

From Adoption to Solution or Dissolution: Supporting Families During Emotional Stages of Challenging Adoptions, 2/25/06

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In the adoption of older children and in most special needs adoptions, there is a risk that the placement will not be successful. When this happens, the family goes through a grieving process reminiscent of Kubler-Ross's five stages of grief (Denial, Anger, Bargaining, Depression, and Acceptance). The emotional stages of disruption described below include "warning" stages prior to and immediately after placement during which professionals should address key components for a successful adoption. The continuing stages describe the emotional highs and lows, the "grief" in a disruption process, which may be less distinct: they may occur in a somewhat different sequence, stages may overlap, and some parents will experience various stages for a longer or shorter time than other parents, depending on the circumstances and personalities involved. It is not unusual for parents to get through many of these stages without seeking professional assistance. And yet, early intervention and support by adoption professionals can be a key component in reducing risk and increasing the possibility of successful placements, particularly with less experienced parents. The stages as presented here focus on behavior issues - medical, developmental, emotional -- as the biggest factor in disruption, while recognizing the impact of other issues.

Pre-placement - Before arrival, parents imagine life with the child, full of fun activities, bonding, attachment parenting, travel, and "happily ever after." Even when the parents are apprised of significant issues, it is nearly impossible to imagine what the reality may truly be. A positive experience is at the forefront of parental belief that they will make a difference in this child's life and everything will work out well. The placing agency and home study writer should assist parents with their preparation by recommending (or even requiring) reading on older child adoption issues and classes (as available) in attachment/bonding children to a new family. In addition, the professional should help the family identify persons to form a support network, encourage connections with local parent support groups, and suggest key points at which to seek peer and professional assistance. The family should be taught who and how to include others in this process.

Honeymoon -- Some parents enjoy a "honeymoon" period, during which excited parents see their dreams come to life -- the newly placed child tries to please the parent, makes an effort to take part in family life, tries hard in school and follows rules. Some families have no honeymoon. Hopefully, a post-placement visit takes place during the "honeymoon," and the post-placement supervisor is able to help the family identify ways to reinforce the positives while preparing for difficulties.

Denial -- Parent may make excuses for the child's behavior, such as a limited time in country or in the new family, misunderstanding directions, peer influence, cultural background, unrealistic parental expectations, lack of pre-placement education, or idealistic teacher expectations. The post-placement supervisor or other agency

representative should help the parents learn to read when behaviors may reflect "normal" adjustment, and when they do not, and encourage usage of resources identified during pre-placement counseling.

Loss of the Dream -- Parents realizes the child's behaviors or needs exceed "normal" adjustment issues. Knowledge of a child's reported (and not always accurate) pre-placement history may not be enough for parents to comprehend the impact of those experiences on the child. Unexpected issues may emerge, such as significant development delays or extreme behaviors. Conflict may build between spouses. Conflict between the newly arrived child and children already in the home may increase beyond expected or appropriate levels. In some cases, the situation may be dangerous, even life threatening, for the child or a sibling.

Parents may realize their preparation was insufficient to meet the needs of the child, and the full experience of living with the child may cause feelings of bewilderment, numbness, or confusion. They feel exhausted from worry, loss of sleep, and attempting to manage -- often unsuccessfully -- the child's behaviors. Parents may vacillate between feeling depressed one day and confident the next day. Keeping a journal of behaviors, interventions suggested and tried, and how they were successful or not can help parents identify patterns better than by simply trying to remember things during a very stressful time. Professionals can help parents recognize what is going on and begin to take steps to address issues. Parents who receive good help promptly are more likely to be able to parent the child successfully and avoid disruption than those who reach out for support when the situation has reached a crisis point. Without appropriate intervention from professionals trained in adoption issues, the family may become the target for blame for the child's negative behaviors.

A. Anger -- Parents experience anger towards God, the placing agency, social workers, the orphanage, the birth family, caregivers or other people involved in "damaging" the child or in not providing enough information about the child's behaviors to more successfully parent the child. The parent feels angry towards the child for making family members miserable, and may be embarrassed by the child's inappropriate behaviors. Anger may be directed at a spouse, close friends or family members for lack of support or for lack of acceptance and understanding. Therapeutic assistance can help the parents let go of the anger and focus on more positive, supportive measures.

