

# **Attachment Disorder and the Adoptive Family**

**By**

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## **Chapter 1: Understanding Attachment Disorder**

- **What is attachment disorder?**
- **What causes attachment disorder**
- **Characteristics of attachment disorder**
- **Diagnosing attachment disorder**
- **Suggested readings and web sites**

### **What is attachment disorder?**

Attachment disorder is a long term psychiatric condition, displayed through a number of negative behaviours that result when an infant or young child does not have an opportunity to bond with a significant, stable caregiver. The DMS IV (Diagnostic and Statistical Manual by the American Psychiatric Association) cites the correct wording for the diagnosis as Reactive Attachment Disorder, and defines several sub-categories of the disorder including ambivalent, anxious, and avoidant types. In the adoption and foster care fields, the condition is generally referred to by the term “attachment disorder” which has become a catch phrase to cover many of the emotional and psychological problems often presented by children adopted at an older age.

Some people consider attachment disorder to be a behavioural problem, which means that they expect the child to be able to change her behaviour by choice, or, simply by learning more acceptable ways of behaving. Some adoptive parents believe that once their newly placed child has a stable and safe family life, she will be able to love them and to behave for them as if she had always been a part of their family. But that is not the case. Attachment problems are the result of inappropriate, or insufficient, brain development, and so this is not a behavioural condition at all. It is a psychiatric disorder that can only change as the brain changes, and that takes time, as well as an enhanced and stable family environment.

The best way to think of attachment disorder is as a brain injury that occurred in the early months or years of life. With the right support combined with affection and nurturing, the brain can heal, or, develop more fully, but while that process is underway, the new adoptive parents should realize that they are raising a brain injured child and treat the problem with the same respect and patience that they would if the child had suffered a brain injury from being hit by a car.

Lately, the media has reported stories about older adopted children who have harmed, or even killed, their adoptive parents and attachment disorder is often presented as the underlying motive for the murder. That can be very frightening and discouraging to prospective adoptive parents who realize that most children adopted from foster care have some degree of attachment problems. It is important to understand that while attachment issues are part of these youths behaviour problems, they are not the sole cause. There may be other issues involved, such as a co-existing mental health problem like untreated schizophrenia, or drug abuse. Attachment disorder may be a factor in the murder, but it is not the sole cause.

Attachment disorder can also be thought of as existing on a spectrum. Children may have the neuro structures in their brain to attach, but simply never had anyone to whom they could develop an attachment based relationship. Or, they may have the ability to attach to siblings, but again, have lacked a significant parent with whom they could extend this skill. It can be helpful to think of a newly placed child as being in a pre-attachment stage, which will be followed by an early attachment, when the child begins to develop some sense of stability, followed by a more fully developed attachment which includes loyalty, emotional reciprocity, and trust. Simply changing how an adoptive parent views the challenge of attachment can be helpful.

### **What causes attachment disorder?**

The purpose of the attachment relationship is to help the infant develop the basic skills to develop healthy relationships throughout the rest of his life. It allows him to learn to trust others, to trust himself, and to live a life in which he is as capable of giving as he is of receiving. The emotional safety provided by the attached relationship also allows the infant or child's developing brain to focus on growing the complicated and subtle infrastructures that lead to skills such as reasoning, mood monitoring, and general intellectual functioning. For most infants, this begins with the relationship between the mother and the baby, grows to include the father, then the siblings, other relatives, and so on.

The attachment process is an interactive one that is established by the care and nurturing of the baby. The baby cries, the mom responds with love and food, and the baby's brain responds by growing and developing skills with which to respond back to mom. Most of the simple things that adults do with babies are in fact triggers for attachment. The cuddling, the cooing, the playing with toes, the warm baths, the gentle feeding of healthy food, gazing into the baby's eyes, are all attachment tools.

Children develop attachment disorder when this process is interrupted by the experience of having multiple caregivers; or, when the process is denied to the infant because of poor quality, chronically inconsistent, or violent parenting, then the brain becomes focused on helping the infant to develop survival skills at the expense of relationship skills. The result is a child who only knows how to survive by manipulation, by control, by aggression, or by withdrawal. The infant grows into childhood with a keen sense of abandonment, but no understanding at all of how to belong to, or to trust, a parent figure.

Parents who have drug or alcohol problems, or have an untreated mental illness, or who are too young, or who themselves have an attachment disorder, are not likely to make the needs of an infant or young child a priority, leaving the child to suffer from neglect or abuse. Once the child protection authorities become involved, the baby is often moved to a foster home, back to the parents for several tries at rehabilitation, and to different foster homes in between. By the time the child is adopted, she may have had any number of caregivers, and any number of negative life experiences. This is fertile ground for an attachment challenge.

Not all children will respond to their damaging early years with the same degree of attachment challenge. A number of factors must co-exist in order to create an attachment challenge, including the individual differences of experience and response; inherited genetic tendencies; pre- natal exposure to drugs and alcohol; and these will combine to create an attachment challenge that is unique to each child. No adoptive parent can know simply from reading the child's history how serious the attachment challenge is, nor can they know ahead of time how easy or hard it will be to help them develop an attached relationship with their adopted child.

