-raised children will have pronounced self-stim/self-soothing habits like rocking, head shaking or banging, ear fiddling, or sucking on lips or fingers. These do fade with time, but may still show up in time of stress.

## Temperature

- The body tends to cool off at night, and people sleep better in a cooler environment.
- Warm baths followed by cool bedroom may help this process along.

## Does my child have a sleep disorder?

Courtesy of Dr Mindell, the following list of sleep problems may indicate that your child has a sleep disorder. If these issues are present, if sleep issues are getting worse not better, or if you're at the end of your rope, please talk to your health care provider.

1. Loud snoring, noisy breathing, or breathing pauses while sleeping
2. Breathing through his mouth while sleeping
3. Appearing confused or looking terrified when he awakens during the night
4. Frequent sleepwalking
5. Rocking to sleep or head banging when falling asleep or during the night (ed: actually very common in orphanage raised children, and thus only a problem for them if severe or persistent)
6. Complaining of leg pains, “growing pains”, or restless legs when trying to fall asleep at night
7. Kicking his legs in a rhythmic fashion while sleeping
8. Sleeping restlessly
9. Frequent difficulty falling asleep or staying asleep
10. Sleep difficulties leading to daytime behavior problems or irritability

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# **Transitional Feeding Difficulties**

*by Dr. Julian Davies, MD*

While many international adoptees have no trouble eating & drinking & growing & gaining, some children from orphanage or neglectful backgrounds have initial trouble with age-appropriate foods. Feeding difficulties are some of the hardest to cope with emotionally, since feeding your likely malnourished child gets at the core of parenting.

The trouble you may have likely has little to do with you or your feeding skills. If you just received the child, they may be scared, stressed, grieving, and just not that hungry. Also, their past experiences with feeding have a large influence on your early mealtime issues. Prior feeding practices may have including bottle-propping with wide-open nipples (chug-chug-chug passive feeding with little active sucking involved), uncomfortably hot or cold foods, sweeter formulas thickened with cereal, and limited or no introduction of solid foods. These practices can lead to markedly immature oral-motor-feeding skills, aversions to feeding, fear of novel food experiences, and taste/temperature sensitivities. Some kids have the feeding ability, but just want things the familiar way, so if you get the opportunity, do ask their caregivers what that way is.

The immediate focus in children with marked feeding difficulties or refusal should be on keeping up hydration; that said, it is VERY unusual for a child to refuse himself into severe dehydration. Solid foods can wait until you get home. Formula is still the drink of choice, as your child will need the calories. If your child is refusing the bottle, you might try some of the following tweaks:

- \* try the familiar local stuff, in a local bottle (straight bottle, big open nipple)
- \* experiment with various formula brands (for more on this visit [www.adoptmed.org](http://www.adoptmed.org).)
- \* add in 1 tsp of sugar per 6-8oz bottle if the local stuff is sweeter  
(but wean this over the next 1-2 weeks)
- \* try a slightly more dilute formula (not for more than a day or so)
- \* mix in some rice cereal to the formula (I don't love this practice but they're often used to it)
- \* play with temperature (from cooler to warmer than you'd think, but test it on your wrist first)
- \* and definitely try different nipple styles or open up the nipple you do have

The massive transition you're going through together may also contribute to your child's energy level and interactivity. Keeping as much routine as possible around meals/snacks/sleep, nesting in your hotel room, and avoiding crowded and overwhelming spaces can help.

The solid foods can happen at their pace ... oral defensiveness is certainly something that we see. What these children need is a gradual, persistent, and consistent approach to introducing textures (simple to more complex) and tastes (bland to more stimulating). The same approach should be used for children with difficulty making transitions from one feeding stage to the next (pureed to junior textures, bottle to cup). If they don't progress in the next few weeks then visiting a feeding/speech/oral-motor therapist on return would be a good idea.

Things that also may contribute - any painful-looking mouth sores or teeth (emerging or decayed)? Any painful reflux behaviors (sour face, arching back)? Any cough/sputter with eating? Vomiting/diarrhea, or bad constipation? Other concerning signs of illness? If so, let us or your doctor know.

*Dr Julian Davies, MD, is a pediatrician specializing in adoption medicine at the Center for Adoption Medicine at the University of Washington. To see the most up to date version of this article and find other wonderful resources, visit [www.adoptmed.org](http://www.adoptmed.org).*

### **Advice For New Moms And Dads**

Being a parent is the most difficult, yet most important and satisfying work you will ever do. During the busy and exciting days that make up the first weeks of parenting, remember to take good care of yourself as well as your new child. Here are some tips on how to survive the early weeks with your new child:

- Get as much rest as possible. Sleep when the child sleeps, and moms and dads take turns sleeping late on weekend mornings.
- Eat nutritious meals. If a neighbor or friend offers to help, ask him or her to bring you dinner or do your grocery shopping.
- Join a parenting group. You will learn about caring for your child, and you will meet other parents who share your interests and concerns.
- Don't expect too much from yourself. Housework won't always get done, but eventually you will get back to a routine.
- Call your doctor or clinic with any questions or concerns you may have. This will save you from needless worry.
- Visitors can be helpful, but don't let them interrupt your rest or your family time.
- Dads– don't let mothers have all the fun. Spend lots of time caring for and playing with your child. The rewards are great!
- Be sure your child receives necessary immunizations and visits to the doctor as required.
- When your child joins your family at an older age, remember they have a past.
- If you have other children, be sure to let them know every day that you love them.
- If you find yourself getting frustrated and angry with your child, call for help. Ask a friend, neighbor or relative to take care of the child while you take a break.

Have fun with your child. The first few weeks and months can be the basis for a lifetime of loving and sharing!

Used with permission from Prevent Child Abuse America  
[www.preventchildabuse.org](http://www.preventchildabuse.org)

### **Baby Blues can happen to Adoptive Parents too.**

The ups and downs of the adoption process can leave you emotionally spent. If you feel depressed post-adoption, you may be experiencing something called Post Adoptive Depression Syndrome (PADS). When the reality of the child who has come to you to parent crashes into what you thought it would be like, you might feel guilty about feelings of ambivalence, resentment, or anger towards that new child. June Bond, in an article for Roots and Wings Magazine in 1995, first coined the term PAD.

People talk about “Love at first sight” or “instant bonding” which can be an unrealistic belief. Falling in love is a process that takes time. Think back to when you fell in love. It often takes from two to six months for a real feeling of attachment to blossom. Dealing with depression around those feelings can make things even harder. So read more about the topic if you feel you or your spouse might be struggling and reach out to a trusted friend, therapist, doctor or social worker who can help.

### **Symptoms of Depression**

Diagnostic Criteria From DSM-IV

Five or more symptoms in a two week period are cause for concern.

1. Depressed mood most of the day, everyday (feeling sad, empty, or tearful) or feeling exceptionally irritable.
2. Markedly diminished interest or pleasure in all or almost all activities.
3. Significant weight loss or weight gain, increase or decrease in appetite.
4. Insomnia or hypersomnia nearly every day.
5. Psycho motor agitation or retardation nearly every day observable by others (restlessness or being slowed down).
6. Fatigue or loss of energy nearly every day.
7. Feelings of worthlessness or excessive or inappropriate guilt nearly every day.
8. Diminished ability to think or concentrate, or indecisiveness nearly every day.
9. Suicidal thoughts or ideation.

## Alone No More

### *Recognizing Post-Adoption Depression*

by Heatherly Bucher

Before we traveled to China the second time, we were prepared for countless “what ifs,” including our new daughter’s potential attachment struggles, sibling rivalry, adjustment challenges, developmental delays and a range of physical problems. Despite our endless preparations, I still made assumptions, perhaps the most dangerous being that I would not have issues adjusting to my much-anticipated second child. I had glanced through articles and browsed Internet group postings about parental adjustment issues including Post-Adoption Depression Syndrome, or PADS, but I never thought I would experience some of its challenges.

#### **What is PADS?**

June Bond coined the term PADS in a ground-breaking 1995 article discussing occurrences of parents, often mothers but sometimes fathers, suffering from an adoption-induced depression that shared symptoms of the better known and more commonly researched Post-Partum Depression Syndrome, or PPDS. Unfortunately, there is no medical definition of PADS yet, as set in the Diagnostic and Statistical Manual-IV-TR. The best definitions use PPDS as a starting point and provide a range of severity from “baby blues” to clinical PADS. As parents we may and should expect to feel some level of post-arrival anxiety, confusion, disappointment and minor depression. Karen Foli and John Thompson in “The Post-Adoption Blues” provide the following definition:

*“[Post-adoption depression is] a mood disorder that occurs post-placement or post-adoption of a child. Post-adoption depression can be classified as mild, moderate or severe . . . The onset of depression can occur days or years after the child joins the family. Prevalence is unknown. Duration is greater than 3-to-12 months. Post-adoption depression can be episodic, with remissions and recurrences. More research is needed to fully describe this mood disorder.”*

What is clear from the current research is this: post-placement and post-adoption depression is a continuum from minor and temporary adjustment challenges to more severe, long-term and recurring responses. Wherever we may be on this continuum, we must first build awareness not only that depression can happen, but also that it is normal and natural. We are not bad parents because we are struggling with the enormous change, responsibilities and challenges we now have in addition to our beautiful child.

Clinical depression is a common disorder, affecting 19 million Americans or 6.6 percent of the population each year, according to the National Mental Health Society Web site. Various studies and surveys indicate that 16 percent to 25 percent of the population will suffer from a major depressive episode in life. Recently, while I was reading a popular women’s journal, I noted not one but four advertisements for anti-depression drugs and two articles discussing depression. Depression is real and can have negative and extreme consequences in our lives, impacting our children, spouse, work and friendships.

#### **Preparing for the Possibility**

Adoption agencies and social workers are now discussing PADS with soon-to-be parents as well as offering follow-up counseling and seminars covering a range of topics, including PADS. This awareness and the related service offerings are a sign that the community is recognizing the validity of PADS. Still, many parents have not yet heard about PADS and may not until they are faced with its struggles first-hand.

If you are soon to become a parent through adoption — either for the first-time or again — you can prepare now for the possibility that you or your spouse could struggle with post-adoption depression, from mild to severe. Preparation can minimize the possibility or severity of PADS, as well as provide you with a framework to fall back on when you are not functioning at an optimal level.

First, recognize that you may struggle with some form of PADS after the adoption. This step is perhaps the hardest. We may want to continue in a denial state if we do suffer from PADS. We have dreamed about this child for so long;

*What had happened to me? In the first months after bringing our second daughter home from China, I had somehow shed my skin and become another person. I was quick to anger, flustered and isolated. I felt torn between my children, and yet most of the time, I wanted to escape from my new life all together. The experience shocked me. I had always been a capable, competent person, able to tackle any situation or problem. Now, I felt I was falling apart and unable to function. My struggle embarrassed me.*

we have gone through paperwork and red tape processes; we have imagined in full technicolor what our life with this child will be like. If we encounter problems, we may want to ignore them or explain them away instead of evaluate if we have an issue that requires us to seek help. We may know we are struggling with some sort of depression, but feel ashamed and frustrated. We feel we are failing miserably at this parenting thing which everyone else seems to pull off without a problem.

You can improve your understanding of PADS and other post-adoption issues that may occur by reading published materials and attending any seminars offered by your agency, social worker or local support groups. In addition, you can plan now for built-in protection and support structures. You might also consider protective parenting measures, caregivers or babysitters for children and professional help resources. I struggled with feelings of loneliness and failure during my depression. In my research and discussion with other parents, I found loneliness to be a common theme for parents with PADS. You can protect yourself by educating family and friends on PADS in advance.

### **Validating the Issues**

If you find yourself struggling after placement of your child, you may wonder how you will know if you need to seek professional help. The following exercises may help you determine if you need professional services.

### **Journaling**

Journaling is a simple act that has amazing diagnostic and therapeutic attributes. Set aside some time each day, often the beginning or end of the day is best, and write. Write about the day, your emotions, your thoughts, your physical state, your appetite and more. Just write. You may write a little or pages and pages of what is mostly nonsense to you. Do not self-edit as you write. Do not be afraid that others will see what you are writing and judge you. The point of this journaling is to get on paper a reflection of your life right now. Then, each day read what you wrote the day before. One day removed, you may “see” some of your challenges, why you feel the way you do, what situations cause you anxiety, fear, grief, anger or other emotions. Through journaling, you may be able to recognize areas where you can “self-help” and modify your life and actions. You may realize you are struggling with depression and need to seek help from others. Journaling will also help you with the more quantitative assessment provided in the next exercise.

### **Quantitative Assessments**

Today, no recognized and tested diagnostic tools exist for PADS specifically. Most authorities rely on one or more general or post-partum depression tools when discussing PADS assessment. The PostPartum Depression Screening Scale by Beck and Gable is one of the more current and recognized tools. A clinician with experience to interpret findings and provide assistance administers these assessments.

When interviewing adoptive parents for “Post-Adoption Blues,” the parents reported feelings in six of the seven areas identified by the PPDS scale. As a rough personal assessment, if you are experiencing five or more of these issues five out of seven days of the week for two or more weeks, you may suffer from PADs:

- Sleeping or eating disturbances
- Anxiety or insecurity
- Emotional changes or mood swings
- Guilt or shame
- Mental confusion
- Suicidal thoughts
- Loss of self

PADS does not come in a “one size fits all” model. As in all of life, we have unique experiences, stresses, requirements and needs. We may change job situations, struggle with health issues, grieve lost loved ones, juggle older children’s schedules and needs — today almost all of us live lives that are too busy and stressed. While the name post-adoption depression indicates that we suffer perhaps only because of an adoption, this is not necessarily true. My second daughter did not cause my struggles, instead I had my own Molotov cocktail of a high-stress job, the regressive and jealous behavior of my first daughter, the absence of daytime help for most of the first three months and my own dreams about how well I would juggle all this — be super mom, wife and business professional all in one. Ironically, following the attachment advice of providing all care for my daughters exacerbated my circumstances as I desperately tried to deal with the emotional struggles of my first daughter during the adjustment of having a sibling while furtively providing care to my second daughter in a way that would not escalate the situation.

