

Adoption + Mental Health Issues = Invisible – Part 3

This topic is our first 3-part blog. Part 1 provided an overview of the topic. Hopefully, for many readers, experiencing this issue, this post provided validation that you are not alone.

Many adoptive families, whose composition includes a child with mental health issues, share in the scenario in which the adoptee appears “normal” to friends, family members, educators and mental health professionals. Part 2 offered some ideas to carry out pre-adoption to help offset this phenomena after the arrival of the child.

This blog will now turn attention fully to the post-adoption phase. Post-finalization coping with the invisible quality of mental health issues means learning to accept that your family composition now includes a child with [AD/HD](#), [PTSD](#), [RAD](#), [Bi-Polar Disorder](#), [Asperger's](#), [Fetal Alcohol Spectrum Disorder](#), etc. The process through which the family comes to this place starts with recognizing where the family is in terms of post-adoption adjustment.

Post-placement, the integration of a child with mental health diagnoses follows a predictable series of stages:

The honeymoon: This is a good period; everyone is getting along well. The social worker arrives for a post-placement visit and the parents state, “I can’t believe we had to go through all that training. Sally has no problems.”

Ambivalence (Pinderhughes and Rosenberg, 1990): This is a time when the adoptee’s behavior deteriorates. Parents are challenged to manage the adoptee’s behavior. Traditional parenting techniques—time-outs, removal of privileges, lectures, rewards, grounding, being sent to a bedroom—seem to have no impact derailing unwanted or unsafe behaviors. The child’s delays—social, emotional, academic, etc.—become apparent. The typically-developing children in the household and the child’s peers struggle to play with the adoptee.

Hoping and Learning: Motivated by ambivalence—diminishing pleasures or a crisis—parents determine the problem—the adoptee—must be “fixed.” Then, they think, the family will return to the state of peace enjoyed prior to the arrival of the child with a traumatic past. This phase in the developmental process of the adoptive family includes extensive efforts to mend the adoptee. Parents set out to solve what they believe will be a limited and curable problem (Karp, 2001).

Immobilization: Frequently, families remain consumed—for years—with their efforts to “fix” the identified problem—the adoptee. Life continues to revolve around the premise that once the traumatized child is “better,” we will be a happy and peaceful family again. The family desperately wants to be the family they were prior to the adoption. It is as if family life goes on hold like planes circling an airport. Individual leisure interests, activities enjoyed as a couple, outings with the typically-developing children are set aside for some day when the adopted child can participate in the manner yearned for. The quality of family life deteriorates. Parents, brothers, sisters and the adoptee miss many opportunities.

Post-placement, parents must question which stage the family is in. In particular, if the answer is hoping and learning or immobilization, mothers and fathers must take steps to move to *mobilization*—the state of finding a balance between meeting the unique needs of all members of the family: the adoptee with mental health issues, the brothers and sisters, and yourselves—the parents.

Moving to mobilization will include,

Taking stock and prioritizing. This may not be an easy process. It will require allowing yourself to realize that “fixing” the adoptee will be ongoing—in many cases well into adulthood. Give yourself permission to grieve the loss of the son or daughter, and family you expected. Also give your typical children the opportunity to express their feelings about the brother or sister, and family they envisioned. It is profoundly sad that trauma robs the adoptee, mothers, fathers and siblings of the life that “could have been.” Take some time with this most difficult part of the process of moving to mobilization. Two helpful resources in this area are [Helping Someone with Mental Illness](#) and Brothers and Sisters in Adoption.

Recognize that there is never one identified problem in any family. Moving to mobilization will require changes in each family member. For example, as was explained in our blog, Having Fun in Adoptive Families: Not an Oxymoron, previously traumatized children are one age chronologically, yet another socially and emotionally. Viewing the adoptee as a “younger” child can alter the entire way the family operates. If your adoptee is actually functioning more like a four-year-old than his actual age of eleven, parents may consider that chores will be accomplished with far less aggravation if the parents opt to help the child with the chores. This is what would happen if you had a four-year-old. Less frustration equals a happier family!