### **Characteristics of an attachment challenge**

Each child is different, therefore, each child will show her level of attachment, or lack of, in slightly different ways. As well, each adoptive family is different, so the things that are a problem in one family might not be a problem in another. For example, a couple with no other children might find it almost intolerable if their new child withholds affection, while adoptive parents of a large family might just shrug off the behaviour since their own parenting needs are being met by their other children. Therefore, when considering attachment characteristics, it is important to look at the overall picture.

In considering the characteristics of attachment disorder, remember that a child with attachment issues will display most, but not all, of these behaviours most, but not all, of the time; and, the behaviours will have begun before the child reached the age of five.

**Destructive** – the child may damage or break toys or objects that belong to the adoptive parents, or to teachers, or to the neighbours. He may even damage items that belong to him, with no apparent sense of loss or remorse afterward. Some children will claim the damage was an accident (but just how many *accidents* can one child have in a day?), while others will be forthright and admit, without any sign of caring, that they have purposely broken the object.

**Inability to link cause with effect** - the child may not show any understanding of why you are mad at him five minutes after she shredded your favourite dress, or cut her younger sister's hair off, or let the dog off the leash to run in the traffic. The underlying issue isn't that they don't understand what they have done; it is that they don't understand why it bothers the adoptive parent.

**Inability to participate in a healthy relationship** – he simply does not seem to understand that hugs

are an emotional experience that is shared between two people, not something that is used for trade purposes ie I'll hug mom now so that she will let me watch the television later. He may cruelly tease or taunt less powerful children, hurt animals, argue incessantly, and boss others without any apparent understanding of what this feels like for the other person.

**Charming** – the charm is displayed at will, generally only when the child is interacting with someone they rarely see, or will never see again. For example, they can be very charming and delightful to strangers or therapists or store keepers, and even visiting adoptive grandparents, but rarely to the adoptive parent.

**Poor eye contact** – they just can't look in another person's eyes for any length of time. The contact is over stimulating and uncomfortable for the child. Eye contact skills are supposed to develop in early infancy, and for most children who have attachment problems, there was no safe adult to look deeply into their eyes in those early days.

**Controlling – sometimes by manipulation, sometimes by aggression, sometimes by withdrawal** – they try to get what they want by forcing it one way or another because they don't trust others to come through, and because their brain was too busy focusing on survival to let them develop the parts that normally deal with positive interaction.

**Demanding or clingy behaviour** – the same thing as control, the child either demands your attention by yelling or throwing objects or hitting; or, she clings on like a barnacle, even trying to follow a parent into the bathroom.

**Stealing and lying** – the child will take things that don't interest him, as well things he wants, and he lies even when there is no apparent need to do so. To him, the truth is vague and unrelated to anything that is going on in his day.

**Low impulse control** – the child's level of spontaneity is high, almost like attention deficit disorder. She will take or do what she wants without thinking through her actions and without any understanding of how her action might impact others.

**No apparent remorse or conscience** – she will do horrible things, and slightly irritating things, but will not indicate that it has bothered her at all. The few times she will look you in the eye are generally indications that she is lying.

**Issues with food and/or sleep** – he may under sleep or over sleep, whichever works worst for your schedule. With food, he may steal it, hoard it, avoid it, or anything else that gives him some sense of control over a basic issue.

**Affectionate and in-appropriate with strangers** – the child will display all the loving gestures with

total strangers that she meets in the store that she will not display at home. She will hug the mailman, but not the adoptive mom.

**Does not appear to learn from mistakes** – consequences that work with other children do not work with a child with attachment problems. She will do the same negative, hurtful, behaviour over and over again, as if the only purpose is to make the adoptive parent angry, and, she does not appear to be deterred by any form of consequence.

**Can never, or rarely, be comforted when frightened or hurt** – the child knows how to ignore pain and fear, and knows how to take care of himself, but has no clue about how to let others take care of himself or even understand that this is what the adoptive parent is trying to do.

These characteristics can be summed up by saying that the child does not have a developed sense of other. That is, she does not able to connect with the way she makes other people feel, nor is she able to feel remorse or take joy for how she has made others feel.

### **Diagnosing Attachment Disorder**

The diagnosis of attachment disorder can only be made by a competent child psychiatrist. School counsellors, therapists, teachers, even the family doctor, are not qualified to determine a psychiatric diagnosis.

The best way to find a qualified child psychiatrist is through a referral from the family doctor. Medical plans will not pay for, and most psychiatrists will not see, a child unless the child is referred by another doctor.

The adoptive parents can provide the psychiatrist with the information that is vital to making a diagnosis. This information includes:

- a) The physical and mental health history of the birth parents. This is important because it tells the doctor if there is a genetic pre-disposition to other conditions, such as schizophrenia. If the parents had drug and alcohol problems, he can better understand what the child's pre-natal and early infant days were like.
- b) A thorough history of the child's life prior to the adoption placement, including pre-natal. This information is not always known to the adoptive parents, but it is important to gather as much as possible for the psychiatrist. Adoptive parents should not hesitate to contact the child's social worker and ask if there is any more information available that might help in the assessment process. It is vital that the doctor know if the child has been sexually or physically abused, if he witnessed adult violence, if he had multiple caregivers, if he received adequate pre and post natal nutrition, etc.
- c) A complete understanding of the issues that are of concern to the adoptive parents since the placement. For example, the doctor will want to know any examples that relate to the characteristics

noted above, and he will want to know who the adoptive parents have tried to manage the behaviours.