I have been privileged to talk with many other parents struggling with PADS. Anna Cooper, who tragically lost her



*"I thought  
I was the failure:  
that I couldn't  
mother well.  
In fact, neither I  
nor my child was the  
problem. Each of us  
was coping with the  
transition to family  
as best we could..."*

*Sheena Macrae,  
editor Adoption  
Parenting: Creating a  
Toolbox, Building  
Connections*

mother on the day of the referral of her daughter, described the first few months after her daughter arrived as being "alone — completely and utterly alone." She pushed on for months, believing she was at fault. "I felt that I had to be strong and put on a brave face because that's what mothers did and that any sign of weakness from me, and I would be viewed as an unfit parent not only from society but from my friends and family members as well," she said.

### **Seeking Help**

The first thing you need to do if you suspect you are struggling with PADS is to talk to your spouse or, if you are single, to a trusted friend or family member. You need to get some of your worry, your nightmares and anxiety out. You also need the other people involved in the day-to-day of your life with you and your children to be aware.

The next thing you need to do is to activate your plan of support. Enlist friends and family to help in whatever way you need. Use creative and active outlets for frustration, anger, fear and all those other black and blue thoughts. Physical activity often has a dramatic impact on our emotional state: take walks, ride a bike or join a yoga class. Practice as healthy and balanced a diet as possible. Begin journaling or painting to release some of the emotions. Continue to talk to your spouse or a trusted friend. Seek spiritual comfort and solace from your faith. And, do not forget to protect yourself and your children by following common sense parenting methods that allow you to walk away if you cannot respond appropriately to a stressful situation. When pushed to a breaking point give yourself permission to put your child safely in his or her room for a few minutes while you find sanity again.

If you do not have someone you can share with face-to-face or you are interested in a larger support group, consider joining an online group. A Yahoo group specifically for people struggling with post-adoption depression is available with more than 250 members. Other more general adoption online groups may provide support and encouragement while you deal with challenges. One woman I spoke with shared her longings for support, for "someone I could really talk to and not be made to feel bad or depressed." Connecting with others who have shared your struggles will validate your feelings and remove some of the loneliness.

In talking with families, I have found many who struggled the first three to six months and speak of progressive improvements instead of immediate solutions. If you have recently brought home a child, give yourself and your family time. Remember, your life has become something new you do not recognize. You have to adjust to your new life and that takes time. Your children also must adjust. Give yourself some time while you use these support structures. Healing for me has come in stages — when my first daughter began to sleep without nightmares, when I went back to work full-time and gained some time away — I achieve some balance, but little recognition. Then, when I could name my feelings and accept them as normal, but something I needed to improve, when our daughters became true sisters in action and deed, when I confessed my struggles to my husband and even now in researching and writing this article, I have reached other points of awareness and health.

### **Not Love at First Sight?**

Post Adoption Depression can happen to anyone (and not just moms!) For more information:

*Post Adoption Depression, The Unacknowledged Hazard* by Harriet McCarthy  
([www.postadoptinfo.org/articles/07\\_05\\_depression.html](http://www.postadoptinfo.org/articles/07_05_depression.html))

*Stressed, Depressed and Parenting? How do we Cope with Ourselves and Parent as Well?*  
by S.M. Macrae, PhD ([www.emkpress.com/PADS3.html](http://www.emkpress.com/PADS3.html))

*The Post-Adoption Blues: Overcoming the Unforeseen Challenges of Adoption*  
by Karen J. Foli, PhD and John R. Thompson, MD (2004) available at Amazon

[www.rainbowkids.com](http://www.rainbowkids.com) also has resources for many topics related to adoption.

Finally, if your depression continues, you need to seek professional help. With all other depressions, the recommendation is to first see a physician. Your physician can assess your physical state, determine if you have any other issues that need to be addressed, advise you on counseling services and, if appropriate, provide anti-depressants or other medications that can stabilize a downward spiral. For women, remember hormones and even perimenopause or menopause could also be involved. Next, you may wish to visit a counselor or therapist. You will want a therapist who understands PADS and depression. You can seek recommendations from your doctor, social worker, adoption agency, local support groups, friends and family.

### For the Future

What have we accomplished in the last decade? We have at least one book on PADS, journal articles in adoption journals and Web sites, an increasing awareness and active discussion of PADS among adoption agencies, social workers, professionals and parents. I am excited to see the progress in building a community of care where our adoptive families and friends can find validation, support and care.

What we do not yet have, but need, in our community for PADS includes:

- A clinical definition of PADS.
- Professional developed and tested diagnostic tools specifically for PADS.
- Public definition — discussions in mainstream parenting magazines and medical journals.
- Public validation — we must often explain and educate our family, friends and co-workers.
- Therapy resources — lists of counselors for PADS, treatment methods, medication and recommendations made generally available.
- More research and studies.

As Cooper shares, PADS is normal. “Because you are experiencing this doesn’t make you a bad parent. It’s quite a normal occurrence and most importantly, there is help available,” she said. “And it’s OK to ask for help; no one is going to view you as an unfit parent if you need help. Adoptive parents do not have to be the ‘super’ parent. They just need to be parents that are super.”

I have learned to take one day at a time and focus on the joys my children bring me. Depression is not resolved overnight, but I now recognize that it is normal and does not mean I have failed as a wife, mother or woman. I have chosen to talk with my spouse, close friends and family and have found concern, love and validation, not ridicule or misunderstanding. Finally, I remember it takes time to heal and even after we have returned to “normal,” we will have bad days. With knowledge comes power and with communication comes accountability. I am no longer worried I might drop back into that scary and lonely place. I now know I am alone no more.

*Heatherly Bucher is mother to two Chinese daughters, who at this writing were almost 3 and 5 years old, and wife to Michael. Bucher loves bread, chocolate and cheese and attempts to balance these passions with lots of walking and other exercise tortures.*



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*Find the magazine at [www.adoptinfo.net](http://www.adoptinfo.net).*

*A one year digital subscription is only \$12.00*

## Adding The Oldest

By Terra Trevor

When our son became a member of our family he was too young to be considered an older child adoption, but he wasn't so young that he didn't understand the concept of ownership of possessions, and he made known the things he liked and disliked. The first thing he let us know was that he liked his sister's collection of toy cars. And she wanted her new brother to hand over the teddy bears friends bestowed on him celebrating his homecoming, and arrival into our family.

It was the kind of sibling rivalry that fell well within the bounds of average kid behavior. Unfortunately their eventual willingness to meld their belongings into one assemblage did little to prepare me for the day, three years later, when our third child joined our family through adoption at age ten. She walked through the door taking stock, counting shoes in the closet, books on the shelves, the kids hodgepodge artwork scattered around the house, and the seashells on the back porch, wanting to know which belonged to whom and how many did they have.

Most of the time I'm not wise and filled with insight, but on this day I was. When another child is brought into the family, he or she is suddenly the new piece of an already established unit. My insight kicked in when it occurred to me I could help her create a history within our family beginning immediately. After lunch we went outside and searched the yard and found a round, smooth stone and a feather that would become hers, and we placed them in the basket alongside the seashells. Her face lit with a hundred watt grin. Next she scanned the plastic picnic cups requesting the yellow one, and wanted to know if I had another Oatmeal box that she could decorate with purple tissue paper and gold beads—like the other kids had. Then with intelligent, worried eyes she demanded to know why was there only one photograph of her on the refrigerator door, and how come there were lots of pictures of her newly acquired brother and sister?

That's when another flash of insight spoke to me. For adoption-expanded families, family photos carry more messages and meaning than for those outside adoption. Family photographs are deemed synonymous with family ties, a shared history, and belonging together. For most children who have lost their birth families, and have lived in multiple orphanages and foster homes the word forever when it comes to family is meaningless.

We must start from scratch and do the best we can to provide our kids with a well documented portrayal of life with us that they can then look back on weeks, months and years from now. If we are lucky enough to have first/birth parent, and foster family photos or other items, it is important to include them.

On our daughter's first day home with us we shot three rolls of film, capturing her posed on her new bed, holding the cat, with the dog, all three kids sandwiched on the porch swing, and all of us grouped together as a family. The next morning we had the film developed, and when our new daughter thumbed through the stack of glossy photos, she breathed a deep contented sigh from the core of her being. Her place in our family was no longer invisible; the photos we now had somehow compensated for those we did not.

With our third child we had missed out on her first early years but had arrived in time to preserve what was left of her childhood. We charted a plan: We vowed to keep a camera loaded with film in the house at all times, and became tourists within our own home. We let the kids snap pictures of us first thing in the morning, with messy hair and coffee cups in hand, and I photographed all three kids daily until they broke into fits of giggles and begged me to stop.

Another idea to help begin the process of family bonding took shape when I decided to make extra copies of each photo, and got out a stack of old magazines, and invited the kids to make a collage, pasting our photographs into the design and preserving a moment solid as a monument. When my husband came into the room, the children crowded around their dad. "Check it out!" Our newest daughter squealed, "Everybody's in the pictures and we all helped make this, even me."

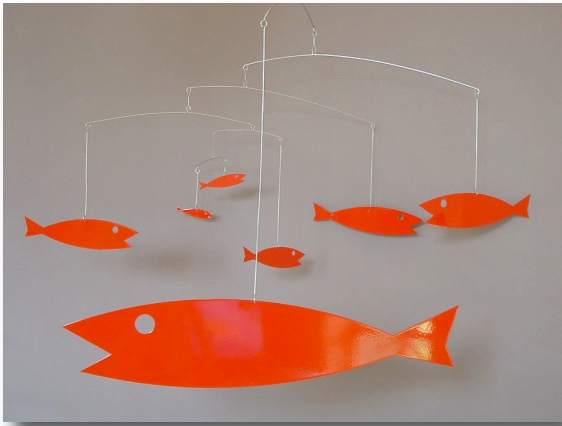
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*Visit Terra's blog at <http://inwritingmotherhood.blogspot.com>*







## Creating a Fit

By Carrie Kitze

When you add a new member to the family, through birth or adoption, the family dynamics shift. Everyone who was in the family before has a new role and a new place. A friend shared a wonderful image with me to help understand that while the dynamics shift, a new sort of paradigm will replace the old and a new normal will be created.

### The Mobile

The illustration my friend used is that of a mobile. Delicately balanced, stable and moving in kind of a free flowing way, the mobile balances itself. With change, it's like someone has wapped at one side of the mobile causing it to kareen wildly out of control. But with each motion and the passing of time, it becomes settled and balanced again. We just need to be patient.

Adding the first child to our family caused us to re-evaluate work obligations and family structure. We needed to learn to become the parents our first child needed us to be. We had to learn how to balance well-meaning relatives and friends as we learned to make the child who came to us comfortable in her new world. It was work! It wasn't her job to learn to fit with us, but ours to reach to where her comfort zones were.

When we added a second child to the mix, it was about not only the new child, but the change in dynamics with the first child and where they still fit in the family. Talking about a new sibling is easy but the reality of a child who can crawl and grab is a totally different animal. We were very lucky that our youngest was the most flexible child at placement which allowed us to work on our madly moving mobile a step at a time.

### So, how do you jump-start fit?

The fit (or attunement) that children and parents have with one another starts early. It's the eye contact, response to verbal and non-verbal cues, facial expressions and touch. It's the give and take, a dance between the parent and child who are getting to know one another and building trust in one another. The dance takes time to learn and it helps the child to feel safe that their parent will respond to and meet their needs. If a child feels unsafe or fearful and has a tantrum, they learn that this person will help them become calm and regulated and will keep them safe.

When this dance has been interrupted or not ever even started (which happens in institutional situations or with many changes in placements) a parent needs to work to foster this connection. Lots of "floor time" which is getting down on your child's level, regressing to activities you would do with a younger child or baby (think Peek-a-Boo, feeding each other, things that require lap sitting and lots of cuddles.) Reading stories together that show connection and a parent's unconditional love for a child is another way to connect. Some favorite claiming books in our library are in the sidebar. My favorite times with my children have been when they pull a book off the shelf, climb onto my lap and ask for a story.

*Carrie Kitze is the author of two children's books: **I Don't Have Your Eyes** and **We See the Moon**. She is also the publisher at EMK Press and an advocate for adoptive families of all makes and models.*

### Books that Help Create Family Fit

*I Don't Have Your Eyes*  
Carrie A. Kitze

*Baby-Steps*  
Peter McCarty

*No Matter What*  
Debi Glori

*Even If I Did Something Awful*  
B. Shook Hazen

*I Promise I'll Find You*  
Heather P. Ward

*Little Miss Spider*  
David Kirk

*Mama, Do You Love Me?*  
Barbara M. Joasse

*The Runaway Bunny*  
Margaret Wise Brown

*I Love You As Much...*  
L. Krauss Melmed

*Hush Little Baby*  
Sylvia Long

*The Little Green Goose*  
Adele Sansone

*Hazel's Amazing Mother*  
Rosemary Wells

*Owl Babies*  
Martin Waddell

*Love You Forever*  
Robert Munsch

## **“When do you tell a child he was adopted?”**

### *And Other Secrets We Shouldn't Keep*

*By Adam Pertman*



It's one of the most common questions I hear. Most often, I like to answer with a true story. A friend of mine who is a social worker was placing an infant into the arms of her adoptive parents. The new mother leaned over to the social worker and whispered, “When do we tell her she's adopted?” My friend leaned over and whispered back: “On the way home.”



It was the right answer; I think we should be honest from the start. Young children obviously won't understand what the words mean, but they'll always know their parents were comfortable with them and proud of how they came into their families. The details can be filled in over time, in an age-appropriate way. But I like to tell the story about my social worker friend for another reason: Why was the adoptive mom whispering? We keep secrets about things we are embarrassed about or ashamed of. ... and family formation should not be one of those things. We should be proud of who we are and truthful with our kids about their past and who they are. People who get whispered about can feel shame or think something is wrong with them. Our children deserve better.



Sometimes the truth can be hard, of course, especially for us (too often insecure) adoptive parents. Sometimes we don't want to face the truth or perhaps we don't know it. Maybe we are concerned that it will be complicated, or that our children won't understand tough material at certain ages. Can telling the truth be complicated? Sure. But not telling the truth can cause even bigger complications, especially when suppressed truths are later discovered—as they usually are. The reality of our family structure ‘is’ natural and normal for our kids. It is the reality they are living. Children figure out where they fit in situations of divorce, step families, single parent families, families with same sex parents, families in which grandparents are raising them. Why do we think they can't they figure out adoption? Of course they can, and they should always know that we're there to help them do it.