B. Guilt -- Parents may feel guilty or ashamed about not being able to parent the child effectively, about having ambivalent feelings toward the child, and about choosing to bring the child's negative influence into the family. The family may be too embarrassed or too caught up in the situation to reach out for help from other experienced parents or from a therapist. They may be plagued by self-doubt and a loss of confidence in parenting skills.

C. Loneliness -- Parents may feel as though no one else has any idea of how they feel or what they are experiencing. Due to the child's adjustment and/or negative behaviors, they may not participate in activities as often as they did before. Parents may fear there is something "wrong" with them, that their personality is somehow at a deficit for this child (and perhaps others). They may hesitate to

share these feelings of inadequacy with a therapist or post-placement supervisor, fearing they will be considered poor parents.

Bargaining -- Parents readjust expectations, research resources to change parenting style and discipline techniques, arrange for professional counseling for self and child, arrange for school interventions as needed, and gather additional support network members. Support is needed, particularly from peers and the family's support network. The parent may continue to go back and forth from feeling some hope to being depressed. Respite or relief care should be implemented. Therapy is especially important for parenting partners to maintain the marriage relationship that provides the "backbone" of the family and to help parents work together.

Clinical Depression - Unremitting feelings of frustration, isolation, despair, lack of motivation, and/or helplessness makes life miserable. An inability to maintain good humor is noticeable by friends and family. Conversations with friends may seem shallow and unimportant. Parents tend to abandon previously established stress relievers, such as exercise, social interaction with other adults, or recreational activities. The need for professional therapy is critical. Depression may not be recognized by the individual or their friends, family or professionals who work with them.

The following are symptoms of depression and may be indicators that the placement is at risk of failure. These may not happen in the order given and some areas may be felt more intensely by some than by others.

A. Emotional Disengagement - Professionals, friends, and family may begin placing blame on the parents, who are already feeling ashamed for not being successful with the child. Parents may begin to feel emotionally separated and disconnected from the child, resentful and distrusting. Parents may erect emotional barriers for protection, and may lose the ability to feel empathy or compassion for the child. Because parents may feel less vulnerable about sharing feelings with experienced parents than with professionals and family, they should be strongly encouraged to connect with families who have gone through similar parenting challenges and/or relinquishment thoughts and tribulations.

B. Reduction of Normal Activities - The child's behaviors or needs may not permit the family to participate in routine activities without turmoil. Parents may feel overwhelmed by the needs of the child and other family members. Customary caregivers may not be capable of managing the child, and respite care may not be readily available. Parents may find their marriage suffering from lack of quality time. Single parents in particular may find their extended family or support network becomes "overextended."

C. Physical Symptoms of Depression - The parent view is continually preoccupied with thoughts directed towards or about the child. Other symptoms may include headaches, nervousness, forgetfulness or absentmindedness, lack of sleep, lack of appetite or uncontrollable eating, lack of energy, digestive problems, ulcers. In some cases, suicidal thoughts may occur. Now, friends, family or professionals may be able to identify depression yet may not know what do to help. Sometimes help they provide is "too little and too late." Parents and

members of the support network should help make sure everyone in the home is safe.

D. Fear that professionals will see the parents as unfit - Parents may fear that seeking therapy for themselves or for their children will put them at risk by causing agency social workers to think they are unstable or unfit to care for any children. It is essential that the agency and the family keep in contact and work together to find resources and workable solutions, rather than each seeking to place blame on the other for a lack of success in meeting the challenges presented.

This is generally the stage during which parents decide whether they are able to successfully accommodate the child's needs and continue parenting, or they identify their threshold point for relinquishing.

Disruption Decision - After adapting parenting techniques, trying different discipline styles, and counseling intervention, the parent reaches their personal threshold and makes the decision to disrupt/dissolve the adoption. The deciding factor is often the realization that the child's behavior has reached a point of physical or emotional harm, either for the child, for other family members, or for the family unit. The deciding factor may also be an inability to meet the needs of a child with developmental delays. Parents often feel ambiguous about the decision, waxing and waning with the child's behaviors. The disruption decision may be accompanied by a sense of failure for not being good enough parents, coupled with relief that the child will not continue to damage the family structure, and comfort in the belief that the child will almost certainly succeed in another family. A decision has been made and movement begins to end the relationship.