- d) The psychiatrist may undertake some standard tests of the child, such as the Child Apperception Test, or the House-Tree-Person test, as well as an IQ test and may also include other tests that can rule out, or include, other co-existing psychiatric and medical conditions, such as attention deficit disorder, bi-polar disorder, Asperger's Syndrome, or fetal alcohol spectrum disorder.
- e) The psychiatrist will consider how long the child has had the symptoms. This will, of course, depend on the child's age, and developmental level as well as how much is known about his behaviours in foster care or an orphanage. Generally, the behaviours will have to have been demonstrated well before the child was five years old.

After considering all of this, the psychiatrist will then use the following guidelines:

- A) The child demonstrated the symptoms before the age of five
- B) The child's social responses are non-compliant and contradictory in all settings
- C) The child does show a lack of appropriate emotional responsiveness, either withdrawal or aggression, to his own or to others' distress, and is fearful or hypervigilant
- D) There is some evidence of reciprocity and appropriate social responsiveness
- E) The child does not meet the diagnostic criteria for other conditions such as Asperger's Syndrome, autism, mental handicap, or other developmental disorders.

There are no medications for treating attachment problems, but a correct diagnosis will direct the parents to the right type of services. The diagnosis will not necessarily help the parents get the child more help at school, but it will help the parents and, if there is one involved, the therapist, begin using effective techniques to help the child move from pre-attachment to early attachment, and on to eventual full attachment.

A correct diagnosis can also help to sort out which behaviours are the result of attachment issues, and which can be attributed to other factors, such as pre-natal exposure to drugs and alcohol. The parents will then have a better understanding of what they can expect to change in the short term, what will take longer, and what may never change.

### **Suggested Reading**

**Affect Dysregulation and Disorders of the Self** by Allan N. Schore. Provides detailed, but easy to read, information on neuroscience and brain development.

**Affect Regulation and Repair of the Self** by Allan N. Schore. Schore blends his theory of regulation with developmental psychotherapy and neuropsychology to provide an understanding of how the brain, the caregivers, and the environment combine to heal, as well as harm, the brain development and

the infant's long term ability to relate to others.

**The Developing Mind: How Relationships and the Brain Interact to Shape Who We Are** by Daniel J. Siegel. A comprehensive and detailed account of how cell chemistry and brain structure relate to interpersonal relationships and the role of attachment based relationships.

**The Primal Teen: What the New Discoveries About the Teenage Brain Tell Us About Our Kids** by Barbara Strauch. The author covers the new research findings on brain structure and relates it to the behaviours presented by teens that often confound parents. While not written about children who were deprived of an attachment relationship, it is useful to help adoptive parents further understand how the biology of the brain and how it impacts their child's behaviour.

**<http://www.childtrauma.org>** by Dr. Bruce Perry. This site provides information and lessons on how the pre and post natal brain of an infant is impacted by the environment provided by the adults and caregivers.

## **Chapter 2: Impact of attachment disorder on the child**

- **How the child interprets his world**
- **Why the child behaves the way he does toward the adoptive parent**
- **Why the adoptive parents behave the way they do toward the child in the pre-attachment stage**
- **Suggested readings**

### **How the child interprets his world**

Attachment disorder is considered a disorder because it is a psychiatric condition that has the potential to negatively impact the child's life forever. However, if you look at it from the child's point of view, failing to attach to a parent figure is a perfectly reasonable thing to do if there has never before been a parent figure willing to attach to the child. This is entirely new territory for the child. He does not understand what is expected of him, and he becomes overwhelmed by the constant demands to be different than he is.

The parents are often going through the same kind of feelings as the child. The negative behaviours that are part of attachment problems are very wearing for an adoptive parent. It can seem like there is never a moment when the parent can sit back and relax. Instead, there is always another unpleasant surprise coming at them from the child. Yet, as odd as it may seem, this is also how it is for the child. The child may view the parent's attempt to provide love and affection as frightening because it is so unfamiliar; and, the child may become exhausted from never having a moment to relax without the adoptive parents coming at them with another expectation and another rule. It is a risk for a young child to let his guard down and begin to trust when his entire life history (as short as it is) has been based on adults letting him down or leaving him. In fact, the more the child's starts to feel like trusting the parents the more dangerous the situation becomes because this is when the child begins to consciously tread into the terror of all the previous abandonment. For the child, it is like creeping toward the blackest abyss of all. His basic coping mechanism, the thing that has kept him alive and sane through the darkest of experiences and the deepest of fears, has been to keep people at a safe distance. And suddenly he's handed over to an adoptive parent who wants to have a level of emotional closeness that the child did not even know existed. It is like throwing a life jacket to a fish. The fish knows he doesn't need it, knows it doesn't fit, and sees no reason to do anything with it. It's just one more object in the emotional ocean that the fish has to swim around.

The child's experience has taught him several lessons that he believes are necessary to his survival. These are:

- 1) **nothing lasts**
- 2) **everyone leaves**
- 3) **adults lie to children**
- 4) **adults hurt children**
- 5) **he can never let down his emotional guard**

These hard learned lessons become part of his internal, unconscious, rule book for survival. While other babies were learning how to trust their parents, he was learning how to withdraw emotionally from parenting figures. While other children were learning how to behave from their parents, he was learning how to protect himself from his parents.