We often carry our own insecurities and worries about our children, then transfer them to the kids and assume they feel the same way. As parents, we are the guardians and the filters for the information we know about our children. We decide what we think is appropriate to know, and when. But we have to remember that our children are capable of assimilating more than we might think, and even harsh explanations can become good opportunities to tell the truth—in age-appropriate ways and with discretion, to be sure, but a lack of information rarely yields the best outcomes.

Adoption has come a long way from the closed practice of taking children home and revealing their history to them at teen-hood, or perhaps never. In the past forty years we have moved far from the ‘just raise them as if you gave birth to them’ model. A secretive past can be hard to overcome, and it's hard to learn much about secrets—so it's no wonder we've got a ways to go. But the good news is that we've moved out of the darkness and into the light; it's a far brighter, better place to be—and a much easier place for everyone involved to get educated and, consequently, to make even more progress.

Unfortunately, even the words we use relating to adoption still aren't either precise or well-accepted—which is no surprise, since it's hard to develop a good vocabulary about secrets. So we don't even have a ready way to describe people and make them understand their relationships are fine and normal. One example: My son and daughter are siblings, right? Well, they each also have biological siblings who are growing up in their respective birth mothers' families. Are my daughter's brother's sibs related to her? Are they related to my wife and me? We feel they are, but there are no words like ‘in-law’ to describe those relationships, so we don't have a way yet—as a culture and as individuals—of conveying the

message that this extended family is fine and normal. I'm confident we'll get there, but adoption's covert past has made the job harder than it might otherwise have been. The way I see it, we've gotten to the point where we can discuss subjects like divorce, breast cancer, and Viagra in honest ways that have led to better outcomes; we can and will certainly do the same for adoption -- a topic that affects tens of millions of people in the most intimate, personal and important ways.

As an adoptive parent and an adoption educator, I want my children to fit into society without apologies or explanations. I want them to play and go to school without the stigmatizing, uninformed questions from strangers or acquaintances ("Why did your real mother give you away?"). I want them to grow up in a world in which 'you're adopted' is no longer used or perceived as an insult, in which the people who created them are not denigrated or relegated to secrecy, and in which neither money nor coercion are ever factors in how a family is formed.

I know how sappy and idealistic this may sound, but I want my kids--and all the people like them -- to be able to live their lives without the burden of wondering if their families are natural or real or authentic. I want to level the playing field so that every child, regardless of how he or she came to their family, knows that 'different' isn't better or worse--it's just different.

*~ Adam Pertman is Executive Director of the Evan B. Donaldson Adoption Institute ([www.adoptioninstitute.org](http://www.adoptioninstitute.org)) and the author of Adoption Nation: How the Adoption Revolution is Transforming America. He is most importantly the adoptive dad of two great kids. This article is from Adoption Parenting: Creating a Toolbox, Building Connections.*

## Tough Questions

*They always seemed to catch me by surprise...*

...in the car as I am merging onto a 4 lane expressway on rain slicked roads, or at 3am as we are lying side by side in the dark. They come at times that are 'safe', with little chance of eye contact.

I remember the first question coming when my oldest was not quite three. "Is my other daddy dead?" It was three am, she had experienced a difficult night of sleep up to that point and I was at my mental peak. Not!

My first thought was "I am not supposed to have to deal with this until she is six." But she didn't know that. She just knew what was in her heart. And what was there wasn't making sense to her. My subsequent action was a deep breath and one of those age appropriate conversations. My next? A mad dash to get myself up to her speed.

*~By Carrie Kitze  
adoptive mom of 2 who is pedaling as fast as she can*

## Adoption Books for Children (these are favorites from our bookshelves)

*Twice-Upon-a-Time:  
Born and Adopted*  
Eleanora Patterson

*Tell Me Again About the  
Night I Was Born*  
Jamie Lee Curtis

*Over the Moon: An  
Adoption Tale*  
Karen Katz

*We See the Moon*  
Carrie Kitze

*A Mother For Choco*  
Keiko Kasza

*Forever Fingerprints: An  
Amazing Discovery for  
Adopted Children*  
Sherrie Eldridge

*When You Were Born in  
China* Sara Dorow

*When You Were Born in  
Korea* Brian Boyd

*When You Were Born in  
Vietnam* Therese  
Bartlett

*Through Moon and Stars  
and Night Skies*  
Ann Turner

*When I Met You*  
Adrienne Ehlert Bashista

*And Tango Makes Three*  
Peter Parnell and Justin  
Richardson

*Rosie's Family: An  
Adoption Story*  
Lori Rosove



# **Unexpected Special Needs**

## *The Loss of a Dream and Learning what is Truly Important*

*By Nancy Hemenway*

### **From Infertility to Adoption.**

We went through 7 years of infertility and lost four angels to miscarriage before we had our one and only live birth. Conception and pregnancy were both nightmares. There was nothing easy we did to either get or stay pregnant and giving birth was not much different. These experiences were filled with fear, dread and dealing with multiple roadblocks. There were a number of midnight trips to the emergency room before my one scary live birth story. But, at the end of this ordeal, was a healthy, happy baby. We were overjoyed and settled quickly into everyday parenting of our first miracle child.

It is no surprise then, that it took us four years to even begin to discuss how we would add a second child to our family. We decided we wouldn't pursue fertility treatment but instead adopt to grow our family. We used a local agency, added our names to a number of listservs, and jumped feet first into the throes of the 'paper chase'. As in birth, our adoption was eagerly anticipated with great exuberance and expectations of a future filled with happy parenting complete with a built in big sister. Add we did on May 23, 2001 in the lobby of the third floor of the China Hotel, a stunning little Cantonese beauty! Another long road traveled but this time through adoption. Our expectations the second time were the same—a healthy baby. This time, however, the twists and turns were not in the conception or adoption, but in the parenting of our new little miracle.

### **Adoption is a Leap of Faith**

So often I heard other eager waiting parents refer to their adoption as a 'leap of faith'. But then life is a leap of faith too. No one is guaranteed tomorrow or a perfect child—not through birth or adoption. Although feeling thoroughly prepared through research, education and support groups, our life changed in a number of ways the day little Xiao Rong entered our family.

It was a heart-pounding, exciting and exhilarating experience full of anticipation when the orphanage personnel handed over this little tiny twig of a baby. This minuscule little girl was 14 months and a 'whopping' 13 pounds (the size of a four-month old). In the months to come, we would discover our sweet little girl had a number of developmental delays, chronic anxiety, post traumatic stress disorder (PTSD) and a variety of letters and acronyms all boiling down to one damaged little girl who had suffered. She desperately needed a great deal of professional care as well as a savvy family to navigate a labyrinth of procedures, treatment and a magnitude of healing. I remember flying home from China and wondering how this child was going to change our family dynamic. Our life would be out of the ordinary and not what we had planned. Having had more than a decade of experience teaching handicapped children, and being an older parent, I knew life would be 'special' and I worried about being 'up to' the tasks ahead.

### **Accepting the Loss of a Dream**

Before we made this trip to China, my husband and I agreed the child selected by the CCAA (central adoption authority for intercountry adoptions in PR China) and entrusted to us would be the child we were destined to parent. This was our leap of faith. I think to deny the feelings of loss, loss of that dream, of a whole child, a 'normal' little sister to our birth child Zoë, would be to deny what everyone hopes for when they have a family. But I felt to accept this circumstance as a loss of a dream was somehow rejecting our child. I came to learn that accepting this loss was the biggest hurdle to clear and doing so enabled me to move on and to truly appreciate the miracle this baby was in our hearts and lives.

At first I felt very alone. It was another loss in a string of multiple losses, more challenges and added stress. I think a key component to successfully working through this is the strong bond between my husband and me. Our marriage withstood the loss of four babies and because of the willingness to communicate on new levels and to work as a team, we continue to carefully navigate the maze in order to meet our daughter's special needs, taking them one day at a time.

## My Child is My Hero

Sometimes I feel myself tensing up, thinking about what the future holds. I worry about what I might have to cope with tomorrow. But then I look to my daughter. She is my hero, my miracle. What adult do you know who could have survived abandonment at birth, month after month of neglect in severe physical pain, all with no coping skills, no language with which to answer back, no support group, no therapist to talk to, no friends, and no family to nurture her. She was stripped of her dignity, her future, and her culture; kidnapped by strangers (that's us, as adoptive parents) but she never gave up. I see her tenacity and her strength. It gives me strength. I am so honored to be her mother. God must really believe I have the integrity, skill and love to have put this little life in my hands. Yes, it is a responsibility and sometimes feels like a weight on our shoulder; but it's also an awesome gift and a miracle.

## How Our Family has Grown

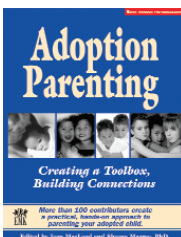
It's been 5 years and thousands of miles since I first experienced those feelings of grief on the plane ride home to the US. Instead of loss, I am just beginning to realize how really fortunate we are. When adopting internationally, you'll often hear how wonderful it is that you 'rescued' an orphan. But the truth is, our little Cantonese beauty rescued all of us. To live life without our youngest family member is unthinkable. We've been so fortunate and not once, but twice blessed with beautiful daughters; one who grew under my heart and the other who grew in it. Zoë born after a 7 year struggle with infertility and pregnancy loss, and Rebekah Ruth Xiao Rong adopted May 23, 2001 in mainland China. What more could any parent ask for?

## My Balance.

I have discovered some helpful tools to take care of myself, other children and marriage.

- Find a network of other families who have similar circumstances
- Learn how to relax (still working on this one)
- Learn to take one day at a time
- Exercise, walk that extra bit
- Keep a journal
- Take a mental vacation, imagine you're on a beach, riding a horse, biking
- Therapeutic riding isn't just for kids—it's for mom too
- Take the time to listen to music
- Deep breathing exercises
- Find or develop a hobby (sew, build a doll house etc.)
- Take at least two days a month to have a date with your husband where talking about the children is 'off-limits'
- Go have your hair cut, perm it or have it colored, or have a massage or pedicure
- Take time with your other children, be sure they feel your special touch
- Eat healthy foods and drink lots of water (but don't forget that occasional chocolate!)

~ Nancy Hemenway, Executive Director of INCIID,  
the largest infertility information  
and support organization in the US. [www.inciid.org](http://www.inciid.org)  
She is a mother by birth and adoption.



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## **Positive Outcome:**

### *How Can You Combat the Effects of an Orphanage*

*By Mary Beth Williams, PhD, LCSW, CTS*

## **The Situation in Orphanages**

As an adoptive parent, or as a professional working with post-institutionalized internationally adopted children, it is important to be thinking about the impact of the world in which that child lived prior to being adopted. The child may have lived with a foster care family rather than in an orphanage. In others, the child will have known only one or several institutions. In those institutions, the child may have been unable to have met her needs for food, attention, touch, and comfort when in pain. Over time, she may have learned not to look for those needs to be met and may have come to distrust the adults in his or her world. Also, the child may have experienced neglect, poor nutrition, lack of stimulation, and potential for attachment, inconsistent caregivers, and various forms of traumatic experiences including physical abuse, sexual abuse, and witnessing of violence toward others (including other children). Parents need to understand a child's orphanage life in order to understand what makes their child think and behave the way she does. It is very hard to help a child join a family without being fully aware of her history. In general, what might a child's life have been in an orphanage? Even the best institutions have the following:

- uneducated or minimally trained caregivers
- rotating caregivers on shifts
- abrupt transfers to different orphanages or sections of an orphanage
- loss of peers as those children are adopted or transferred
- limited language interaction with adults
- regimented daily activities: eating, sleeping, toileting at the same time each day
- lack of spontaneous activities
- absence of personal possessions
- limited activities to develop motor skills—no use of markers, pencils, equipment
- exposure to toxins, including lead

Children in many orphanages are frequently nutritionally deprived and often have low muscle tone. Playground equipment may be non-existent or, if present, may be in disrepair. Children may be over-responsive when put in high-stimulus situations. Speech acquisition, because of minimal exposure and subsequent minimal usage of words, may be extremely delayed and it may take a long time to develop appropriate articulation and grammar. At an orphanage, children do what everyone else does, eat when everyone else eats, go to school when they are told, and even use the restroom on a schedule.

What this means is that orphanage children are never encouraged to make (good) decisions and no one talks to them about choice making—key essentials to personal success and active coping. At first sight, the child may appear to be overly mature and 'too good' or 'well trained', ready at age four, for example, to learn how to work with and care for younger children. They may know how to dress themselves, go to the bathroom totally independently, sweep floors with a large broom, and sit quietly without any argument for long periods of time. Older siblings in a sibling group may also be 'parentified', having been taught to take care of younger brothers and sisters.

In reality, their often traumatic experiences within the institution have taught and conditioned these children to be hypervigilant (on constant high-alert) and to take on expected roles without recognition of their own individual desires or needs. Their emotions and 'feelings' are never considered in decision-making or in complying with institutional life. Asking these children how they feel leads to a blank or questioning expression, rather than to words such as 'happy, sad, scared' that a normal three-year old understands, uses, and applies to herself. Internationally adopted children, whether from an institutional or deprivational environment, quite possibly have not had the positive human contact necessary for social and emotional communication post-adoption.

## **Helpful Factors in Adoption Transition**

There are pre-institutional and institutional factors that help children adjust to their adopted families (Hopkins-Best, 1997). These factors are helpful for a parent to reflect on, as the transition at the time of adoption may impact a child's adjustment into the family:

- Children who have had few moves during their pre-adoptive years fare better, unless they have been seriously abused and/or neglected in any placement. Those who have had a secure attachment to a caregiver are more likely to attach to new parents.

- Giving the child an opportunity to see her caregiver/foster parent figure before leaving the institution or giving her the chance to go back to see her caregiver to say good-bye, allows the child to transition with the blessings (and often tears of joy) of that caretaker.
- Toddlers who have had a chance to transition to the adoptive family with preparation, gradual visitation, and even overnights, do better than those who suddenly are placed with a family—never to return to the orphanage again, not able to say good-bye to friends and caretakers.
- Some children are just inherently more resilient than others. Resilience is a relational trait. An adoptive parent can consciously help instill a healthy resilience within an adopted child.

