

“Help Me Cope!”: Caring for the Typical Kids in Adoptive Families (Part One)

Post-adoption, each member of the newly formed adoptive family will begin to adjust and cope with the changes in the family. Frequently, in families that include a child with a history of trauma, the trauma renders coping skills ineffective—there is a depletion of coping skills. Subsequently, parents arrive in therapy stating, “Nothing works!” “We’ve tried everything!” A majority of posts to date have offered new ways for parents to deal with the challenges adoption has brought to their family.

Today’s topic is about the coping of the birth and/or previously adopted children. They too are often stymied by the arrival of a brother or sister who doesn’t act like they do or have the social skills to be the playmate they expected. Family time and resources shift. Parents are running to therapy appointments and IEP meetings. The home environment has escalated with conflict. In response, the children in the family prior to the adoption may also run out of coping skills.

It is important to identify the more problematic coping styles of the typical kids, and offer some ideas about how parents and professionals can help these kids manage within the altered family dynamics. We want the adoptee to become a healthy productive family member. In the meantime, we want to keep the healthy children healthy!

This post identifies six problematic coping styles of the appropriately-developing children. We’ll cover the first three today, and the remaining three on Thursday.

- The Withdrawn Child
- The Self-Sacrificing Child
- The Acting-Out Child
- The Regressed Child
- The I’ll Cover for You Child
- The Victim Child

Throughout, there will be ideas about helping the “normal” kids navigate the new family relationships successfully!

The Withdrawn Child

Certainly all children enjoy spending time in their bedrooms, being with their friends or participating in extracurricular activities. Subsequent to an adoption, the family’s birth and/or previously adopted children may increase the time spent away from the family. In fact, they may avoid almost all family interactions. They begin eating dinner separately, request to go to friends’ homes weekend after weekend and join activities they never before expressed any interest in.

This situation may be a reflection of the sadness felt regarding the changes in the family. This may be an effort to escape the growing level of conflict. Whatever the reason, though, the child’s withdrawal often generates guilt. The resident child feels at fault for not making more efforts to help the parents heal the hurting child.

For example, let’s look at Lena. Lena was adopted as an infant. In her late adolescence, her parents adopted a sibling group of two sisters ages 1 ½ and 5. The older of these two siblings

has serious mental health issues. The younger sibling exhibits social and emotional delays, and she also receives treatment for Posttraumatic Stress Disorder. Lena states,

"I would try to help out as much as I could. But, I also got involved in a lot of activities so that I wouldn't have to be around the disruption. I got involved in so many things. When I went to college, my freshman year I was a commuter and there were two girls I made friends with. I would stay over with them as much as I possibly could. I got involved in volleyball and I had never played volleyball before in my entire life. But then the next year I became a Resident Assistant because I didn't want to stay at home. So, since this paid for my housing, I was like, this is awesome I don't have to live at home! I got involved in theater. I got involved in the dance team and student government. I worked 20 hours per week on campus which is the maximum you're allowed to work. On the weekend I went out places so that I didn't have to go home, even though I wanted to go home because I felt guilty not being involved with home life as much as I should. I would think, "Well, my parents have to deal with it." I wanted to help, but I didn't want to have to be around the conflict."

Keep Communication Open

One way to air the issues that Lena lays out is to conduct regular family meetings. You may be thinking, "When?" The answer, "get your date book." Certainly, there is time every two to three months to meet with your healthy kids! Education and communication are the keys to maintaining the emotional health of the brothers and sisters in adoption. When typical children have the opportunity to express feelings—sometimes strong feelings, understand the diagnoses and treatment goals, learn about the parents' goals, ask questions, brainstorm solutions and reflect on progress, they feel reassured about the condition of their family. Communication draws kids out of their rooms and home from friends' homes! The family who talks remains connected!

Reduce Conflict

I have met with many healthy brothers and sisters who are very upset by the arguing and fighting in their family post-adoption.