### **Why the child behaves the way he does toward the adoptive parent**

There are four main reasons why an pre-attachment child behaves so negatively toward the adoptive

parents. These are:

- 1) **his brain development is not congruent with his age**
- 2) **he has no experience in a loving, emotionally healthy, life long committed relationship with parents**
- 3) **he has not yet learned appropriate ways to relate to parents, or to anyone else**
- 4) **he cannot trust the parents**

Let's explore each of these more fully.

1) **His brain development is not congruent with his age.** In the first chapter, we discussed how the early neglect and/or abuse created the brain injury that lead to underdeveloped areas of the brain, which, in turn, makes it more difficult for the child to behave as other children do. Typically, the abuse and neglect end when the child is removed from the original parents. However, most children are put back into the same families several times while social services tries to help the parents become free from substance abuse, or violence, or whatever else interfered with their ability to properly care for their child. The child becomes accustomed to a time of safety with the foster parents, then back to the instability with the original parents, then on to a new set of foster parents, then back..... The times the child has out of the neglecting environment are not long enough for the brain to begin developing, and the foster parents, for all their love and kindness, are not there for the child to bond with. They are simply there to care for the child until her future placement is resolved. Therefore, children go into an emotional "holding pattern" in which their brain is not further harmed, but neither is it healed. Once the child is finally placed for adoption, the process can begin, but since the brain has generally almost completed it's physical growth in the first years of life, the process will be slow.

2) **He has no experience in a relationship with loving, committed parents.** Most birth parents, regardless of how dysfunctional they are, really love their children. However, love is not enough. In order to thrive and reach their full potential, both emotionally and academically, children need stability, nurturing, and a permanent commitment by parents. The birth parents, for whatever reasons, are unable to provide anything beyond the love. The foster parents, and sometimes the orphanage staff, may provide the loving and nurturing environment, but they do not provide the commitment. They are there for the short term, even if that sometimes becomes years, they have no investment in the child's adult life, other than wishing him the best. They have not made the final commitment to the child that the adoptive parents do. Therefore, by the time the child reaches the adoptive family, he may have had many experiences of being parented, some positive, some negative, but none were provided by parents willing to be legally and emotionally committed to him until the day they die. Therefore, when he finally has parents willing to do this, he may find that the emotional intensity that accompanies that kind of commitment is often frightening and overwhelming. He pulls back emotionally, or behaves in a way designed to push the parents away, because he does not know what to make of this new emotional climate. Instead of feeling loved and cared about as other children do, the child with attachment challenges finds the intensity threatening and suffocating. In time it will feel normal, but in the early stages, it simply feels like one more scary aspect of adult/child relationships.

3) **He has not yet learned the appropriate ways to relate to parents, or to anyone else.** The child will have learned to survive, but while he was learning to do that, he didn't learn much of anything else. Every aspect of his early life was about how to get through the day and the night alive, despite the terror, the loneliness, the hunger, the pain, or whatever else he experienced. He did not learn how to hug a parent just for the sake of hugging, or how to let his guard down, or how to trust his parents enough to be honest, he did not learn how to fall asleep easily, he did not learn how to be angry in the way that typical children are angry, he did not learn appropriate limits, he did not learn that he could control himself, he did not learn to wait, he did not develop a respect for adult authority. These serious deficits in his learning process hamper all of his social relationships so that he becomes isolated in any context. That is, at pre-school the other children don't play with him, at home he is always in trouble, in the neighbourhood he bullies or cheats or lies or steal from peer so they avoid him. Therefore, he not only failed to learn how to relate appropriately as a young infant and toddler, but his social deficits make it impossible for him to learn from his peers and from typical social situations as he goes along in life. The deficits pile one on top of another and he is pushed farther and farther away from informal, social learning opportunities.

4) **He cannot trust the parents.** The one thing he learned very early in life is that parent figures are not to be trusted. His entire early psychological survival depended on his knowing that fact, and so when he is adopted, that is the only truth he believes. He knows that he will be abandoned or lied to again, and the intense emotional state that the adoptive parents offer feels threatening to him. He responds equally to their emotional intensity but since he cannot manage the reciprocal love, he offers rage. Generally, adoptive parents tell the child they love him very early in the placement, and they will state that he will be with them forever. However, he had genetic tendencies that told him the same thing would happen with his birth mother, and that did not turn out to be true, so he certainly can't relax and trust now. As well, birth parents often forget that trust is an earned trait, and he needs time to see that the adoptive parents are earning his trust. How much time he needs is different for each child.

### **Why the adoptive parents behave the way they do during the pre-attachment stage**

Just as pre-attachment children fit a general profile, so do adoptive parents who are raising a child in this stage. The arrival of the child generally occurs after the adoptive parents have spent a great deal of time, effort, money, training, and emotional investment. The child is the answer to their dreams and their hopes of forming a family. The parents are at a peak of excitement and anticipation. The child arrives into the emotionally charged arena and often tries to be everything that the parents want. However, she does this at the price of not being herself, and eventually this façade breaks down. The parents, at first patient with mistakes and negative behaviours, begin to expect change in the child and so raise their expectations. The child sees this as yet another betrayal, and responds with increased lying or manipulation or rage. The parents then perceive this as further reason to "crack down" on the behaviours and exert even more pressure on the child to "change".

While this unhealthy cycle is being established, some adoptive parents begin to feel betrayed by the child, or, by the social workers who did not tell them how severe the child's behaviours were. As a result, they begin to pull back emotionally from the child. Some parents resort to making the child "earn" all of the privileges in the family, and so the child becomes less a little human struggling to belong, than she is a trader learning to barter for a role in the family. The parents, however, are rarely

aware of this dynamic, and cannot see how elusive they have become to the child, and so the cycle continues.