## Your Role as a Parent

A major task of parenting is first to give a child emotional and physical safety, above all else, and to help a child develop the abilities to meet all of the needs with self, others, and the world. (Rosenbloom & Williams, 1999) All parents want a healthy child, whether that child joins a family through birth or adoption. It's probable that they want a child to

- be able to attach and be intimate
- become autonomous and independent over time
- feel safe and secure with them
- trust them
- develop self esteem
- develop a conscience

You need to remember that the child may have experienced neglect, poor nutrition, lack of stimulation or potential for attachment, inconsistent caregivers, and various forms of traumatic experiences including physical abuse, sexual abuse, and witnessing of violence toward others (including other children). *It is important to begin to think about what will happen in this child's life as she grows into maturity, and how her early environment has impacted her.*

Attachment between a parent and a post-institutionalized child begins with the parent. It is up to the adult to begin the process by creating an empathic, safe, caring, loving environment for a new child. It is up to the adoptive parent to model communication, affection, coping, and emotional modulation. It is up to him or her to remain in control if and when the child does not. It is also up to the parent to take good care of him- or herself in order to take good care of the family. Parents provide the love and nurturing and also provide the rules and structure. Treating new children with respect and maintaining a sense of hope will affirm and reaffirm that they have found a forever family. Suggestions for modeling and instilling hope include the following:

- addressing the child in positive language
- setting a sense of order and structure
- setting realistic limits and rules
- providing physical nurturing and attention
- providing emotional nurturing
- having consistency in bedtime, mealtime and other routines
- using eye contact with the child
- praising the child's behavior ("you did a good job")
- keeping calm when the child is having a meltdown
- recognizing and stating that a behavior is bad, the child is not
- being the lead on giving affection and encouraging reciprocity from the child
- stopping manipulation of parents (if there are two) by being on the 'same page'
- holding the child accountable to learn and to abide by the rules
- practicing healthy self care by having a life outside the home
- teaching the child to problem solve as soon as language allows; prior to that, keeping language short and simple
- giving the child choices right from the beginning
- developing non-punitive strategies for bad situations

## The Negative After-Effects

What does a deprived or neglected institutional background mean for a newly adopted child and his family? The issues below affect many adoptees to many different degrees. Parent awareness and/or professional assistance can help turn-around, or at least modulate, the negative after-effects of institutional living. Not every issue will disappear entirely, but a parent's initial high expectations may shift to an enormous appreciation for the courageous

work a post-institutional child is willing to do, in order to become 'family'.

**Medical Records.** Parents may not get an accurate medical history or may have no medical history or family background; the medical records may be sporadic and spotty. When parents bring a child home, it is important to get a thorough medical examination, including age-appropriate screenings and an assessment of the child's growth and development. In addition, it is important that the child have an assessment of her nutritional status. Contact and meet with a pediatrician familiar with the height and weight charts for the child's birth country (or supply them yourself), to set norms for your child.

**Emotional Development.** Many children have slow emotional development because they have never been allowed to express emotions (some call this 'The Silence of the Kids'). Many have never learned how to modulate emotions. They may have problems with affect dysregulation (emotional reaction) and be diagnosed as hyperactive or attention deficit disorder. They may have problems putting feelings into words and act out with poor impulse control instead. They may not have the words to describe internal physical or emotional states. They have never even been asked how they feel, let alone know what a sad, mad, or glad feeling is.

**Attachment Difficulty.** Those children may have an attachment problem and have difficulty with affection and emotional intimacy. On the extreme end of the attachment spectrum, children have Reactive Attachment Disorder, which is a complete inability to connect in a reciprocal fashion. Many post-institutional children have difficulties giving and receiving love (because of their own absence of positive touch and loving,) and do not trust others, primarily due to lack of physical and emotional contact with a primary caregiver. Attachment is reciprocal, is based on love, and takes time to develop. New parents sometimes confuse a Trauma Bond (which is instantaneous and based on terror) with an Attachment Bond when they adopt a child who appears to attach immediately.

**Loss and Grief.** Many children have a true sense of loss at leaving the orphanage and feel grief when they are separated from that world, no matter how awful it was. Even children adopted as babies and toddlers can internalize sad events of their young lives and exhibit ambiguous loss.

**Age.** A child adopted at over eighteen months of age, in particular, may have noticeable developmental delays. There is always the possibility that the child has a history of abuse, stored as pre-verbal memories and unable to be recounted. They may even be dissociated or repressed memories.

**Sensory Issues.** Some children may have problems regulating and filtering sensory input. These children may have problems regulating behavior control, temper control, and adapting to changes.

- The hypersensitive child can be fearful, cautious, negative, and/or defiant. The under-reactive child may be withdrawn, hard to engage, or self-absorbed.
- The motor-disorganized, impulsive child may have an extremely high level of activity and a lack of caution. She may appear to be 'driven' and unable to settle down or organize behavior. She may over or under-react to loud, high, or low-pitched noises, bright lights, touch, foods with certain textures, coordination, touch, pain, odors, temperature, motor planning, attention, and focusing, among others.
- Some children may be inconsolable when hurt or frightened, unreceptive of attention or touch.
- Some may have little or no conception of personal space and property, constantly tripping over their feet, or falling down easily.
- Some may have no skills for conversation or friendship.

**Post Traumatic Stress Disorder (PTSD).** Some internationally adopted children may have symptoms of Post-Traumatic Stress Disorder. PTSD is defined in part in the DSM-IV as: *Being exposed to a traumatic event where a person experiences, witnesses, or is confronted by event(s) involving actual or threatened death or serious injury, and a response that involves intense fear, helplessness, or horror.* Abandonment, institutionalization, loss of a primary caregiver, abuse, neglect and the swift and traumatic life changes in a child's world through the act of international adoption, can contribute to a child developing PTSD. PTSD must be addressed and treated for the child to realize his full emotional and cognitive potential. Not addressed and treated, a child's PTSD can impact the parent-child relationship, the child's self-perception, and other areas of the child's life. The symptoms of PTSD can interfere with or affect a child's attachment to her parents by limiting safety and trust development.

*A few of the symptoms of PTSD in young children:*

- Hyper-vigilance, anxiety and exaggerated startle response—some children will be constantly on guard, looking for any danger that might befall them, and fearful of exploring the environment around them.
- Problems concentrating and focusing, and ADHD type behaviors due to increased levels of cortisol (a hormone secreted by the adrenal glands in response to any kind of physical or psychological stress).
- Less ability to give emotionally in a reciprocal fashion.

- Irritability or outbursts of anger.
- Difficulty with falling or staying asleep; including nightmares, night terrors or non-specific distressing dreams.
- Trauma-related fears that may not appear to be related directly to the original trauma (e.g. animals, darkness, and other triggers).
- Increased somatic (body) aches, and problems with stomachaches and headaches.

*“Love is not enough”* for some of these children who are ‘at risk’. They may have a multi-system developmental disorder that includes PTSD, attachment, and sensory difficulties. They cannot just be loved into normality and may need intervention programs. In time, these children do develop warm relationships, *“logical thinking and problem solving, and interactive communication”* (Doolittle, 1995) if they have access to the right types of therapy and highly involved parents. *“All adoptions of orphanage children should be considered by both prospective parents and adoption officials to be special- needs adoptions”* that require *“extra commitments of parents’ time, energy, acquisition of expertise, and willingness to work” with professionals, agencies, and others who have adopted.*” (Ames 1997)

## The Positive Outcome

In spite of the possible abuse, deprivation, neglect, and lack of stimulation in the lives of many children who are available for international adoption, most children from orphanages and from the foster care system can and do adjust well to their new lives. Motivated, aware parents are a wonderful source of information, security, support, and love for a new child. *“Parents are the one most important educational tool for a child who is being adopted internationally or nationally.”* (Kincaid, 1997).

What this means is that, in spite of all the possible negative outcomes that might occur due to institutionalization, there are also positive outcomes to placement and adoption that are within a parent’s power to influence. A child’s ability to recover from trauma is heavily based in innate or learned emotional resilience “an ability to recover from or adjust easily to misfortune or change”.

**Creating the ‘Whole Child’–Teaching Resiliency.** Parents can help a child successfully combat the effects of his or her pre-adoptive life by using a team approach. Seeking prompt professional help for the specific medical or psychological issues a child exhibits is extremely important, however, parents can also help to create a ‘whole child’ at home. A resilient child with coping skills is equipped to overcome many of the effects of trauma, PTSD and institutionalization. Resiliency is an invisible protective shield; the good news is, it is a trait of internal strength that can be taught by parents, and intrinsically developed.

**What are Four Traits of a Resilient Child?** A resilient child is *socially competent* and exhibits empathy, flexibility, and caring. These children understand interpersonal give-and-take and have a sense of humor and a cooperative nature. A resilient child has *problem-solving skills* and can seek help, plan and look for alternative solutions. They use abstract thinking, can look ahead to the future and are able to delay gratification. *Autonomy* (ability to act and think independently) and self-esteem empower a resilient child with the ability to bounce back with confidence and faith in personal ability to prevail. Resilient children have a *sense of purpose and future*. They are hopeful, and own a positive view of reality. Their lives have meaning and a spiritual context, and they have a celebratory nature.

**Teaching Resiliency.** Awareness of the traits that emotionally strengthen a child allows the parent to design daily living activities to teach and reinforce the tasks and skills that build resiliency. To help a child learn problem-solving skills and autonomy, and to develop social competence and a sense of purpose and future, a parent can deliberately include the following into family life:

- Assign the child small tasks; break larger tasks down into manageable segments.
- Establish simple rules that the child can understand easily; do not make them abstract or complex.
- Identify any interests/skills the child has and use them for positive reinforcement. Help the child become open to new experiences.
- Notice when the child responds by laughter or makes a joke, then compliment his abilities and responses; agreeableness is a desirable trait in a child. Try to encourage it.
- Give the child choices among two or three items, situations, or activities that are ‘no loss’ choices (all choices are positive). Then commend the child for choosing, whatever his choice.
- When the child has appropriate language skills, ask the child to identify and name the possible choices, and then choose one.
- Use play to reinforce problem-solving skills.
- Affirm the child’s perception of reality.



- Introduce new activities consistently, again in small doses.
- Help the child find an outside interest or hobby and pursue it.
- Celebrate the child and his or her life in any way possible!

Children who gain coping skills and mastery over their environment are building resiliency. It is a trait that empowers a child to deal with childhood trauma, and is key to the healing, therapeutic process. It may take a team of parent, child and professional(s), including a multi-disciplinary approach to bring a post-institutionalized child a positive outcome. Trauma, attachment, sensory, and speech and language work benefit by being addressed simultaneously as part of one whole: the child. The parent is integral to a child's positive outcome, and can support the work of professionals by reinforcing the healing process at home.

**Helping Children Heal.** Parents can make the home, and the parent-child relationship, an emotionally safe place for recovery and re-growth. They can provide comfort and reassurance for their child, set clear boundaries and maintain routines. In addition, a parent can:

- Respect the child's fears (avoid giving the fears too much credit).
- Avoid new and challenging tasks; use consistency and repetition.
- Monitor and limit exposure to fearful situations.
- Increase child's physical outlets.
- Give child opportunities to talk about feelings (in limits); listen to and accept the strong feelings of the child.
- Expect regression to a degree.
- Listen for distortions and misunderstandings, and take the opportunity to offer facts.
- Keep anniversary reactions in mind (a child can be affected by abandonment or adoption dates, birthdays, etc).
- Help children focus on images of strength and survival.

A parent who can teach active action-based coping skills, foster resilience, and maintain a healing environment at home can heavily stack the child toward a healthy new beginning. Combatting the effects of an international orphanage takes patience and hard work and may also need specialized professional intervention. Strong parental love, commitment, and determination help children who have the ability to attach and love develop positive relationships.

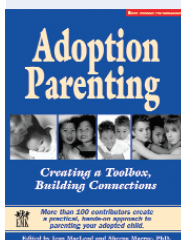
*~ Mary Beth Williams, PhD, LCSW, CTS specializes in the treatment of trauma-based disorders, including those related to disorganized attachment. Dr. Williams was a school social worker for many years and is familiar with special education related issues, as well. She is the author of many trauma-based workbooks and texts, including Life After Trauma (1999) with D. Rosenbloom and The PTSD Workbook (2002) with S. Poijula. She is the parent of seven children. Four of her children were adopted, two of them domestically, and two from Kazakhstan. This article has been reprinted from Adoption Parenting: Creating a Toolbox, Building Connections. EMK Press (2006)*

## Other Signs of Trauma in Children

Besides PTSD, children and adolescents who have experienced traumatic events often exhibit other types of problems... fear, anxiety, depression, anger and hostility, aggression, sexually inappropriate behavior, self-destructive behavior, feelings of isolation and stigma, poor self-esteem, difficulty in trusting others, and substance abuse. Children who have experienced traumas also often have relationship problems with peers and family members, problems with acting out, and problems with school performance.

Along with associated symptoms, there are a number of psychiatric disorders that are commonly found in children and adolescents who have been traumatized. One commonly co-occurring disorder is major depression. Other disorders include substance abuse; other anxiety disorders such as separation anxiety, panic disorder, and generalized anxiety disorder; and externalizing disorders such as attention-deficit/hyperactivity disorder, oppositional defiant disorder, and conduct disorder.

