

Impairment Myths vs. Facts & Other Adoption Considerations

Q: Attachment and Adoption:

Can adopted children attach to their new family?

A: The good news for children and families is that most adopted children *are* able to form a healthy bond and attachment with their new families. An adopted child's past experiences haven't prepared them to bond with their new families *right away*. In the beginning, they won't yet recognize their new parent(s) as a source of love and comfort. A family's efforts to love them will have an impact—it just may take some extra time, effort and patience.

Attachment is the deep connection established between a parent and child, which have a profound impact on a child's development and ability to express emotions and develop relationships. For many foster children, basic needs have not been met during the most crucial years of child development, which may lead to distrust in others and insecure attachments. Attachment behavior in adults includes responding sensitively and appropriately to the child's needs (hungry, tired, sad.) When these needs have been consistently met for an extended period of time, children learn to trust their adult caregivers. After this reciprocal trust is established, a genuine bond can occur between parent and child.

Children who have experienced trauma are often in need of extra support in the area of emotional regulation. They may not respond appropriately when feeling tired, upset, hungry, etc. In addition, they may struggle to recognize why they are upset, or what exactly they need. They may demonstrate the following behaviors: Urge to control others (bossiness), too much / too little affection, overly friendly with strangers, lying, lack of empathy and inappropriate attention seeking. Children whose basic needs to sustain life have not been met may also struggle with food hoarding and stealing as a means to "survive." They may lie in order to "cover up" their inappropriate behaviors, or to avoid the abusive situations they fear.

For all members of the household, learning to appropriately express needs, meeting needs of others, and trusting others are the first stages in this process of creating a healthy, secure attachment. If attachment disorders such as reactive attachment disorder (RAD) are suspected or diagnosed, it is recommended to seek advice from a therapist with specialized training in this area.

Suggested reading: Attaching in Adoption: Practical Tools for Today's Parents by Deborah D. Gray (2002)

Suggested reading on attachment and RAD:

http://www.helpguide.org/mental/parenting_bonding_reactive_attachment_disorder.htm

Q: Adopting Out of Birth Order:

Should families only adopt children who fall within birth / adoption order of the family?

A: There are conflicting theories on this topic. Conventional wisdom says not to adopt a child out of birth order. However, there are also numerous reasons why this choice may be right for you, and many ways to make it work. Many families have had success with adopting out of birth order, or adoption order. Adoption is not meant to mimic birth families, but is a way to build families through choice. There is no “right” way to adopt. However, adding a new member to the household, under any circumstances, will definitely have an impact on family dynamics.

Children feel less impact when under the age of three, since children of that age have not yet settled into the “power of being # 1.” If the adopted child is the opposite gender than the oldest child in the home, there will also be less impact felt. Children can be given special titles to help them retain their order in the family in other ways such as “the oldest girl or youngest boy.” Some families use a different frame of thinking such as “youngest in family years” towards a newly adopted, older child who arrived last. Another recommendation for parents is to stay within the age ranges of children with whom they have experience (0-5, school age, teens.) However, even parents who have no experience with a child of a particular age, after a short time, will become the experts on their own child.

Regardless of age, the ability levels of each child should be honored. Special privileges should also be based on ability levels, instead of chronological age. Avoiding comparisons between children is also important, not only for positive self-esteem, but to make sure each child can grow and learn and at their own pace. Encouraging each child to pursue their own interests can also help children develop their own identities and builds self confidence.

Consult adoption experts, talk to experienced adoptive families, and be willing to consider viewpoints other than your own. To maximize success of the adoption, it is recommended to fully include all members of the household in the decision. A decision should be based on what you feel is best for your entire family.

Suggested reading: *When Parents Adopt Out of Birth Order* by Lois Melina.

Article on When Parents Adopt Out of Birth Order (Adoptive Families Magazine)

<http://www.adoptivefamilies.com/articles.php?aid=814>

Suggested reading: Article: Rules For Successfully Adopting Out of Birth Order

<http://www.creatingafamily.org/adoption-resources/Top-Ten-Rules-for-Successfully-Adopting-out-of-Birth-Order.html>

Q: Healthy Boundaries:

What does it mean? How does it relate to adopting children who have been in foster care?

A: A boundary is a visual or invisible line which is drawn to help children and adults to develop positive, socially acceptable behaviors. The types of behaviors which are learned include physical, sexual, social, emotional and spiritual. Children observe, practice and become confident in these skills from having adult caregivers who teach and model appropriate behavior. Since this is an educational and social opportunity many foster children have missed, it is common for older adopted children to lag in these areas. Since many foster children are functioning without these “lines,” situations become especially confusing to them when “grey areas” are introduced. For example, “we shouldn’t ask guests to take off their shoes in the house but we still need to.”