If parents are able to find effective therapy, they will be directed toward ways to become emotionally involved with the child in a more positive manner. This does not mean a permissive approach, but rather, it will include help in learning to impose limits without making the affection conditional on the child's ability to meet those limits. Effective therapy will also help the parents to learn how to prioritize the child's behaviours so that everything is not a challenge. While this is going on, parents often become overwhelmed by how much of their own parenting style they have to change. They can become insecure about their own judgement and their entitlement to be parents and can even begin to doubt their ability to raise the child. Once this happens, the child will sense their questioning, and begin to pull farther away, creating yet another unhealthy cycle of negative dynamics between the parents and the child.

A strong component of raising a child with attachment challenges is the exhaustion factor. Most parents of newborns get a great deal of sympathy and help when a new mom complains of feeling tired all the time. However, people often fail to realize how little sleep a new parent of a pre-attachment child gets, and how much they need!

These children, while often older and sleeping through the night, demand all of the parent's attention throughout the day. Even if they are at school, the parent is often dealing with school teachers, or counsellors, or support people, and may be constantly thinking about what to do when the child comes home. There is also a steep learning curve about the new and different ways of parenting and this creates a mental exhaustion. As well, the parents may feel the need to put extra time into the other children in the family so that they don't begin to begrudge all the time the new child is taking.

The high level of exhaustion can lead to the adoptive parents making decisions, or demands of the child, that they would not make if they could think more clearly, if they were simply able to have a few good night's sleep.

If you have adopted a child who is in the pre-attachment stage, consider whether you have experienced any of the following:

Unreasonable anger at the child \_\_\_\_\_**yes** \_\_\_\_\_**no**

Frustration at not being able to help the child change \_\_\_\_\_**yes** \_\_\_\_\_**no**

Emotional withdrawal from the child \_\_\_\_\_**yes** \_\_\_\_\_**no**

Continuously raising, or adding, behavioural expectations \_\_\_\_\_**yes** \_\_\_\_\_**no**

Arguing with your spouse about the child \_\_\_\_\_yes \_\_\_\_\_no

Arguing with your other children about the child \_\_\_\_\_yes \_\_\_\_\_no

Repelled by some of your child's behaviours \_\_\_\_\_yes \_\_\_\_\_no

Exhausted by your child's behaviours \_\_\_\_\_yes \_\_\_\_\_no

Feeling deprived of your social life because of the child \_\_\_\_\_yes \_\_\_\_\_no

Feeling that you have lost all of your free time \_\_\_\_\_yes \_\_\_\_\_no

Frustrated at how much you have to learn in order to parent the child \_\_\_\_\_yes \_\_\_\_\_no

Resentful at how much of your day is focused on the child \_\_\_\_\_yes \_\_\_\_\_no

Your answers to these questions don't say that you are a good or a bad parent, but they can help you understand some of the things that are making you behave the way you do toward the child and where you need more support and help.

### **Suggested Readings**

**Eden's Secret Journal? The story of an older Child Adoption** by Brenda McCreight. This is the story of 13 year old Eden, adopted at the age of 10 by a single mom. Eden tells of her fears, her struggles, her eventual successes, and her hopes.

**The Throw-Away Kids: A True Story of Child Abuse and Neglect** by Erica Taggart. An autobiography of a child's struggle to survive the abuse of her home, and the abuse by the system designed to help her and her siblings.

**Violence Against Children** edited by Penelope K. Trickett and Cynthia D. Schellenbach. This book is a compilation of statistics, research, and findings about the impact of child abuse on children and includes some intervention approaches.

**The Lost Boy: A Foster Child's Search for the Love of a Family** by Dave Pelzer. The author writes about his life after leaving his abusive parents, how he managed through the foster care system and adolescent crime, and finally finding some degree of security in the Air Force.

**Traumatic Experience and the Brain: A handbook to Understanding and Treating Those Traumatized as Children** by Dave Ziegler. Like the books recommended in Lesson One, this provides information on the neural impact of neglect and abuse, but it also explains why the early experiences make the child's brain resistant to change and provides interventions to help the child normalize her behaviours.

### **Chapter 3: Impact of attachment disorder on the family**

- **What the child's behaviour does to other children in your family**
- **What the child's behaviour does to grandparents, cousins, friends, neighbours, church.....**
- **Circling the wagons**

#### **What the child's behaviour does to the other children in your family**

A child in the pre-attachment stage is a challenge for everyone in the family. The adoptive parents are the primary caregivers and they take the brunt of the negative behaviours, but everyone in the child's new family will be impacted by the child's moods and behaviours, and by the task of building a new family identity.

There may be other children in the home who have already gone through this stage. However, it is unlikely they are still in it or the parents would not have the energy to adopt again! Having a sibling behave the way they did in the past can trigger difficult feelings that the child has put behind him. It may bring up old memories he would rather forget. He may feel angry at the new child for bringing this to the surface again, or he may begin to replay the issues by acting out just as he did four or five years ago when he first joined the family.

Some children may try to help the new child, believing that their own experiences in moving past the pre-attachment stage will be useful. This should not be undervalued, because it can have a positive impact. But, the helpful child should be aware that it may not be as helpful as he hoped. It may even be resented by the new child who does not understand what is being offered by the siblings any more than he can understand what is being offered by the parents.