*~ From PTSD in Children and Adolescents, A National Center for PTSD Fact Sheet  
By Jessica Hamblen, PhD*



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# The Impact of Trauma on the Adopted Child

By B. Bryan Post

*Adopted at the age of six months, Joseph was a fussy and sometimes hard to soothe infant. Feeling as though this was just normal infant difficulties with the adjustment of adoption Pat and Robert paid it little attention. When Joseph reached the age of two and began to bite the other children in daycare, they chalked it up to the dreaded two-year old stage of which everyone seems okay with. Though the biting never quite ceased that year, with a few modifications, Joseph made it through the year. The teachers raved about how smart he was. By the time he was six the increasing duration of the school day seemed almost more than he could bear. Sometimes screaming for hours at a time, Joseph would do no work and then would spend the remainder of the day in isolation. Prone to striking out when others attempted to soothe him, Joseph had now grown accustomed to attempting to runaway from the school personnel when his behavior would escalate. On many occasions this would lead to Joseph being restrained by the security guards, principal, or coaches. Eventually Joseph began to stack up a list of schools attended and suspended from. By the time Joseph had hit the 5th grade his increasingly violent outburst coined with outward defiance had gained him two different stays at local residential treatment centers. Not knowing where else to turn or what else to do, and after failed attempts at therapy, and more than eight psychiatric medications had proved of little benefit other than causing Joseph to appear "zombie-like," Pat and Robert felt their only other option was to send Joseph to a boys boarding school.*

Unfortunately, the above story is not an uncommon plight that adoptive parents face. Though not always leading to a disruption or out-of-home placement, many adoptive families struggle for years to create the peaceful family they had dreamed of. Regrettably, one of the main barriers preventing such family harmony is one of the least understood when it comes to understanding the plight of the adopted child. The barrier is trauma.

Whether adopted from birth or later in life, all adopted children have experienced some degree of trauma. Trauma is any stressful event which is prolonged, overwhelming, or unpredictable. Though we are familiar with such events impacting children as abuse, neglect, and domestic violence, until recently the full impact of trauma on adopted children has not been understood.

Scientific research now reveals that as early as the second trimester the human fetus is capable of auditory processing and in fact, is capable of processing rejection in utero. In addition to the rejection and abandonment felt by the newborn adoptee or any age adoptee for that matter, it must be recognized that the far greater trauma often times occurs in the way in which the mind and body system of the newborn is incapable of processing the loss of the biological figure. Far beyond any cognitive awareness, this experience is stored deep within the cells of the body, routinely leading to states of anxiety and depression for the adopted child later in life.

Because this initial experience has gone for so long without validation, it is now difficult for parents to understand. Truth be told, the medical community still discounts this early experience. Nevertheless, this early experience is generally the child's original trauma. From that point forward many more traumas may occur in the child's life. These include premature birth, inconsistent caretakers, abuse, neglect, chronic pain, long-term hospitalizations with separations from the mother, and parental depression. Such life events interrupt a child's emotional development, sometimes even physical development, subsequently interrupting his ability to tolerate stress in meaningful relationships with parents and peers.

An important aspect of trauma is in recognizing that simply because a child has been removed from a traumatic environment, this does not merely remove the trauma from the child's memory. In fact, stress is recognized to be the one primary key to unlocking traumatic memories. Unfortunately for both the adopted child and family the experience of most traumas in the child's life occur in the context of human relationships. From that point forward stress in the midst of a relationship will create a traumatic re-experiencing for the child, leading the child to feel threatened, fearful, and overwhelmed in an environment which otherwise may not be threatening to other people.

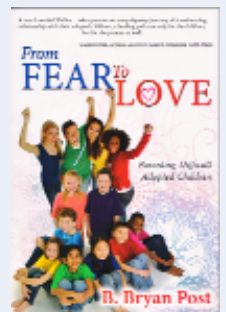
In closing, never forget that you are a great parent. During times of stress you won't always feel like it, but both you and your child were meant to be together. Your child will teach you far more about yourself than you may have ever realized without him. Give yourself time to refuel, connect, and communicate. And finally, a secure parental relationship is the single greatest gift you can give your child. When the parental relationship is secure this will permit the child a foundation to grow from.

*B. Bryan Post is an internationally recognized expert in the area of trauma and attachment in foster and adopted children.*

## 10 Keys to Healing Trauma in the Adopted Child:

1. Trauma creates fear and stress sensitivity in children. Even for a child adopted from birth, their internal systems may already be more sensitive and fearful than that of a child remaining with his biological parents. You must also consider the first nine months in which the child developed. These early experiences as well could have major implications.
2. Recognize and be more aware of fear being demonstrated by your child. Be more sensitive and tuned in to the small signals given such as clinging, whining, not discriminating amongst strangers, etc. All are signs of insecurity which can be met by bringing the child in closer, holding, carrying, and communicating to the child that he is feeling scared, but you will keep him safe.
3. Recognize the impact of trauma in your own life. One of the single greatest understandings parents can have is a self-understanding. Research tells us the far more communication occurs non-verbally than verbally. Understanding the impact of past trauma in your own life will help you become more sensitive to when your reaction are coming from a place other than your existing parent/child experience. Re-experiencing past trauma is common when parents are placed in an ongoing stressful environment.
4. Reduce external sensory stimulation when possible. Decrease television, overwhelming environments, number of children playing together at one time, and large family gatherings. When necessary that these events take place, keep the child close, explain to him that he may become stressed and he can come to you when needed.
5. Do Time-In instead of Time-out. Rather than sending the stressed out and scared child to the corner to think about his behavior, bring him into to you and help him to feel safe and secure. Internally this will then permit him the ability to think about his actions. Though time-in is not a time for lecturing, it will allot your child an opportunity to calm his stress and then think more clearly. Another effective key is to let the child decide how much time-in he needs.
6. Do not hit traumatized children. Doing so will only identify you as a threat. The biblical verse spare the rod, spoil the child speaks to the raising of sheep. A rod is used to guide the sheep and the staff to pull him back into line when he strays. Hitting children, just like sheep, will cause them to become frightened of you and in many instances to runaway or hit back.
7. There is never enough affection in the world. A very simple technique for time is the affection prescription 10-20-10. Give a child 10 minutes of quality time and attention first thing in the morning, 20 minutes in the afternoon, and 10 in the evening. Following this prescription of time has proven to have a great impact on the most negative behavior.
8. Encourage an IEP in the classroom developed an understanding of the child's stress and fear. This may assist in addressing such vital areas as homework, playground, peer interaction, lunchtime, and physical education. All common areas of reduced structure and increased stress.
9. Educate yourself regarding the impact of stress and trauma on families. Try not to scapegoat your child for their difficulties, but rather take responsibility for creating the environment necessary for healing his hurtful experiences. There are many resources available. A few of note are: [www.postinstitute.com](http://www.postinstitute.com); [www.beyondconsequences.com](http://www.beyondconsequences.com); [www.ChildTraumaAcademy.org](http://www.ChildTraumaAcademy.org); and [www.traumaresources.org](http://www.traumaresources.org)
10. Seek support. Parenting a child with trauma history can take its toll on the best of parent. Seek out a support system for occasional respite care, discussing of issues, and the sharing of a meal. Such small steps can go a long ways during particularly stressful times.

by B. Bryan Post, To Download a Free copy of Dr. Post's new book *From Fear to Love: Parenting Difficult Adopted Children* visit: [www.postinstitute.com/fearthelovehelp/](http://www.postinstitute.com/fearthelovehelp/)



# How to Find a Therapist Experienced in Attachment and/or Trauma

Many professionals have some experience working with adopted children and will say they are familiar with working with children with attachment or trauma problems. However, it is very important that you find a professional who has specific training, continuing education and experience in the areas of childhood trauma and attachment disorders. How do you find the right therapist for your child and family?

## Step 1.

**Seek Advice of Those “in the know”.** The list of adoption therapists you’re your insurance provider may or may not include professionals well-versed in attachment or trauma. Contact your adoption agency and ask your local support group for suggestions. Check out resource listings from national organizations like Attachment & Trauma Network and ATTACH. When you hear the same professional mentioned in more than one place, this is a person to consider.

## Step 2.

**Interview the Professional.** Hiring a therapist to work with your family is a highly personal (and important) process. The following are suggestions of what to ask:

- What training has the therapist received? How many hours of supervised training in attachment therapy and/or trauma therapy? Was this training provided by a recognized, competent attachment therapist or trauma therapist?
- Is the therapist licensed by the state in which they practice? Has the therapist ever been censured or disciplined by a State Licensing Board?
- How long has the therapist been treating children with attachment disorders or affects of trauma? How much of the therapist’s practice is adoptive/foster families? (The higher the percentage, the better.)
- How does the therapist keep up with the latest findings in this field? (continuing education, conferences, reading)
- What initial assessment of the child and the family is done prior to treatment?
- What are the treatment philosophies and goals? (should mention something about attachment to the family, reducing trauma/fear and healing bonds, using a variety of techniques)
- What does a therapy session look like? What will happen? (session should include experiential strategies, not just talk therapy)
- What attention is given to help the parents explore and heal their own issues? What attention is given to help with parenting strategies?
- Are the parents part of the treatment team, and in what way? \*\*

\*\* This is the single most important question in determining whether the therapist understands the nature of attachment and trauma problems. It is very important that parents are included in the therapy sessions either as a participant or being able to see what is going on in therapy at all times. The overall goal of therapy is to assist in developing a healthy attachment of your child to you, not the therapist. Parents should be highly regarded as an important (the most important) healing agent of the child. Parents should be actively coached in parenting strategies and ways to augment the therapy session at home. This type of therapy is family therapy and should focus on developing healthy relationships within the family.

## Step 3.

**Ask for (AND CHECK) References.** Ask for telephone numbers of a few parents you can call, including families who the therapist is no longer seeing (assuming they are healed). Or ask the therapist to have other parents call you, if confidentiality is an issue. It is important to speak with other families who have used this therapist. Ask for references among families within your local support group/adoption agency as well. Also ask what the

therapist recommends as far as reading and training for you as a parent. What the therapist recommends will give you insight into his/her level of knowledge and treatment philosophy.

#### **Step 4.**

**Location, Insurance, Finances.** While all these things are determining factors, when selecting a therapist, they should be considered last. Often times the best therapist for your family/child will not be the one closest to your home or one that is in your insurance network. Sadly, sometimes these factors must override others. But high quality therapy by a highly trained attachment/trauma specialist for even a short time can reduce the need for additional therapy in the future.

#### **What if...**

##### *I don't like the therapist?*

You really should be comfortable with the therapist you choose. You should be able to build a trusting relationship, a “partnership” to help your child and family. If you are feeling uncomfortable with the therapist’s methods, you should express your concerns to the therapist and not hesitate to change therapists if there is an ongoing problem with developing this partnership. Keep in mind that your own emotional health is paramount for helping your child, so many parents find it essential to seek individual therapy and resources for processing your own feelings. If your child’s therapist is recommending this, take him/her seriously. The attachment/trauma therapist should be able to assist you in finding the right additional professionals to work with. This self-care and self-reflection is very important.

##### *My child doesn't like the therapist?*

This is a trickier question, because the work our children will be asked to do is challenging, so it is likely that your child may not like the therapist and the hard work he/she represents. And it’s important to remember that the goal of therapy is building a relationship with YOU, not the therapist. If you’re continuously involved in the therapy, you will be present and be able to gauge whether your child’s dislike of the therapist is problematic or not. Obviously, therapists who are increasing your child’s anxiety or shame without offering a therapeutic resolution or ones who use coercive techniques are not appropriate for traumatized children. But this therapy is hard work, so expect some resistance from your child as the healing occurs.

*This guide was adapted from resources available at the Attachment Trauma Network(ATN). ATN is the only national organization for parents and caregivers of children suffering from trauma and the resultant disorders of PTSD, Reactive Attachment Disorder and attachment difficulties. We provide support, education, information and advocacy for families. It is a membership based organization with a low fee for membership. Website is [www.attachmenttraumanetwork.org](http://www.attachmenttraumanetwork.org)*

*Child Trauma Academy has free online courses to help understand how children cope with traumatic events [www.childtraumaacademy.com](http://www.childtraumaacademy.com)*

Courses they offer:

- The Amazing Human Brain and Human Development
- Surviving Childhood: An Introduction to the Impact of Trauma
- The Cost of Caring: Secondary Traumatic Stress and the Impact of Working with High-Risk Children and Families
- Bonding and Attachment in Maltreated Children

## Sensory Integration

### *And the Internationally Adopted Child*

*By Barbara Elleman, MHS, OTR/L, BCP*

Have you ever wondered why the fast, spinning rides that you repeatedly enjoyed as a child, now make your head spin and your stomach turn? As we mature, our brain's ability to organize and interpret information from our senses (touch, taste, smell, movement, sight, sound and body awareness) improves. This is a process called sensory integration. For most children, sensory integration occurs automatically. These children naturally seek out the sensory information they need to grow and mature. Some children do not. Some children experience Sensory Processing Disorder (SPD).

Children, who have been adopted internationally, particularly from an orphanage, may be at risk for Sensory Processing Disorder. This may be due to early environmental circumstances, prenatal or medical factors that predispose a child to altered sensory input during the first year of life.

A large amount of sensory integration occurs during the first year of life. The integration of simple sensory information becomes the basis for more complex tasks as a child develops. For example, an infant integrates information from vision, touch, and body awareness to locate and reach for a brightly colored toy held above her. Sensory information comes to the brain as input from sights, sounds, taste, smell, touch, movement, and body position.

The touch (**tactile**) system is highly responsive during the first years of life. It allows us to determine if we are being touched and to locate that touch (such as when a fly lands on our leg). The tactile system also provides us with the ability to react when the touch input is harmful (such as a hot or sharp surface). When a touch sensation is provided, our brain registers the sensation and determines a reaction (such as withdrawing a hand from hot water or swatting away a fly).

The movement (**vestibular**) system is also highly responsive during the first years of life. It informs our brain about the direction and position we are holding/moving in space and provides the foundation for coordination, balance, eye movements and posture.

**Proprioception** is the term used for the sense of body position. It provides information about the position of our body in space. It allows us to perform tasks such as turning on a light switch in the middle of the night.

SPD occurs when sensory integration does not develop as efficiently as it should. It may result in

**Sensory processing disorders (SPD)** is the current term used to describe the diaspora of outcomes that may happen when the brain can't make sense of what the senses tell it. It is synonymous with dysfunction of sensory integration (DSI) and sensory integration disorder (SID)—which are terms found in some literature. The current trend is to use “sensory processing disorders” to refer to the condition or problem and to use “sensory integration” when referring to the theory (based on the original work of A. Jean Ayres) on which treatment and interventions are based.

*Barbara Elleman, MHS, OTR/L, BCP*

problems with learning, behavior, or development.