A child needing extra attention in the areas of learning and respecting boundaries may stand too close to others, are very hands-on, excessively loud in quiet environments, or discusses private topics at mealtimes or in public. Modeling appropriate behavior and kindly teaching children why the behavior is important are important strategies.

“Social stories” can be especially helpful to children, especially those who have ADD / ADHD, a learning disability or have an Autism Spectrum Disorder. Social stories are illustrated short stories of specific situations which describe the surroundings, events, social situations and expectations which may be seen or experienced. Positive feelings which result from following the social “rules” are also included. They can be read to a child before attending an event, when heading to a restaurant, or other times when teaching and retaining social skills are of utmost importance. Social stories can be made by parents, printed from online sources, or can be obtained through special needs programming at a child’s school.

Specific body language from adults (such as thumbs up or a smile) can reinforce positive behaviors. These body language cues may be hard for some children to read, so adding a verbal encouragement with focus on the specific behavior is a suggested addition. Children will naturally phase out of the need for encouragement and praise, as the skill becomes habit. An example would be “I noticed you closed the bathroom door this time without a reminder!” Charts or other incentive programs can be helpful.

Suggested reading: (Article: Friendship, Social Skills and Adoption) at <http://adoptmed.org/topics/friendships-social-skills-and-adoption.html>

For more on social stories and examples of stories, visit: <http://www.thegraycenter.org/social-stories/what-are-social-stories>

Q: Parenting a Child With ADHD:

What is ADHD and how can I help a child with ADHD to reach their fullest potential?

A: ADHD (Attention Deficit Hyperactivity Disorder) is a neurobehavioral developmental disorder which is characterized by inattention, hyperactivity and Impulsivity, or a combination of both. While a definitive cause remains unknown, heredity seems to be a strong component. Studies have shown anatomical and structural differences in the brains of children with ADHD when compared to children without the disorder.

Children with Parents adopting children with ADHD need to be prepared to provide constant supervision, guidance, and educational support. While a child with ADHD as a primary diagnosis may not qualify for an IEP (Individualized Educational Plan,) a 504 Plan can be developed with the child's school. While not an entrance into special education, a 504 plan is a legally binding agreement, requiring educational accommodations to assist a child who is struggling with symptoms. Children often require regular psychiatry appointments for medication reviews and counseling. Medication and counseling are aimed at reducing the symptoms of ADHD and improving functioning in all areas of life.

Children diagnosed with ADHD benefit from an active household with strong organizational skills, and a consistent routine. Schedules, chores, and homework should be broken down into manageable steps with visual aids if needed, to help increase a child's success. An earning system with incentives for finishing tasks is also a helpful strategy to help motivate kids and keep them focused. Gross motor activities incorporated throughout the day (especially those outdoors), can help decrease symptoms naturally.

To avoid parental "burn out," plans for alternate care should be developed and utilized to prevent parents from feeling too overwhelmed. Children may have improved symptom control with age, but will likely experience some effects of ADHD into adulthood. For many children and young adults, finding ways to manage symptoms is an area of need. Successes do happen and are ultra rewarding in a family where ADHD is present.

Suggested reading on ADHD: ADDitude Magazine at www.additudemag.com

Suggested reading on special needs advocacy in schools: Michigan Alliance for Families
www.michiganallianceforfamilies.org

Q: Higher Than Average Emotional Needs:

Why do so many foster youth have high emotional needs? How can parenting be modified to meet these needs?

A: Early or prolonged childhood trauma has a profound effect on the brain. Due to past experiences, foster and adopted children often go into a “fight or flight” psychological response, even when this response isn’t called for. The least likely of situations may trigger their past trauma. The result can be physical and emotional outbursts (meltdowns) where the child loses control of their responses. Often times a traumatized child’s emotional age is much younger than their chronological age, so parental expectations will need to be adjusted accordingly. It is important to ask “are they unable or unwilling to do this?” If the answer is “unable,” then parental expectations will need to be adjusted. Emotionally impaired children suffer from what is very much an “invisible disability.”

Meltdowns commonly occur when children are unable to meet the demands of a situation. Previous to the meltdown, the child may have had a misunderstanding, were on sensory overload (too much stimulation), experienced a trauma trigger, had too many routine changes, or possibly perceived a “want” as a “need.” Children with a high need for control often feel they have lost control of a situation. It is often a combination of factors which cause meltdowns. De-escalation techniques such as helping the child “cool off” in a calm area; gathering information from the child and choosing an appropriate solution are helpful when a child is in “crisis mode.” Children who act out physically should first be given plenty of space and should not be forced into problem solving until they are calm and ready to process the situation.