If the other children in the home were adopted at birth, or born into the family, they will have no experience with the behaviours that the new sibling is bringing into the family. They may initially find the new child embarrassing because of the way she acts at school or in the neighbourhood, or they may become angry when the new child steals from them or breaks their toys. They may also resent the amount of time and energy the new child takes from the parents, or the activities they have had to give up while everyone adjusts.

Some children have been aghast at the new behaviours of the pre-attachment stage child, such as swearing at the parents, or running away, or stealing. And, they are shocked that their parents don't seem to know what to do about it. Their own experience is that their parents know everything there is to know about raising children, so, when the parents suddenly appear helpless in the face of unacceptable behaviours, they may begin to take advantage of that, or they may begin to doubt their parents' in other ways as well. These feelings can lead to insecurity and to the child worrying about what is going to happen to her family.

Here is a checklist of things the parents may want to ask their children when a new child is disrupting the family organization.

Do you like the new child? \_\_\_\_\_**yes** \_\_\_\_\_**no**

What is the new child doing that is a problem for you? \_\_\_\_\_

What is the new child doing that is making your life better? \_\_\_\_\_

Are you ever embarrassed by the new child ? \_\_\_\_\_**yes** \_\_\_\_\_**no**

Are we giving you enough time and attention since the new child arrived? \_\_\_\_\_**yes** \_\_\_\_\_**no**

Do your friends or the other kids at school ask you about your new sibling?

\_\_\_\_\_**yes** \_\_\_\_\_**no**

Do you feel you can answer other people's questions about the new child? \_\_\_\_\_**yes** \_\_\_\_\_**no**

Do your answers to your friends respect the privacy of our family and the new child? \_\_\_\_\_**yes**  
\_\_\_\_\_ **no**

What has changed in the family since the new child arrived? \_\_\_\_\_

What can we do to help you cope better with the new child? \_\_\_\_\_

What can you do to help the family adjust to the new child? \_\_\_\_\_

What do you want the new child to do to make it easier for the family as we adjust? \_\_\_\_\_

Do you ever wish we hadn't adopted this child? \_\_\_\_\_**yes** \_\_\_\_\_ **no**

Do you think mom and dad can manage this child? \_\_\_\_\_**yes** \_\_\_\_\_ **no**

Are you afraid of what will happen to our family because of the new child? \_\_\_\_\_**yes** \_\_\_\_\_ **no**

These questions are designed to help the parents begin a dialogue with their children. How the children answer is not important. What is important is that they know that the parents are hearing their concerns and are prepared to help them deal with the family situation.

### **What the child's behaviour does to grandparents, cousins, friends, neighbours, church....**

The decision to adopt a child with special behavioural needs is generally made by the adoptive parents. They may have discussed it with others, but they have not likely included other significant people in their preparations. So, when the new child arrives, the parents expect the grandparents and the neighbours and the church and the school and everyone to adjust. But, is that fair? Can they adjust and help to support the child and the family if they don't have the same information as the adoptive parents? Not likely.

Grandparents may be afraid that the new child will take too much time and energy from the parents. They may fear the child because they lack the training and experience to manage a child who tells them to "shut up", or worse. Their only knowledge of "troubled" children may be the sensational cases they have read about in newspapers about adopted children who killed their parents or ruined the lives of the adoptive family.

The grandparents need as much information about how to deal with the child as the parents have, and then some help in tailoring the information to the grandparent role. After all, it is not their task to discipline the child, only to provide extra nurturing and support. The grandparents may need help defining their boundaries. The family might need a family meeting in which the parents identify what they want from the grandparents, and the grandparents get to say what they can give.

Sometimes, there is a tendency on the part of worried grandparents to overindulge the children already in the home to make up for what they perceive to have been taken by the new child. This can be a positive aspect of their role as support to the family, as long as the purpose and the limits are clearly defined. For example, the grandparents may start taking the children out to a movie one night a week, or to swimming, without the newly placed child, so that they have some time without tantrums or embarrassing behaviours in public. However, the grandparents should then find something to do with the new child as well, so that she can see that she is part of the extended family as much as she is part of the immediate family. She will need time alone with the grandparents in order to establish a relationship with them.

For the sake of the family's and the child's privacy, the adoptive parents will not want to divulge much of her history to others. However, situations or services where the child will be attending on a regular basis will require extra support. If the adoptive family regularly attends church, the Minister and the Sunday school teachers will need to know what, if any, extra supports the child needs. A meeting with the teachers can help them decide if a parent should attend Sunday School with the child while she learns to listen and relate well. Or, should extra help be hired by the parents to support the child during church services.

The neighbours might need to be alerted if the child has a tendency to run away. If they notice the child alone outside of the yard, should they call the parents right away? If the child has a tendency to be destructive or to harm animals, helping the people who live next door understand that the child is in a pre-attachment stage and the dogs need to be kept in their own yard at this time might help avoid later, serious problems.

The school that the child is going to attend will need as much information about the learning and behavioural needs of the child that the parents can provide. However, they do not need to know the child's history, they only need to know the academic and social issues that relate to classroom functioning. It can be especially helpful to give the teachers books on attachment disorder, or offer to pay for them to attend a workshop on the issue.