### **Older children with SPD usually exhibit more than one of the following symptoms:**

- Over or under-reactive to touch, movement, sights, sounds, food textures, tastes
- Easily distracted
- Unusually high or low activity level
- Clumsiness or difficulty with coordination
- Difficulty making transitions or accepting change
- Inability to unwind or calm self
- Poor self concept
- Difficulty with academic achievement
- Social and or emotional problems
- Speech, language, or motor delays

### **Younger children with SPD usually exhibit more than one of the following symptoms:**

- Poor muscle tone
- Slow to achieve developmental milestones
- Unusually fussy, difficult to console
- Failure to explore the environment
- Difficulty tolerating changes in position
- Resistance to being held or cuddled
- Difficulty with sleep
- Difficulty with sucking

Not all children who have been internationally adopted will have Sensory Processing Disorder. Often, symptoms may be present right after adoption, during the transition to a new culture and new environment. Sensory Processing Disorder usually presents as a pattern of symptoms that persist beyond the initial period following adoption.

Immediately following adoption, parents can begin to provide activities to promote a sensory rich environment. Parents should incorporate a variety of sensory experiences into their child's everyday routine, intro-



ducing new activities slowly. They should provide an opportunity and encourage participation, but not force the child to perform.

### **Suggestions for Activities.**

*Caution should be used regarding the child's age and ability when choosing activities*

#### ***Touch Activities***

- Finding small toys in sand or a container filled with macaroni or beads
- Rubbing with lotions, powders or towels
- Finger-painting, playing in pudding
- Dress up activities
- Building forts with blankets, towels, or sheets

#### ***Movement Activities***

- Playgrounds or backyard equipment—swing sets, slides, tire swings
- Gym programs
- Riding toys
- Sit 'n spin or spinning activities and games
- Gentle bouncing on an old mattress, cushions, lap, or when held securely on a ball.

#### ***Proprioceptive (Body Awareness) Activities***

- Crawling and climbing
- Wheelbarrow walking, jumping, hop-scotch
- Tug of war or obstacle courses
- Pushing or pulling weighted objects such as a wagon, laundry baskets, filled buckets
- Position games such as Twister or Simon Says

#### ***Visual Activities***

- Punching bags, balls, balloons, and bubbles
- Target games such as tee ball, tennis, or soccer
- Puzzles, tracing, dot to dot, mazes
- Scissor activities
- Mobiles

#### ***Sound Activities***

- Whistles, bells, and horns
- Listening to stories, tapes, and songs
- Repeating sequence of sounds
- Naming sounds for animals
- Rhythmic games and activities

If you suspect your child may have SPD, an evaluation may be beneficial. Occupational therapists with training in sensory integration can provide evaluations and develop individualized treatment programs to help children who struggle with the world around them.

~ By Barbara Elleman, MHS, OTR/L, BCP

### **The Lively, Loud, Kid Book List** *especially for noisy, wiggly little readers*

*The Wheels on the Bus* Paul O. Zelinsky

*There Was an Old Lady Who Swallowed a Fly*  
Simms Taback

*My Aunt Came Back* Pat Cummings

*Silly Sally* Audrey Wood

*Napping House* Audrey Wood

*Brown Bear, Brown Bear* Bill Martin, Jr.

*Some Dogs Do* Jez Alborough

*No, David!* David Shannon

*Doggies* Sandra Boynton

*Animal Kisses* Barney Saltzberg

*Chugga Chugga Choo Choo* Kevin Lewis

*Head to Toe* Eric Carle

*Ten Little Monkeys: Jumping on the Bed*  
Annie Kubler

### **Resources**

*The Out-of-Sync Child: Recognizing and Coping with Sensory Integration Dysfunction* by Carol Stock Kranowitz

*The Out-of-Sync Child has Fun* by Carol Stock Kranowitz

*Raising a Sensory Smart Child: The Definitive Handbook for Helping Your Child with Sensory Integration Issues* by Lindsey Biel and Nancy Peske

*The Sensory-Sensitive Child: Practical Solutions for Out-of-Bounds Behavior* by Karen A. Smith and Karen R. Gouze

*Raising Your Spirited Child: A Guide for Parents Whose Child Is More Intense, Sensitive, Perceptive, Persistent, Energetic* by Mary Sheedy Kurcinka

*The Fussy Baby: How to Bring Out the Best in Your High-Need Child*  
by William Sears, MD, Martha Sears RN

## **Facts About Parenting a Child with Fetal Alcohol Spectrum Disorder**

*By Teresa Kellerman*

What every adoptive parent needs to understand about children who have been affected by Prenatal Exposure to Alcohol (PEA):

- 1) There is no way of knowing for sure if a child without obvious symptoms has been adversely affected by PEA, as symptoms may appear later, at or around adolescence. If the child is later found to have Fetal Alcohol Spectrum Disorder (FASD), there is a 90% chance the child will need long-term support throughout adulthood.
- 2) There is a very wide spectrum of effects ranging from full Fetal Alcohol Syndrome (FAS) to the so-called 'milder' Fetal Alcohol Effect (FAE). The children with the milder effects are actually at greater risk of having serious problems later on in life. Since the symptoms are not visible, the expectations of others are unreasonably high (normal) and set the child up for failure and frustration that can lead to depression or aggression.
- 3) There is also a very wide spectrum of behavioral disorders among the kids who are exposed and/or affected. More than half the children with FASD have ADHD, some have ADHHD, and some are not hyperactive at all. More than half of the adults with FASD suffer from clinical depression, some of them become suicidal, and some of them cope and adapt very well to the stress of living with FASD.
- 4) There is another segment of kids with FASD: children who also have mental health issues. Some of the children have diagnoses that are directly related to the FASD, such as the ADHD and depression mentioned above. Other children who have FASD may also have a serious mental illness such as Bipolar Disorder or Reactive Attachment Disorder (RAD). While most people with FASD have some mental health issues, most do not have problems to this degree. Most of our kids are very sweet, friendly (overly so), sociable (without social graces) and would not hurt a bug.

There does seem to be a higher rate of mental illness among FASD than in the general population, due to the fact that women with hereditary mental illness are at high risk of self-medicating with alcohol. The children with FASD who show signs of anger toward their mother or show violent behavior with pets or siblings, are most likely among the small percentage who have a serious mental illness. These children need an entirely different set of intervention strategies and medication than those we suggest for kids with classic FASD.

- 5) Expect the worst, hope for the best, pray for guidance, seek support of others, and plan on spending a lot of time and energy looking for solutions to problems as they pop up along the way. If the child does not have a serious mental illness, the chances are becoming greater that he or she will be able to live away from home as an adult. A good support system needs to be established over the years, and the child must be able to accept the reality of the FASD and the limitations and restrictions that will be necessary to maintain success.

*Teresa Kellerman*  
*Director, FAS Community Resource Center [www.come-over.to/FASCRC](http://www.come-over.to/FASCRC)*

## **Books worth checking out**

*Fetal Alcohol Syndrome; A Guide for Families and Communities*  
by Ann Streissguth

*The Best I Can Be—Living with Fetal Alcohol Syndrome or Effects* by Liz Kulp

*Recognizing and Managing Children With Fetal Alcohol Syndrome/ Fetal Alcohol Effects: A Guidebook*  
by Brenda McCreight

*Fantastic Antone Grows Up and Fantastic Antone Succeeds! Experiences in Educating Children with Fetal Alcohol Syndrome* By Judith Kleinfeld and Siobhan Wescott

*Fetal Alcohol Syndrome, Fetal Alcohol Effects: Strategies for Professionals* by Diane Malbin

*The Broken Cord*  
By Michael Dorris

## Resources for Parenting Children with FASD

### *Education, evaluation and support*

**Dr. Harry Chugani**, Chief Pediatric Neurologist, Detroit Children's Hospital. See 2004 National Conference presentation available through FRUA at [www.frua.org](http://www.frua.org)

**Dr. Boris Gindis** [www.bgcenter.com](http://www.bgcenter.com)

**Dr. Ron Federici** [www.drfederici.com](http://www.drfederici.com) Site offers research and treatments and support

**Dr. Jane Aronson** at [www.orphandoctor.com](http://www.orphandoctor.com)

**American Academy of Pediatrics** [www.aap.org](http://www.aap.org)

**FASlink** [www.FASlink.org](http://www.FASlink.org)

**Forum for discussing FAS**  
[www.acbr.com/fas/faslink.htm](http://www.acbr.com/fas/faslink.htm)

**PEP-L list-serve** [www.eadopt.org](http://www.eadopt.org)

**Amen Clinics** [www.brainplace.com](http://www.brainplace.com) Trauma therapy—investigations by SPECT Scan

**Ohio Coalition for the Education of Children with Disabilities**—offers sister state information which helps parents from other states find help [www.ocecd.org](http://www.ocecd.org)

**Mother's With Attitude**  
[www.motherswithattitude.com/about.html](http://www.motherswithattitude.com/about.html), with Hot Links devoted to offering further reading, contacts, support and treatments for FASD

**Teresa Kellerman**, Director of the FAS Community Resource Center's website [www.fasstar.com](http://www.fasstar.com). Extensive links to treatment centers, research, reading and support

**[www.betterendings.org](http://www.betterendings.org)**  
Lots of links and resources for FASD.

Fetal Alcohol Syndrome  
Community Resource Center  
**[www.come-over.to/FASCRC/](http://www.come-over.to/FASCRC/)**

**Wrightslaw** [www.wrightslaw.com](http://www.wrightslaw.com) Advocacy and resources for children with special educational needs

### *Therapies*

**Brain Gym** [www.braingym.org](http://www.braingym.org).

Theory and exercises designed to help re-organize and re-order the brain through cross-lateral movement Andrea's Occupational Therapist suggests this site as a portal to Brain Gym® [www.learning-solutions.co.uk/brain\\_gym.php](http://www.learning-solutions.co.uk/brain_gym.php) PACE is a group of exercises within Brain Gym that help with organizing the brain

**The Neuro Net therapy program**, devised by audiologist Nancy Rowe, helps "improve vestibular control of body management (attention) and integrate vestibular-motor, auditory-motor and visual-motor skills"  
[www.neuronetonline.com/bg.php?contentFile=bg5\\_content](http://www.neuronetonline.com/bg.php?contentFile=bg5_content)

**Tomatis Listening Therapy**  
[www.tomatis.com](http://www.tomatis.com)

Theory and exercises designed to help those with listening/learning disorders

**The Leading Web Site on Learning Disabilities: [www.LDOnline.org](http://www.LDOnline.org)**

The web site features hundreds of articles on learning disabilities and ADHD, monthly columns by noted experts in the field, and active bulletin boards. They will also answer personal emails by a learning disabilities expert.

# How to Avoid the Syndrome of Parent Burn-Out

by Harriet McCarthy

Parent Burn-Out is a legitimate and very real concern for those who have children with any kind of challenging issues. Frequently, parents of children with special challenges will complain that they feel trapped, disappointed, over-committed, and increasingly unable to cope. They seem to have lost any satisfaction in the job of parenting their special-needs child. They can't find ways to relax and renew their energy for what is acknowledged by all to be a very difficult job. Parents are understandably exhausted when they find themselves with children so needy or so difficult to handle that they require constant monitoring. Especially at risk are those parents who have poor or nonexistent support systems. They can't seem to imagine any options for easing the constant pressure of their obligations and run the real risk of becoming more and more isolated. For those who are parenting the poorly attached or unattached child, the lack of emotional reciprocity makes things doubly difficult. For those who are parenting the neurologically challenged, there is the added worry that their child may never be able to live independently.

*Over the years  
we've both learned  
to accept each other  
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actually exists.*

## Re-evaluate Expectations

It may seem an oversimplification, but one of the most constructive things you can do in these situations is to re-evaluate any expectations you might have about your child. Unfulfilled expectations will only compound your feelings of being trapped and dissatisfied. It is frustrating to know that you are not being successful in changing those around you so they will behave differently. Attachment disordered children may or may not ever be able to make a real connection with family. Neurologically impaired children are unwritten books and may remain so for years. Getting rid of preconceived notions of what should or may happen in future enables you to start each day without disappointment and it's a weight lifted off your shoulders. I myself, unknowingly adopted a child with alcohol-related neurological disabilities (ARND). My unfulfilled expectation was that I was bringing home a child who could compete on a level playing field with other children his age. As it turns out, he had significant disabilities with which he will struggle his entire life. It's a daily challenge for me as well as for my son. I have to continually remind myself that life with him must be seen in a realistic light. Am I somewhat disappointed with myself for feeling this way? Yes I am. Do I wish I felt differently? There have been many times I was plagued by that guilt. But then I consciously remind myself that he needs to be accepted AS HE IS. That's not to say it makes me feel any better about my feelings or the situation in general, but it does enable me to do my mothering job to the best of my ability, and that gives me a feeling of self-worth and accomplishment. Over the years we've both learned to accept each other the way we really are and to make the best out of what actually exists.

One of life's most precious gifts which evaporates the instant you become a parent is solitude. Even when children are trouble-free and absolutely delightful to be around, a parent is never "off duty". When children are especially needy and difficult to get along with, the absolute lack of solitude and privacy can seem like a relentless invasion. All that emotional pulling and pushing can leave you exhausted and resentful. Those of us who suffer from the Superparent Syndrome are at particular risk from this problem. It's a lot easier to be a Superperson when there are no little people depending on you. It may be very difficult, but once again, you need to re-evaluate your expectations of yourself against the reality of your current life. Dependents are just that.....dependent, and they eat away at your energy, attention, focus, motivation, and lifestyle. That's not necessarily a bad thing....it just IS. There is nothing written in stone that says we are only good parents if we subsume our own needs for those of our children's. My favorite statistic is that 85% of the benefit we have on our kids is passive. That means you can be a good parent even while you sleep! It's impossible that a person's lifestyle won't be changed by a dependent and there's no payoff in experiencing guilt because of the way you feel about that. You can legitimately experience grief and loss, regret, longing for a different kind of life, etc., but you've got to get rid of any guilt because it's singularly counter-productive.