A review of the post, Time, Energy and Priorities: Homework or Monopoly offers suggestions to further increase family fun. The family that plays together and is more peaceful is a family well on their way to learning to cope as a “new and different” family—a family with a member who has mental health issues.

Use energy wisely. This means that each person, and each family has only so much energy. So, you must decide if you want to drain your energy tank attempting to educate everyone in your support system, academic environment and so on. Weigh carefully whether all of this effort is truly generating worthwhile gains. If not, you can cease, decrease or alter the manner in which you conduct such activities. Certainly, education is an admirable endeavor. Yet, there will be those who will never understand your life. While this is disappointing and, at times, devastating, let’s think about this. If your best friend came to you and stated, “My son steals, pees in his closet and swears at me—what do you think you would say? Likely, you too would assume some changes in parenting methods were called for. Arthur, the adoptive parent of two children, one typical and one with complex trauma issues, ages 11 and 13 states,

I very much recommend that parents adopting children with this type of background [complex trauma] save their ‘parent to parent’ talks and advice sessions for support groups with parents in similar circumstances. To put it frankly, ‘regular’ parents as well as relatives do not grasp what you’re going through. There will be no shortage of comments like, ‘Well, all children do that’ followed by some gesture of how ‘great you are for giving this child a home.’ Nothing stabs at your guilt more than that one comment because you’re receiving accolades for something that you’re harboring great struggle and some regret for. You’re struggling with both your adopted child and yourself but, you’re being referenced to like you’re Florence Nightingale or Mother Theresa.”

Or, in terms of a medical analogy, can we really understand what it is actually like to have a kidney transplant from hearing a kidney recipient’s explanation? Perhaps to a degree, but not fully. We would understand only if we also underwent this procedure. Adopting a child with mental health issues is similar to this medical analogy. So, energy may be better utilized by

creating a new support system—move on to meet with those parents living in the same type of a situation. After a support group session it is so common that parents are laughing and smiling. Recently, after a support group one mom was heard congratulating another mom. She said,

“Wow! That is such great news that Jimmy stopped peeing in his bedroom. You and your partner are doing such a great job with him!”

Now, where else could you get this kind of praise?

Moving on doesn't mean severing old relationships. It may mean making adjustments. Patty, the adoptive mom of two boys, and a birth daughter said,

“I will always be deeply hurt by the fact that my own sister often implies that I am the reason my boys struggle. However, she is my sister, and I do love her. I don't want their adoptions to cut us off. So, I compromise. On really difficult days, I call a friend I made at a support group. But, I attend a book club with my sister. This works for both of us. We spend time together, and we can talk about something we both enjoy.”

Locating the right support group may take some time. You may have to visit a few support groups—online and in-person—before finding just the right fit for your family.

You can begin your search via the [North American Council on Adoptable Children's database](#) which includes over 900 adoption-related support groups. [ATTACH](#) and the [Attachment Disorder website](#) offer great online opportunities to meet families parenting children with serious mental health issues. There is also [Families for Russian and Ukraine Adoptions](#), [The Guatemalan Big list](#), [Adoption.com Forums](#) and [Families with Children from China](#). If you exhaust these resources, consider starting a group of your own using the guide, [Starting and Nurturing Parent Groups: A Guide for Leaders](#). Again, don't forget your appropriately developing kids. Visit our post, [Where are the Support Groups for Typically-Developing Children?](#)

Re-frame Issues that Cause Frustration: Certainly it is frustrating that no one sees the behavioral issues that you deal with daily. On the other hand, this can have benefits. You aren't receiving a lot of calls from the teacher recounting Johnny's latest incident of stealing the snacks from his classmates' lunches, nor is the principal stating an immediate need for you to come to school and remove Susie from the building. Really, it is wonderful not to have these problems.

Often, when the traumatized child's negative actions are contained to the home, relatives and friends will provide respite. However, mothers and fathers are reluctant to take breaks. Reasons for this may be,

Children with mental health issues often act nicely to adults who are not their parents. Parents are upset when their child's behavior is better for the respite family than for them. This scenario makes adoptive parents feel as if the child's difficulties are the result of their parenting.