## **Circling the wagons**

Some families find that when the child in the pre-attachment stage begins to act out, they are alone in the community and lose contact with their friends and acquaintances because they no longer have anything in common. If the parents run into an old friend at the grocery store, a casual question such as "How is your new daughter doing?" can reduce an overwrought adoptive mom to tears. So, the mom

begins to avoid everyone. The social outlets may end if the parents are unable to find a sitter who can manage the child, so the parents no longer have a break for even a few hours a month.

The behaviours of the child require a very different way of parenting, and people who have no experience with attachment issues might view some of the approaches as harsh or uncaring. Parents who are trying to be firm so the child can learn boundaries may find others critical, even suggesting they ease up in front of the child.

Many adoptive parents have complained that neighbours, teachers, and even therapists, treat their newly adopted child like as if she was still alone in the world, and they try befriend her and advocate for her as if the adoptive parents were not doing this. They may even try to offer unsolicited advice to the adoptive parents. However well meaning these people are, they do a disservice to the family, and the adoptive parents may respond by tightening the boundaries to their family to the point that they are alone and isolated.

There are some ways to prevent this from happening. First, the adoptive parents have to learn how to be assertive with others who interfere. The parents must learn to say, “Thank you for caring, but you don’t understand the situation. Can I lend you a book on attachment disorder?” Or, they may simply want to say, “Thank you for caring, but we are managing well.”

If the school teachers are interfering with how you are parenting, then it is important to have a meeting and explain why you are making the decisions you are making. For example, if you have decided not to make the child do homework at this time, because there are more important issues to deal with each evening, then explain that to the teachers. However, it is crucial that you provide an explanation, not an apology. The teachers may not agree with your decision, but at least they will know why you have made it and will realize that it is not due to negligence on your part.

As well, if others are “rescuing” the child, then the adoptive parents should explain to them that they are actually harming the child’s ability to develop an attachment since they are becoming an obstacle between the parents and the child. If they persist in interfering, then remove them from the child’s life until the situation has resolved.

The parents can avoid the isolation and find appropriate support by joining a local or larger adoptive parents association. Through that, they will likely find mentoring parents who have been through the same thing and come out of it successfully, and they will find a safe place to vent, without getting caught up in blaming the child. Other adoptive parents are often the single most important factor in making an adoption successful.

### **Suggested reading**

**The Healing Power of the Family: An Illustrated Overview of Life with the Disturbed Foster or Adopted Child** by Richard J. Delaney. The author discusses the impact of bringing a “disturbed” child

into the family and presents family based strategies to help resolve the issues.

**Toddler Adoption: The Weaver's Craft** by Mary Hopkins-Best. Toddlers lack the language to tell what is happening for them, and their behaviours are easier to control than those of a ten year old who can light fires to say he is angry. This book focuses on the toddler stage to help parents identify the adoption specific challenge of bringing a toddler into the family.

**Creating Ceremonies: Innovative Ways to Meet Adoption Challenges** by Cheryl A. Lieberman and Rhea K. Bufferd. This book considers ways to help the family, including other children in the home, use ceremonies and rituals as they adjust to the new child.

**Promoting Successful Adoptions: Practice with Troubled Families** by Susan Livingston Smith and Jeanne A. Howard. This book focuses on adoptive families who are struggling to succeed and presents strategies to improve adoptive family functioning with difficult children.

## **Chapter 4: Surviving a child in process of attaching**

- **Parent Self-evaluation**
- **Moving beyond the child's behaviours**
- **Strengthening the adoptive parents**
- **Strengthening the adoptive family**

### **Self-evaluation**

Most children will eventually develop an attached relationship with the adoptive parent, but many children will take some time to develop this fully. In the meantime, the adoptive family can still have a life and can begin finding ways to enjoy their newly adopted child. It is a very different family life than most parents wanted when they decided to adopt a child, but different does not have to mean bad!

A first steps the adoptive parent should take are to re-examine his own needs about being a parent and to look at what is going on in the family. This probably happened during the process of the home study, but once the child arrives, the situation will have changed drastically. Even if things are going fairly well, it takes at least a year before the family begins to feel “normal” again after the addition of a new child. In the meantime, the ripples and waves that the go on during the adjustment period can be too numerous, or feel too overwhelming, to sort through them all. But doing a simple self-evaluation can help sift through the feelings; can help provide direction; and, can point out the strengths, the weaknesses, and the areas where help would be most useful.

Take a moment and consider the following:

I always wanted to be a mom/dad \_\_\_\_\_**yes** \_\_\_\_\_**no**

I have fantasized about what my relationship with a child would be like \_\_\_**yes** \_\_\_**no**

I have fantasized about what kind of parent I would be \_\_\_**yes** \_\_\_\_\_**no**

Other people have commented that I would be a great mom/dad \_\_\_**yes** \_\_\_**no**

I wanted to be a better parent than my parents \_\_\_**yes** \_\_\_**no**

I wanted to be the kind of parent my parents were \_\_\_**yes** \_\_\_\_\_**no**

I knew what to expect when I adopted a child \_\_\_**yes** \_\_\_**no**

This adoption is how I thought it would be \_\_\_\_\_**yes** \_\_\_**no**

I never realized it would be this hard \_\_\_\_\_**yes** \_\_\_\_\_**no**

Sometimes I am angrier with my behaviour toward the child, than I am with the child's behaviour toward me \_\_\_**yes** \_\_\_**no**