## Make time for YOU

Once you have a more realistic understanding of both the expectations of your children's behaviors and that of your own, you can then start the real effort of making your life, both physically and emotionally, more pleasant

and comfortable. The key to the process is finding time for yourself and away from your children. Send the kids off to bed early so that all of you can have some private, decompression time in the evenings. There's nothing wrong with training children to leave your presence when you declare you need some "private Mommy time". It's perfectly legitimate to set up these kinds of boundaries as a self-preservative measure. I know people say that you should never remove yourself from attachment disordered kids, but I don't agree. There is something to be said for the fact that you are showing them you can go away but they can learn to trust that you'll come back. Take private walks, go out in the garden and pull weeds after dinner or early in the morning, go into the bathroom and simply close the door for 20 minutes or so and read a magazine or a few pages of a book. I went back and finished college in order to save my sanity. Figure out a way to reconnect with old friends or cultivate new ones. The logical place to start is at church or temple. Get involved in something there once a week. The most important thing is that you start doing something for yourself. If it helps you feel more whole, take a private mental holiday and just do the minimum for about a week. These invisible mental holidays (you know you're doing it but nobody else does) have saved my sanity more times than I care to admit. So, the question is, how can you effectively pull-back? It's an individual decision. Will a shift in attitude be enough, or do you need some real private time in order to renew yourself? For me, it requires that I spend a lot of time in "solitary". I'm a gardener, so I always have the garden as an escape. I can be at home in case something goes amiss, but no one wants to come outside and pull weeds with me. It's a great place to hide, and weeds grow all year round!

Many years ago, when we first took my ARND son to have a thorough evaluation at a developmental clinic, one of the clinicians was a social worker. At the end of our evaluation she told my husband and myself that so far we were doing almost everything right but one thing terribly wrong. We weren't leaving the children to get away together alone. She told us that the most important thing we needed to do was to line up some sitters so we could have at least one night a week to ourselves. My husband and I have no extended family to rely upon, so we had to make a concerted effort to do what she advised, but eventually we did find people who would come and stay with the children so that my husband and I could get away. So don't think that just because you have no extended family that it's impossible to find some help. Ask at church. Ask all your friends who don't have extended families what they do. Call a Nanny service. See if there are responsible kids at a local college who would like to sit. Make it a priority! It has saved our marriage. More importantly, it has strengthened our marriage. After all, when the children are finally gone, who will still be there? Our spouses will still be there if we're lucky. Let's not sacrifice our relationships with them when they are, ultimately, the most important (and potentially longest-lasting) people in our lives! They were here before the children arrived and hopefully they'll still be here after the children leave!

### **Avoid the debilitating burn-out that can come with parenting children with challenges:**

- Acknowledge the difficulty of the job you're doing. Make sure your expectations of yourself are realistic and constructive.
- Rid yourself of counter-productive expectations about your children.
- Find ways to have some alone time and make an effort to keep yourself renewed and nurtured.
- Re-assess your family priorities. Devote some extra effort to your partner in life.
- Reach out for help and support.
- Keep things in perspective but most of all keep it real!

*Harriet McCarthy is a free-lance writer whose primary interest is the challenging issues of post-institutionalized children. Over the past ten years she has been involved with support groups for parents of Eastern European adopted children and children with learning differences. She has managed the Eastern European Adoption Coalition's PEP-List (Parent Education and Preparedness) since its inception in 1998 and is a current EEAC Board Member. In 2003, she received the Congressional Angels in Adoption award. She is a graduate of Salem College and lives in Winston-Salem, NC with her husband and three adopted Russian sons. For more information visit her site Post Adoption Information at [www.postadoptinfo.org/](http://www.postadoptinfo.org/)*

## **Being an Ally to Families Raising Children with Attachment and Trauma Challenges**

*by Ellin Frank*

*These words were written on an adoption e-group in response to a fellow adoptive mother who had the courage to share her family's story in an attempt explain the reality of raising a child with attachment and trauma disorders. Thank you for having the courage to share your story, painful as it is. Those of us who are parenting children with severe developmental trauma and attachment issues hear the truth in your words. I am grateful to you for trying to convey our reality to parents whose families do not have to face these struggles.*

I think one of the most painful experiences for me – and if I might momentarily speak on behalf of the very diverse community of parents who are doing everything we can to raise our deeply wounded children – has been when fellow adoptive parents jump to conclusions about who I am as a mother and why my child is the way she is. It is bad enough to be blamed and pathologized by non-adoptive parents, pediatricians, therapists, specialists of all sorts, and educators who do not understand attachment and trauma disorders, but when fellow adoptive parents – mothers in particular – join in with this kind of condemning, stigmatizing, and scape-goating, the pain is really excruciating.

I have spent my whole working life (40 years) in the field of violence prevention. Prior to adopting my child after she had suffered through and barely survived a truly hellish first year of life pre-adoptively, I never could understand on a gut level how a parent could abuse a child. (I understood theoretically from my work, but not in a deeper way.)

While I never have and never would abuse my child, just my first year of parenting pushed me into tragically understanding how this can happen on a gut, visceral level. This understanding came, in part, from the non-stop stress of having to respond 24/7 to her complex, extreme special needs and violent, disturbing behaviors. However, what was worse – so very much worse – was the isolation. Friends, family, and entire networks of people disappeared from my life. And with a severely traumatized child whose attachment and developmental trauma disorders resulted in very observable disturbances, there was no alternative community to replace my lost world. The lack of understanding and resulting condemnation from fellow adoptive mothers, families, and organizations felt like the ultimate act of exclusion, imprisoning me and my child within an isolation cell from which there was no exit and no way to connect with another human being.

Even providers and educators – after first blaming me as an incompetent mother because they didn't understand what they were seeing in my child – would eventually begin to realize that they were clueless about how to help her. Their feelings of incompetence and own vicarious trauma would intensify the blame directed at me, and almost always resulted in situations of de facto patient abandonment. Some providers even went so far as threatening to report us to Child Protective Services when their recommended interventions did not result in positive outcomes. In spite of all the documented medical evidence of my child's pre-adoptive abuse and neglect, the assumption was almost always made that I was causing her problems and doing additional harm. The inability of professionals to tolerate their own lack of understanding and skill in treating severe attachment and developmental trauma disorders further intensified our isolation.

Quite frankly, if I had not found the attach-china/international listserv and the incredible community of supportive, informed moms there, I dread to think what would have happened to me and my family. That listserv literally saved our lives, helped me to learn how to parent my daughter, and taught me how to start sorting through the provider community to find the few competent specialists who could help us.

So for any parents out there who are so certain that there is no such thing as RAD or who participate in demonizing the adoptive mom who sent her child back to Russia (while I don't condone her action, I do understand her desperation), I would really encourage you to start investing either your finances or volunteer time into supporting and assisting your fellow adoptive families who are raising children with these issues.

### **Some possible ways for you to become an ally include the following ideas:**

- Don't jump to conclusions about other children, parents, and families.
- Get trained to be a respite provider, and give us a chance to get some sleep or do some self care.



- Demand accountability from your adoption agency. Ask them what they are doing to educate pre-adoptive parents about attachment and trauma. Ask them what post-adoption resources they are providing to families who need help with attachment and trauma. Work with them to dramatically improve what they are offering!
- Become familiar with the resources in your community and make sure that other entities, such as your local early intervention program, preschool, public school system, etc., are aware of them and can share them with families.
- Help raise funds (and work with a responsible financial entity for managing and distributing the funds) for the extensive therapies that our kids and families need. I am, quite frankly, tired of seeing all of the fundraising in the adoption community exclusively going towards orphanages overseas. Some of us desperately need help here at home. Most of what we must pay for is not covered by insurance and many of our kids can't qualify for Medicaid or state funding streams for various reasons. Many of our families are deeply in debt because of the tens or hundreds of thousands of dollars we must pay out of pocket for many different therapeutic interventions.
- Make donations to programs that families like ours might use and earmark your donations as scholarships for children with attachment and trauma issues. Some examples might include slots at therapeutic summer camps, therapeutic horseback riding programs, etc.
- Befriend a family to help break our isolation, but don't treat us like charity cases or incompetent parents. Many of us end up becoming highly trained as therapeutic parents and really know what we're doing, but we can still be isolated in our physical communities (as opposed to our cyber communities of support). Even calling regularly for a chat and offering regular support and friendship can matter a lot, if that's what a mom wants. Ask how you can be a friend.
- Become an ally to us a fellow adoptive parent. When other mothers or fathers mock, insult, or condemn us, speak out on our behalf. Don't tolerate providers or educators making stereotyped statements about adoptive children or families like ours. Educate other parents and professionals about adoption, trauma, and attachment. This means that you have to get educated yourself and not just make assumptions based on your own limited experience.
- Teach your kids to be allies to our kids. They don't necessarily have to become our kids' friends – I don't believe that friendships can or should be forced – but they can become allies anyhow. Teach your kids how to understand a diverse range of behaviors in other children and that it's never OK to make fun of or ostracize other kids. This is the foundation of anti-bullying education at home. Help your kids to find the right language to use if another child is behaving in ways that are confusing or uncomfortable, so that your child can be a leader in modeling inclusive behaviors, not exclusive or bullying behaviors. Again, this means that you need to educate yourself to learn how to do this.
- Learn about trauma-informed education. This is a framework that is good for all kids, but for our children it is essential and can make or break their school experiences. Become an ally as another family who begins to educate your school system about this and supports our efforts to make education more trauma sensitive.
- Act with compassion and loving kindness. Your words or expression of understanding and support may just be the one thing that another mom or dad can hang onto for that day, week, month, or year. It may simply make them feel less stigmatized and alone or it may even keep them from doing something desperate.

*Ellin Frank is an adoptive mother and long-time violence prevention activist. She has also been trained as a therapeutic parent and works as a peer parent educator.*

## **Help Your Child Ward Off a Mad Attack**

### Things for Parents to Say

- “Stop and think. Make a good choice.”
- “Remember to breathe when your tummy gets tight. Breathe. Let’s breathe together.”
- “Use your words, not your fists. People are not for hurting.”
- “You can do it. I know you can get your mads under control.”
- “I understand, right now you are feeling mad. Still, you can’t hurt people, things or yourself.”
- “You are the kind of kid who can take care of his own bad feelings.”
- “Go to a safe place and draw out your mads.”
- “You have a choice: Talk out your feelings or go to time out and get your mads under control.”
- “Well, I’m feeling mad right now myself. I’m going to go cool off, then we’ll talk.”
- “I know how you feel. Sometimes I get mad myself. Then I tell myself, that it is OK to be mad if you are nice about it.”
- “Thanks for sharing your angry feelings. Good choice in using your words!”
- “We are learning to be a ‘Speak your feelings’ kind of family. No more ‘Mad Family’ for us.”
- “I believe in you. Sometimes it’s tough, isn’t it?”
- “You are one terrific kid!”

~ Excerpted from *The Mad Family Gets Their Mads Out* by Lynne Namka, EdD.

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[www.angriesout.com](http://www.angriesout.com)

## **Being with Your Child in Public Places** *Change Your Perspective on Tantrums and Change Your Child’s Behavior* By Patty Wipfler,

We live in a society that has a demanding and judgmental attitude toward parents and young children. Often, the attitude toward children in public is that they should be seen and not heard, that the parent should be ‘in control’ of the child’s behavior, and that children who are having feelings in public are a nuisance. In short, children are not really welcome. Their freshness, curiosity, and frank expressions of feelings are not seen as a gift.

In addition, the child rearing tradition that has been handed down to most of us sets us against our children when their behavior isn’t convenient for adults. In the eyes of others, we are expected to criticize, grow cold, use harsh words and gestures, punish, isolate, shame, threaten, or physically attack a child who is ‘misbehaving’. No parent really wants to act like an adversary to the child they love. We treat our beloved children in these ways when we can’t think of anything else to do, or when we fear the disapproval of others.

There are certain situations in which young children often become emotionally charged. These situations include:

- Being with several people—with the whole family at dinner, at a family gathering, a meeting, a birthday party, the grocery store, church, or temple.
- Moving from one activity to another—leaving home for day care, leaving day care for home, stopping play for dinner, going to bed.
- Being with a parent who is under stress—you can supply your own examples!
- At the end of any especially close or fun-filled time—after a trip to the park, after a good friend leaves, after wrestling and chasing and laughing with Mom or Dad.

### **When children become emotionally charged, they can’t think.**

They simply can’t function normally. They become rigid and unreasonable in what they want, and are unsatisfied with your attempts to give them what they want. They can’t listen, and the slightest thing brings them to tears or tantrums. Their minds are full of upset, and they can’t get out of that state without help from you.

The help your child needs at this time is to have you set kind, sensible limits, and then for you to listen while he bursts out with the intense feelings he has. This spilling of feelings, together with your kind attention and patience, is the most effective way to speed your child’s return to his sensible,

loving self. A good, vigorous tantrum, or a hearty, deeply felt cry will clear your child's mind of the emotion that was driving him 'off track' and will enable him to relax again and make the best of the situation he is in.

How are we parents supposed to listen to a screaming, flailing child in the middle of the supermarket? Several adjustments of our expectations are necessary before we can allow ourselves to be on our children's side as they do what they need to do in a public place.

**Every good child falls apart, often in public places.** This is, for some reason, the way children are built!

**Our society has trained people to disapprove of children doing what is healthy and natural.** People disapprove of horseplay, of noise, of exuberance, of too much laughter, of tantrums, of crying, of children asking for the attention they need.

**As parents, it's our job to treat our child well.** When other adults criticize him, it makes sense to do what we can to be on our child's side.

**Being parents means that we will have to advocate for our children in many settings.** We need to advocate when we are with doctors and nurses, with teachers, with relatives, and with strangers.

**Acknowledge that children legitimately need far more attention than it is comfortable to give.** Adults who gave less attention to their own children, or who got little attention themselves as children, will be upset when they see you giving undivided attention to your child. We can expect these upsets, but we don't have to be ruled by them.

**What do I do when my child falls apart in the supermarket aisle, or at the grandparents' house?**

**Spend one-on-one time with your child before you take him to a public place.** Ensure that you and he are connected with each other before heading into a challenging situation. Then, stay connected. Use eye contact, touch, your voice, and short touches of your attention to stay with your child. This contact is deeply reassuring, and can sometimes defuse situations that your child often finds difficult.

**When you see an upset beginning, immediately make real contact.** See if you can find a way to play, so that your child can laugh. Laughter relieves children's tensions, and allows them to feel more and more connected. If, when you make contact, your child begins to cry or tantrum, do what you can to allow him to continue. His upset will heal if the feelings are allowed to drain.