Re-frame: This situation occurs because the child with a traumatic past isn't trying to form the intimate relationship with an uncle or a cousin that he is working on with his parents and siblings. The level of closeness of the relationship is the trigger for the challenging behaviors.

Parents frequently want respite to be unpleasant. They perceive that such a scenario will help the child appreciate the family. Therefore, the child will be inclined to make improvements upon returning home.

Re-frame: This type of respite is simply not acceptable at the [Attachment and Bonding Center of Ohio](#) where I work. Fun is an inherent right of children. In particular, why would we want to deny children who have been abused and neglected pleasure and enjoyment? What purpose would this serve?

The child often acts poorly upon returning from respite. Parents determine it is easier to simply keep plugging away rather than deal with yet another bout of negative behavior.

Re-frame: This matter can be offset. When you pick the child up from respite state, “It is always difficult for you to come back home. I thought I would help you by letting you know how much we missed you. Let’s talk about what we did while you were away, and we’re all waiting to learn how your stay with Aunt Kathy went? Did you use the camera we gave you to take some pictures?” Children with histories of complex trauma have great difficulty re-connecting to the family after a break. They are not intentionally making you pay. They simply have no idea how to come home and join back in with the rhythm of the family. Find ways to resolve this matter rather than abandoning the idea that respite can be workable.

Mothers and fathers say no to the intermittent use of available, adequate child care need to re-think this issue by asking themselves these questions:

What am I missing with my typically-developing children?

What are they missing with me?

Do these missed opportunities with my appropriately developing children cause hard feelings?

What happens to these feelings? Do they get unleashed onto my already hurting child? My spouse? My other children?

Would I consider taking an employment position that had a no vacation policy? What would be the impact of such a policy on me, and my family’s emotional well-being?

Start Habits: Right now, I want you to get your calendar. I want you to make three dates. The first is with your spouse or partner and the second is with your “healthy” children. It doesn’t matter if each is only 30 minutes. It also doesn’t matter if math class is interrupted to spend time with your typical son or daughter. What is important is that you get started with making a habit to spend more time with each member of your family. [A healthy marriage has an array of benefits to the overall emotional well-being of the partners and all of the children](#). The third date is with yourself! Keeping your energy tank full requires periodic stops to fill up. In therapy, I often ask mothers and fathers, “What did you enjoy before you adopted?” Go ahead, take a few minutes and make a list.

Parental Self-Care is so Important!

Then ask, “How could I find ways to resume these activities?” *The best thing parents can do for themselves and their sons and daughters is to take care of themselves!*

Seek Professional Help: There are professionals who specialize in adoption and trauma—each day more and more are cropping up across the country. Visit [ATTACH](#) for a state by state listing of therapists who do know and understand your family. A supportive, knowledgeable mental

health professional can be a welcome companion on your journey to heal each member of your family. *Don't wait! Love won't be enough, and the adoptee "won't grow out of it."*

Re-frame Success: As we stated in our blog, *Progress: Look Back Rather Than Forward*, develop the capacity—daily, weekly, monthly or annually—to look back rather than always looking forward. In this manner you can acknowledge the progress instead of chronically worrying about what the future will hold. Note even the smallest steps. Think to the time the adoptee was placed in your home and ask, “What has changed?” Likely, you will see many things. Write them down and look at the list periodically. This method helps parents realize that their efforts have not been in vain. Stamina to continue is renewed. Share the list with the birth and/or previously adopted children who have been developing more typically than their sibling. They need to see that all of the sacrifices are making a difference.

In conclusion, future posts will expand on many of the points above. There will be blogs forthcoming devoted to respite, parent support groups, parental self-care, increasing time with the typical children, family fun and dealing with extended family. So, stay tuned! Here at Perspectives Press we are committed to helping adoptive families overcome the challenges they face. Please include us and list us as a companion on your journey to becoming a new and different—mobilized—family!