Parenting strategies which can help are giving (limited) choices when appropriate, providing sufficient warning before routine changes, encouraging healthy expression of feelings and praising children’s efforts. Creating a predictable environment with consistent, natural consequences will provide the needed structure and feedback for children with high emotional needs. Parents who are empathetic, strong leaders will be greatly beneficial to a challenging with high emotional needs.

Parents can also help an adopted child work towards a healthy new lifestyle with a healthy diet, exercise and sufficient sleep. Healthy lifestyle habits can go a long way in reducing a child’s stress levels and leveling out mood swings. Psychotherapy can be beneficial for a child affected by PTSD (Post-Traumatic Stress Disorder) or any child who is struggling with behaviors after adoption.

Suggested reading: *Adopting the Hurt Child: Hope for Families with Special Needs Kids* by Gregory Keck & Regina Kupecky

Suggested reading on parenting a child with insecure attachments:

http://www.helpguide.org/mental/parenting_bonding_reactive_attachment_disorder.htm

Q: Sexual abuse: Will victims of sexual abuse perpetuate the cycle of abuse? How can I modify parenting to help a sexual abuse victim?

A: Statistically, at least 80% of children who have been in foster care have been sexually abused at some point in their lives. While safety is a valid concern among families, it is a common myth that all children who have been sexually abused will go on to victimize other children. While some children have known histories of having been sexually abused, it is also common for some types of abuse or neglect to remain unknown, even at time of adoption. Families who consider adopting are encouraged to explore this often under discussed, misunderstood type of abuse.

All children go through natural stages of sexual development, including age appropriate sexual curiosity, behaviors and knowledge. If a child's knowledge exceeds what is typical for the child's age, this may suggest a possible history of sexual abuse. The initial or short-term effects of abuse, including sexually acting out behaviors, usually occur within 2 years of the termination of the abuse. Children who have been sexually abused commonly experience feelings of guilt, shame, low self-esteem, and mistrust in others.

Research shows that most sex offenders were not sexually assaulted as children and most children who are victimized do not become adult offenders. A family safety plan should be developed, respecting the privacy and comfort levels of the child. Adoptive parents should have open dialogue with the child, allowing them to openly express their thoughts and feelings without feeling judged. Teaching the importance of "good touch, bad touch" and "good secrets / bad secrets" are also helpful strategies which can empower children with knowledge on how to keep their body safe. Helping children become involved in activities they enjoy such as martial arts can have positive effects on self-esteem and self-image. Therapies can be tailored to fit a child's current developmental level and experiences, such as play therapy for very young children.

Suggested reading: North American Council on Adoptable Children at www.nacac.org

Understanding Child Sexual Abuse; Understanding, Prevention and Recovery:
<http://www.apa.org/pubs/info/brochures/sex-abuse.aspx?item=7>

Parenting a Child Who Has Been Sexually Abused: A Guide for Foster and Adoptive Families at
https://www.childwelfare.gov/pubs/f_abused/f_abusedb.cfm

Adult Survivors of Sexual Abuse: <http://rainn.org/get-info/effects-of-sexual-assault/adult-survivors-of-childhood-sexual-abuse>

Q: Psychotropic Medications:

What are they prescribed for? Why are so many foster children taking them?

A: Psychotropic drugs (sometimes called psychiatric medications) affect brain activity associated with mental processes and behavior. These medications can be helpful in alleviating the symptoms of short and long term conditions such as ADHD, Depression, Anxiety, and Bipolar Disorder. Children with an Autism Spectrum Disorder may also be prescribed psychotropic medication for symptom control, as well. A comprehensive treatment plan for children with a mental health diagnosis may consist of medication, therapy (counseling), and behavior modification strategies.

Michigan children in foster care are prescribed psychotropic medications at a rate 2.7 to 4.5 times higher than children not in foster care. This gap may be because kids usually enter foster care after being abused or neglected, and have lived through traumatic experiences which can affect their mental health. Numerous changes and uncertainty with relationships and situations often become overwhelming and can result in stress, depression, and anxiety. Children may also have inherited mental health conditions such as Bipolar disorder which require stabilization with medication.

Contact: <http://www.nimh.nih.gov/health/publications/mental-health-medications/index.shtml>

Suggested reading: <http://www.childrensrights.org/psychotropic-drugs-and-foster-care/>

Q: How do I find a therapist who is skilled in adoption issues?

A: Adoption has a lifelong impact on those it touches and members of adoptive families are encouraged to seek professional help when concerns arise. Timely intervention by a professional skilled in adoption, attachment and trauma issues often can prevent issues from becoming more serious.

Contact: <http://locator.apa.org/>