**Slow down the action, and listen.** If getting into the car seat has triggered tears, then stay there, seat belt not yet done, and let the tears flow. Listen until he is done. Because of this cry, your whole day, and his, will improve.

**If necessary, move to a more socially acceptable place.** Go to the back bedroom, or move your grocery cart out the exit to the sidewalk. Do this as calmly as you can. Your child isn't doing anything wrong. It's sort of like a car alarm going off accidentally—loud, but not harmful to anyone. These things happen!

**Plan what you will say to people who express their opinions or concern.** It's hard to come up with a comment that says, "We're OK—don't worry!" in the middle of wild things happening, so think ahead. You can adopt some phrase like, "We seem to be having technical difficulties," or, "My daughter really knows how to rip!" or, "It's that kind of a day!" or, "After he's finished, it's my turn!" or simply, "We're OK. I don't think this will last all day." A comment like this reassures others, and gives the message that you are in charge.

As one parent I know put it, "I've finally figured out that it's my job to set a limit when he's going 'nuts', and it's his job to get the bad feelings out. As I listen to him, people might not be able to tell that I'm doing my job and he's doing his, but at least I know that's what's going on."

*~ By Patty Wipfler, founder of Parents Leadership Institute (PLI) and Parenting by Connection. Parenting by Connection is the PLI approach to fostering close, responsive relationships between parents and children ([www.parentleaders.org](http://www.parentleaders.org))*

## **Strategies to Deal with Anger and Power Struggles**

*by Christopher J. Alexander, PhD*

**Try lowering your voice instead of raising it.** Imagine the impact on the child of hearing the parent gently say, “If the trash is not taken out in the next five minutes, I will put the video games in storage for a week.” If a parent yells this, it sounds threatening. If, on the other hand, it is said in a matter-of-fact tone, the child receives the message, “Do as you will. I’m not going to battle with you. I trust you know the consequence for not complying.”

**Recognize when you are most vulnerable.** If you are likely to be rushed, tired, or on edge on certain days or at certain times, this increases the chance you will get angry and reactive at those moments. What can you do to add a buffer during these times? How can you reduce the stress? Will it help to wake up earlier, avoid cooking on certain nights, or tell your partner you need more of their help? Will you need to set limits in advance with your child, such as saying, ‘No TV’ or ‘No friends at the house’ during those times?

**Don’t forget to breathe.** When I’m angry, I hate hearing that one. But it really does work. Taking one second to breathe deeply or counting to five shifts the brain from ‘fight or flight’, to ‘focus’ (thinking of more rational responses). Remind yourself to breathe, focus attention, and to carefully think through what your reaction to stress/conflict will be.

**Anticipate your child’s triggers.** Oftentimes, it is possible to predict when your child will get angry. This might be on Monday morning when they have to shift away from weekend mode, on anniversaries or holidays due to the memories they raise, at bedtime, at mealtime, or when they have to do homework. When you can anticipate these events, you are in a better position to think of how to defuse conflict before it arises. This might include giving the child advanced notice, such as, “I know tomorrow is your brother’s birthday and it seems like that is always a rough day for you. What can we do in advance, to help make it a better day for all of us?”

**Follow through afterward.** Whether the conflict, power struggle, or rage episode with your child was major or minor, and whether it was expected (He always fights with me at bedtime) or unexpected, it is important to talk with your child about what happened. But do it after the tension has settled. For example, while bathing your child, tucking her in, or folding clothes together you can say, “You were really mad at me earlier when I said you couldn’t have ice cream.” Permit your child to share their thoughts or feelings, but try to educate him or her about the impact their words or actions have on others: “When you throw things like you did, it scares the dog and that’s why he doesn’t want to sleep in your bed.” “It hurt my feelings when you called me that name. Clearly, you wanted me to feel bad and you succeeded.” “That ice cream was your father’s and he had been waiting all night to have it. It’s important that we share in this family. Tomorrow, we’ll go out and buy treats that we can all have.” “I’m sorry I called you a brat. I don’t think badly of you. Your behavior makes me crazy at times, but I still think you’re the best kid in the world.”

*~by Christopher J. Alexander, PhD a child psychologist, specializing in the treatment of foster and adopted children and the author of Welcome Home: A Guide for Adoptive, Foster, and Treatment Foster Parents. This is excerpted from Adoption Parenting: Creating a Toolbox, Building Connections, ©2006 EMK Press.*

## Find a Local Support Group

To locate a support group in your area, contact the following websites.

(Please note that the following are primarily resources for North America):

Database of parent support groups by state or Canadian province:

[www.nacac.org/pas\\_database.html](http://www.nacac.org/pas_database.html)

(search by state and transracial/transcultural adoption)

Online support groups or list serves:

[www.adoptioninformation.com/directory/supportgroups1.htm](http://www.adoptioninformation.com/directory/supportgroups1.htm)

Locate a support group by state and type:

[www.adoptivefamilies.com/support\\_group.php](http://www.adoptivefamilies.com/support_group.php)

List of on and off-line support groups:

[www.adoptionsupportgroups.com](http://www.adoptionsupportgroups.com)

The value and history of adoptive parent support groups as well as further resources for locating groups:

[naic.acf.hhs.gov/pubs/f\\_value.cfm](http://naic.acf.hhs.gov/pubs/f_value.cfm)

**Support groups that are country specific (international Adoptions)**

If you do not find any support groups in your area you can contact the National American Council of Adoptable Children

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

for additional resources and suggestions for starting one of your own.

## Handy Adoption Resources

### Karen's Adoption Links

This site has a number of adoption resources including a list of many adoption related e-groups where you can find support and others with situations like yours.

[www.karensadoptionlinks.com/lists.html](http://www.karensadoptionlinks.com/lists.html)

### E-Groups

Many agencies have them, there are also a variety of adoption themed groups at yahoogroups, many stand alone forums (just search for "adoption forums").

One parenting group we particularly like:

#### Adoption Parenting E-Group

A topic driven list that discusses a set topic every two weeks. Archives are rich with information from BTDT members and professionals. You must be parenting adopted or foster children to be a member. If you are an adoptee, you also need to be parenting a child or children.

[groups.yahoo.com/group/adoptionparenting/](http://groups.yahoo.com/group/adoptionparenting/)

### Rainbowkids

This is a stellar resource with a particular expertise in special needs adoption. Run by Martha Osborne, adoptee and adoptive mom, she has a special place in her heart for all kids.

Great articles and resources for the browsing and an e-zine.

[www.rainbowkids.com](http://www.rainbowkids.com)

### The Post Institute

Created by B. Bryan Post, he advocates understanding the connection between trauma and fear and has some great hand-on resources that help parents with hard to parent or challenging children. Pragmatic, no-nonsense and easy for parents to apply to their lives, view some of his videos and read some of his books on the site. [www.postinstitute.com](http://www.postinstitute.com)

### Adoption Today Magazine

Started by an adoptive dad over 10 years ago, this jewel of a publication has realistic and hard-hitting articles that make you think. Now an online publication for only \$10/year.

[www.adoptinfo.net](http://www.adoptinfo.net)

### Journey to Me

Provides quality post-adoption education and comprehensive resources through a safe and supportive network. Started by an adoptive mom, this 501(c)3 organization has an ever expanding audio library of resources that you can download and listen to. (Great for Dads...) Also hosts a number of blogs for adopting families. [www.journeytome.com](http://www.journeytome.com)

### EMK Press

Find free resources and some great books at

[www.emkpress.com](http://www.emkpress.com)

## When Adoptions Fail

By Kim Phagan-Hansel

*Because of the sensitive nature of disrupted adoptions, the names of the families and children have been changed to protect their privacy*

When families embark on the adoption journey, they usually do so with hopes of bringing a child into their hearts and homes providing the love and care previously lacking in that child's life. Though each family is compelled for different reasons, all have a common goal — to love a child who has no home.

From around the world orphaned children are brought into American homes with the idea that love can conquer all. Unfortunately, there are times these children bring with them the haunting realities of a childhood without love and affection to unleash their hurt, anguish and out-of-control behaviors on the people who are there to help and love them.

New adoptive parents are faced with the insurmountable task of parenting a child so damaged by institutional care that in some cases they are incapable of loving or caring about another human being. These parents seek help and guidance in parenting these children only to find there is little help for them, or if the help is available it is extremely costly. With no where to turn and uncontrollable, damaged children living in their homes, these parents are often faced with the most difficult decision of their lives — to disrupt or dissolve the adoption they so desperately wanted. A disruption occurs before an adoption is finalized and a dissolution happens after an adoption has been finalized.

They are terms not often discussed in adoption circles, since disruption and dissolution carry a deep stigma filled with heartache and pain that most people would rather not discuss. While most people think of the happily ever after stories of adoptions, there is a small and growing group who have unfortunately walked the disruption and dissolution path. In reality it is difficult to assign a percentage or number to the children who have disrupted or dissolved from adoptions because no one keeps track, but some believe the numbers would be startling. According to a 2004 report from the Child Welfare Information Gateway results from various studies shows that 10 percent to 25 percent of adoptions disrupt depending on the population studied and the duration of the study. The biggest factor for adoptions disrupting or dissolving is the age of the child, because older children are more likely to have difficulties.

While these are just numbers to some people, for others they are a reality they live with every day. John and Julie Smith, whose names have been changed to protect their privacy, live with the pain and hurt of dissolving one of their Russian daughters' adoptions. Today, the family struggles with what was the most difficult decision they have ever made, far from the ideal they had when setting out to parent two Russian orphans.

Raising two biological children, the Smiths had always talked about adding to their family through adoption. They first added to their family through domestic adoptions before being approached by the Kidsave program to host two Russian sisters. With no obligation to adopt the girls, the Smiths brought the 6- and 7-year-old girls into their home for the summer. The family enjoyed the two girls immensely and when the girls had to return to Russia, the Smiths decided to move forward with adoption. It wasn't until after the adoption process had been completed in Russia and the girls were brought home that the problems began. The oldest girl, Susan, who had been a model child during the summer, began to exhibit some bizarre behaviors. Within a month, she started lighting fires and cutting up her clothing. Shocked and concerned by her behavior, the Smiths began to seek help for their obviously troubled daughter. "Her home behavior became progressively worse," Julie said.

While Susan's younger sister, Sally, quickly meshed into her new family creating strong attachments to her mother, Susan still struggled. Attending therapy and diagnosed with Reactive Attachment Disorder, Susan's behavior continued to spiral out of control. "We did everything — it started getting scary because she had moments of rage where she would hurt others," Julie said. "She fantasized about killing us and had a plan in place."

Even though Susan's behaviors continued to worsen, the Smiths stayed strong to their commitment to her for more than three years. They exhausted every resource attempting to help their daughter heal, only to come up frustrated and short again and again. "Our home situation with six children — it was overwhelming to me as a parent trying to help her through this while parenting the other children," Julie said.

Besides being exhausted physically, the expense of therapists and residential treatment centers was beginning to take a toll on the family. The Smiths' dreams of family vacations and college educations began to slip away as they sunk more and more money into Susan's extensive therapeutic needs.



"We came to an extremely painful decision that she may thrive somewhere else," Julie said. "I love her, but I couldn't parent her adequately for what she needed. I never dreamed we'd be in this situation." The Smiths sent Susan to the Ranch for Kids in northern Montana. This unique, therapeutic ranch prepared Susan to transition to a new family that the Smiths found for her with the help of an Ohio adoption agency. After a short stay at the Ranch for Kids and an intense transition process, Susan went to live with her new family in November 2006.

Even though Susan is in a new home, she leaves behind in her old home a family she lived with for three years and a biological sister who came to this country with her. The separation is difficult for Sally because she misses her sister, but she understands the stress and tension caused by her sister's presence. Some contact remains between the girls through letters and pictures, but it is unknown if Sally's letters have been given to Susan yet. The new family retains control over the letters and will pass them along when they feel Susan is ready.

Julie hurts for the two girls, for the daughter she loves and nurtures and the one she had to let go. She wishes the best for Susan and hopes one day the girls will be reunited to share some kind of connection. "I'd like to know how she's doing," Julie said. "I'd like them (Susan and Sally) to at least share a friendship with in adulthood." But right now, Julie is healing her heart and mending the wounds of her family who for three years lived in the shadows of a girl traumatized by her early years in an institution. She lives with guilt every day, but there is no regret. The Smiths believe they made the best decision for the overall health of their family. "Aside from grieving, I don't feel regretful," Julie said. "Our life is far less stressful, our household is much calmer and there is not this tension."

*Kim Hansel is the editor of Adoption Today and Fostering Families Today magazine. She writes for a variety of small newspapers and magazines throughout Wyoming. She*



*earned a bachelor's degree in English/Journalism from Chadron State College. Kim is married to Dan and has two biological children, 5-year-old Brianna and 1-year-old Hunter.*

*A longer version of this article originally appeared in Adoption Today Magazine.*

## Resources for When Things are Challenging

### [www.jcics.org/Disruption\\_Resources.htm](http://www.jcics.org/Disruption_Resources.htm)

The Joint Council of International Children's Services has a number of resources to help strengthen families including listings of medical specialists, agency resources for JCICS members, and links to child protective services for each state.

### [www.tmklaw.com](http://www.tmklaw.com)

They are attorneys who can help with understanding the legal ramifications of disruption and offer suggestions to help your family through the crisis.

### [www.radzebra.org](http://www.radzebra.org)

The Attachment and Trauma Network is an organization of volunteers who have actual experience in parenting attachment challenged family members. Provides training at regional and national adoption conferences, operates six on-line support communities, maintains a database of worldwide therapists and resources, and is the premier support, education and advocacy system for those raising traumatized and attachment-disordered children.

### [www.ranchforkids.org](http://www.ranchforkids.org)

This is a small residential facility that helps children from disruption with the transition to a new family.

### [www.attach.org](http://www.attach.org)

Association for Treatment and Training in the Attachment of Children (ATTACH). Therapist recommendations and how to choose a therapist.

### [www.attach-china.org](http://www.attach-china.org)

An organization of support for internationally adopted children by parents who have BTDT. The website has a wealth of information and the yahooogroup (a chat group) [groups.yahoo.com/group/attach-china](http://groups.yahoo.com/group/attach-china) has been a lifesaver for many families.