Ask yourself,

- What behaviors does your adopted son or daughter have that you can simply learn to live with? Or, work on at a later time? (Are the candy wrappers stuffed under your adopted daughter's mattress (for the 100th time) really that important?)
- Why are you so angry? Is your anger really grief? Are you sad about the changes in the family? Is it overwhelming to think about the future of the adoptee?
- Do you have unrealistic expectations? Unmet expectations lead to grief.
- What memories do you want your sons and daughter to have as adults?

Weigh what is really important. Our "Readings and Resources" (right) include some previous blogs that will be helpful in carrying out this suggestion.

The Self-Sacrificing Child

This child carries out all parental requests, completes extra chores, makes wonderful grades, and may be very involved in and excel at sports, student government and church activities.

Parents may find themselves making such comments as, “She never gives us any problems.” or “He does so much to help out. We never have to ask him to do his chores.” As parents are so grateful to have this cooperation, the self-sacrificing coping pattern often goes unrecognized. This child is attempting to “make up” for the difficulties caused by the child who joined the family via adoption. This child perceives the parents as being under so much stress that he or she does not want to add additional strain.

Assign Ways to be Helpful

The self-sacrificing child needs to learn that it isn't his or her job to make up for the difficulties in the family. (What a good topic for a family meeting!) This son or daughter also needs balance. He or she needs to have more fun! This can be accomplished by assigning ways to be helpful. That is, there is no need to thwart the desire to lend a hand (Siblings want to teach younger brothers and sisters.) Yet, parents can provide direction. Moms and Dads can sit with their children and identify the areas in which the family most needs assistance. Some may be chores, but others can mesh with the need to aid the parents. For example, if your troubled child needs to learn social skills, assign the typical kids ten minutes of playing board games, with the adoptee, several times per week. In a few months you'll have a member of the family who plays fairly, and another pleased with his or her contribution to the family!

The Acting-Out Child

Pent up anger and resentment may be expressed through negative behaviors. The typically-developing child becomes disrespectful, violates rules, begins to demonstrate poor academic performance and/or changes her peer group. He or she may believe that the way to obtain parental attention is to replicate the negative behaviors displayed by his or her traumatized brother or sister.

Jeremy is 6 years old. His brother, Cody, was adopted when Jeremy was 3 years old. Cody is now 8 years old. Jeremy stated, “When Mom and Dad tell Cody that he can't have something, look out! There will be big fight! Cody will throw things and call my mom names.” Jeremy could be talking about himself as well since he mimics Cody's behavior. He is quite clear that Mom and Dad, “have to pay more attention when me or Cody acts bad.”

Expressing Feelings: The Ripple Effect

The birth and/or previously adopted children develop many feelings post-placement. Their adopted brother or sister isn't what they expected. Mom and Dad aren't the same anymore. The family lacks the spontaneity it used to have—going out to dinner or making a spur of the moment trip to the zoo isn't always possible after the arrival of a traumatized child. Brothers and sisters grieve these losses. In fact, in families with persons with serious mental health illness, there is *no difference* between parents and siblings in their level of grief (Miller, Dworkin, Ward, and Barone, 1990)

Children are more able to cope with grief when there is at least one available adult. So, this means that parents and professionals must work to facilitate the grief of brothers and sisters in adoption. Adults must recognize changes in the typical children and ask, “Honey, I notice you are making insensitive comments to your sister. You seem angry. Are you mad about the changes to our family since your sister joined us?” Or, “I notice you spend so much time in your room now that your brother is with us. Is there something going on? Are you sad?” Mothers,

fathers and adoption workers may need to initiate such conversations several times before the resident children put forth their thoughts and feelings. This is referred to as the *ripple effect*—an idea is put forth as to what the problem may be—and eventually the child realizes the idea is a safe topic. Thus, conversation occurs.

Keep in mind, several ripples may need to happen before kids will respond. Typical kids often think a positive attitude is expected. Frequently, they hear statements from adults like, “Put yourself in his place—he hasn’t had what you have had,” “We need to be more understanding,” “We need to be more sensitive to how she feels.” Such statements cause resident children to believe that they must maintain a positive attitude about the adoptive child and thus the experience overall. So, they keep feelings and concerns to themselves. Healthy sons and daughters also think Mom and Dad are already overwhelmed. They don’t like to add to the stress of their parents by “dumping” their problems on them.