Transition Ordeal -- The weeks spanning the decision, the actual changeover to a new home, and the initial weeks following are emotionally charged: grief at the loss of the dream "forever" family, anxiety over the child's response to the decision, guilt while listening to the child make future plans and knowing that future is about to be torn away from the child. The changeover preparation process can be overwhelmingly emotional -- gathering information for the new family, dealing with fond memories attached to photos, communicating the decisions to others, deciding WHAT to say to WHO and WHEN, and then setting up the scenario for announcement, leave taking and actual departure. A therapist or adoption professional with disruption experience can help the parents make a transition plan that best meets the needs of all the family members, including the children remaining in the home.

A. Changeover Trauma -- The actual announcement and leave-taking is traumatic for all. Parents must manage their own emotional travail while helping the child and siblings to adjust to the sudden change in life plans. In some cases, the child may actually express pleasure and excitement about going to a new family and getting away from the uncomfortable first family. In other cases, the child may go ballistic over a sense of betrayal and loss of control. Agencies and professionals should plan for all possible scenarios and implement strategies to address as many as possible.

B. Aftermath -- Intense grief for the loss of child/sibling is accompanied by feelings of intense relief from the constant acting out, readjustment to the revised family unit, nurturance of self and other family members, while thinking of the new hope for the child in a different family. Parents struggle with the question of "why" the situation happened. Thoughts of "If I had only." plague the parents, as they work through accepting their failure to parent successfully. Parents and siblings must cope with sharing their painful news and coping with others' questions. Grief can arise at unexpected times. Families can benefit from working with a therapist or adoption professional with disruption experience to help recognize and process the loss, relief and related feelings. If the child was violent or acted out seriously against one or more family members, the parents and siblings may have Post-Traumatic Stress issues, and may need professional therapy to address this.

Recovery -- Some experts' say it takes six to twelve months to mostly resolve the loss, others suggest it may takes at least half the amount of time the child was with the family. The family counselor, individual counselor, other parents with disruption experience, school counselors and children's adult mentors can all help with recovery of the original family unit, and the adjustment to new realities. As with any grief/loss scenario, the hurt eases over time, with certain activities or holidays triggering new waves of loss. The grief is somewhat cyclical, getting better week by week, and then seeming to overwhelm the new reality. Counselors can help parents understand how children process grief differently from adults and how to encourage children to express their grief, anger, or abandonment concerns through storytelling, drawing, and writing.

A. Forgiveness - Parents work towards self-forgiveness, process the events and decisions that led to the disruption/dissolution, and begin to accept that they are stronger because parenting skills, relationships, and inner resources have been thoroughly tested. Children remaining in the home need to process conflicting feelings of loss and relief as well as accept parental reassurances of THEIR permanency in the family. Children need time to let go of anger towards parents - especially the mother, as primary attachment figure - - and to forgive their parents for sending their sibling away and making them feel vulnerable.

B. Contact After Disruption -- Some families are advised to have no initial contact while the child adjusts to the new family, perhaps as long as 6 months to a year. This encourages the child to focus on the new family rather than a fantasy of returning to the first family, and allows the first family to readjust to their new reality. Other families find contact between the new and old families to be beneficial for both. The first parents can be reassured that the child is adjusting, and the new parents have a resource for insights into the care of the child. The child may need reassurance from the first family that they still care about him. Siblings may be reassured by hearing from one or another, or it may cause renewed feelings of loss and resentment toward the first parents. The new parents will need to be in control of this communication, in consultation with their therapists and post-placement supervisor.

C. Future Adoption - At any time after the disruption is announced, parents will probably be asked if they will adopt again. Early in the Recovery period, parents may fear putting their family in the position of another negative experience, and reject the possibility of another. They will probably be concerned about how their experience will be perceived by professionals, and how it will be addressed in their home study.

As with other loss/grief scenarios, it may be advisable for the family to wait at least a year before considering another adoption. This gives the family dynamic several seasons of activity to regain a sense of normalcy, rebuilding relationships and strengthening bonds that were strained by the situation with the child who is now in another family.

At some point, the family may indeed choose to pursue another adoption, and should be prepared to address issues related to the failure of the first placement, not only for the adoption professionals involved, but also for the family and friends who have watched previous struggles, and will be concerned on behalf of the family.

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