

## Parents Belong in Their Children's Therapy!

Recently, I was at the doctor. It occurred to me that physicians do not see their child patients without the parent present in the examining room. The child is not left to explain his symptoms and discuss his condition with the doctor on his own.

Yet, in mental health treatment, children are typically seen by the therapist alone. In fact, parents are left in the waiting room, or Mom or Dad drops the child off and then goes out to grocery shop, run errands or pick up dinner. The son or daughter is left with the therapist to discuss the intimate details of the trauma he or she experienced prior to the adoption. Parent after parent report that their requests for information about the content of therapy are met with an explanation of the fact the therapy is confidential between the counselor, psychologist, etc. and the child!

It is time for such practices to be called into question. Let's look at an example and then make some closing points about the necessity and value of parental involvement in the traumatized child's mental health services:

*Carol arrived at therapy with her adopted 10-year-old-daughter, Wanda. Wanda had been struggling a bit lately. Her negative behaviors were occurring more frequently. Carol had noticed that once again Wanda was chewing on her shirt collars, picking at the skin on her arms, tearing off any scabs, mumbling, drawing on her clothing and refusing to shower. The school year was nearing an end. Wanda would miss his friends and her teacher, Miss Benson. The approach of summer vacation acted as a trigger for Wanda. Thoughts of not seeing her friends' every day reminded her of the loss of her birthmom, whom she no longer saw.*

*The therapist decided to start out by talking with Wanda and Carol about ways that Wanda could see her school friends over the summer. The three also discussed writing or emailing Miss Benson. After these plans were settled, the therapist asked Wanda if maybe she was also thinking about her birthmom. Instantly, tears appeared in her eyes.*

*Seeing this sadness, Carol welled up also. She began looking about for a tissue and she kept saying, "Oh, I'm so sorry. I didn't mean to start crying."*

*The therapist put a hand on her shoulder and let her know that it was okay to be sad. With that, the therapist sat back. Carol held Wanda and the two cried together for quite some time.*

In this example, we have a parent comforting a child. Isn't this the way it is supposed to be? Isn't this what parents want to do for their children? Isn't this what we want parents doing for their children?

Carol and Wanda make clear that parents have their own grief about their child's abandonment, abuse, neglect. It is profoundly sad to live with a child whose abilities have been thwarted due to the abusive and uncaring actions of dysfunctional birth parents or an overcrowded orphanage situation. Parents need a venue through which to express this grief. Parents frequently need validation that their own anger and sadness is acceptable. Mothers and Fathers, who lacked an emotionally supportive upbringing, frequently need professional help to release their own grief.

That is, many parents react to their own grief as did Carol. They become apologetic for a show of feelings! Other parents work to suppress the feelings. Instead, parents should let their

feelings flow. First, as stated above, parents need to grieve in order to make themselves feel better. Second, parental feelings are a great way to model the expression of grief. Many traumatized children fear the release of emotions. It is as if they think the tears will never stop. Or, some of these children have received a message through their abuse that to be sad is to be weak. A crying parent counters their irrational beliefs. The child then becomes free to shed his tears.

Grieving jointly is a powerful way to form attachments. Connecting to another through pain forges a deep relationship. Early in therapy, parents view the adoptee as a bundle of “bad” behaviors. As therapy proceeds, the child’s grief softens these parental perceptions. The child comes to be viewed more positively. Quite often, lost feelings of affection re-surface. Parents come to recognize that the traumatized child isn’t just a force wreaking havoc in the family. He or she is a very hurt human being striving to work through great emotional pain.

Individual therapy for the adoptee isn’t always the best forum to make lasting and enduring changes in the adopted child or in the rest of the family. Carol and Wanda are but one example to support the benefit of “family” therapy rather than “individual” therapy. Children need to grieve with parents, not with therapists! Children dealing with sexual abuse, violent histories, the loneliness of their life in the orphanage and so on, need to be with their parents while working through this difficult and painful information. As a profession, mental health needs to cease usurping the parent-child relationship. Rather, the mental health system needs to embrace the parent as the primary healing resource for child previously traumatized.