I have seen some improvement in the child's behaviour \_\_\_**yes** \_\_\_**no**

I have learned new parenting skills \_\_\_\_\_**yes** \_\_\_\_\_**no**

My spouse is as involved as I am with this child \_\_\_\_\_**yes** \_\_\_**no**

My spouse has the same problems I have with this child \_\_\_**yes** \_\_\_**no**

I have begun to build a support network of other adoptive parents \_\_\_**yes** \_\_\_**no**

I am isolated with this problem \_\_\_**yes** \_\_\_\_\_**no**

I am depressed because of this problem \_\_\_\_\_yes \_\_\_\_\_no

There are other serious problems in the family as well as this \_\_\_\_\_yes \_\_\_\_\_no

I feel guilty that I brought this child into our family \_\_\_\_\_yes \_\_\_\_\_no

I wish we had not adopted this child \_\_\_\_\_yes \_\_\_\_\_no

There are no right or wrong answers to this self-evaluation. And, there are no “normal” or “abnormal” feelings involved. Even feeling angry or guilty cannot be considered wrong, nor does it mean that the adoption was a mistake. Instead, this evaluation demonstrates areas in which the adoptive parent might benefit from help.

After doing the self-evaluation, it is important to begin to sift through what is the child’s problem and what is the parents’. Is the parent too impatient? Is the parent easily triggered by behaviours that could just as easily be ignored? Is the parent expecting too much of the child? Or, is the parent expecting too much of herself?

It is important to consider if the parent is trying to use ineffective methods of parenting with this child. Is the parent using typical parenting techniques that worked with the child she adopted at birth and expecting them work four year old pre-attachment child?

### **Moving beyond the child’s behaviours**

Children who are in the process of attaching too often absorb all of the parents’ attention and energy. The more diligent and committed the adoptive parent is to the child, the greater the tendency to let everything else fall to the side while the child grows in his attachment abilities. However, this may not be the best way to live, either for the child, the parents, or the other children in the family.

The child in process of attaching may feel smothered by all the attention and act out accordingly. Sometimes, backing off and giving them space by not paying attention to every detail of their lives can be more effective than intervening in every issue. The parents too, need to ensure that they still have time for an evening out together, or for talking at the end of the day.

The other children in the family may resent all that they have lost with this adoption, such as their own time with their parents, the positive emotional atmosphere that used to be in the home when they came

home from school, having a parent with time to sit and watch their soccer practice, and a mom or dad who wasn't always too tired or too busy to play Monopoly.

Life has to go on whether the child has fully attached, or is just in the beginning stages. As soon as possible, the other children in the family need to get on with their activities and peers, and the adoptive parents need to get back to the job, or back to running the home, or back to being adults in love with each other. As well, the family members together need to get on with doing family style activities, such as swimming or camping or going to soccer practice, without having that ruined by an eight year old who still tantrums in public.

This can be accomplished by taking some steps as a family. This might include the following:

- **Hire a professional caregiver as a baby sitter.** Call the child care programs at local colleges or advertise for child care students to baby sit on a regular basis. Or, call group homes in your community and ask the supervisor if they have any staff who want to earn extra money by babysitting regularly. If the child is still young, call the local day care centres and find staff there who need extra hours. This is expensive, but it allows the family to feel safe about going out without taking the child along. Expect to pay professional wages to these service providers.
- **Go out without the child on occasion.** Take the rest of the children to a movie, or to a fair, or window shopping etc. Go to their practices without the attaching child. This allows the other children to still have special time with the parents.
- **Network with other adoptive parents, particularly those who have succeeded with children with attaching problems.** Other parents who are struggling may not be the best source of support or encouragement, Parents who have already succeeded will provide hope and will have helpful tips on what worked for them and what did not.
- **Find interests beyond the family.** The adoptive parents should not put all their energy into this child and the problem of attachment. Find things to do in the week that have nothing to do with adoption.
- **Explain the problem to involved family members.** Grandparents, aunts, uncles, etc. may not know much about attachment problems and so may interfere in the adoptive parents' interventions with the child. Give them books and other information that can help them move in the same direction. However, don't expect them to do things the same as the adoptive parent since their roles are different. Grandparents should not overrule parents, but they can be less firm and more indulgent than parents can afford to be.
- **Focus on the enjoyable aspects or activities that the adoptive parents can do with**

**the child.** The adoptive parents can review with the child each night the things they did together that were positive. It might be baking a cake, or building a leggo airplane, or doing a puzzle, or walking the dog together. This helps both the parent and the child acknowledge the points in the day, and in the relationship, that are working. These moments become the foundation on which the rest of the attachment is built.

### **Strengthening the adoptive parents**

Raising a child who is in the process of attaching can be physically, intellectually, and emotionally exhausting. The child may not be a sleeper, so the parents cannot sleep. As well, the stress of the day may interfere with normal sleep habits for the parents. The child will require a whole new approach to parenting that has to be learned through reading and attending courses, and the child is not yet rewarding enough emotionally to provide the kind of renewal that most parents get from their children.

➤ **The adoptive parents should set limits on how many activities are in their lives** – while it is important to have other interests, it is also important to keep the focus on the family for the first two years. This is not the time to do volunteer work outside the home, or to chair committees, or to organize the Little League.

➤ **Reduce expectations on self** – many adoptive parents try too hard. They expect that they should be able to love the child right away, and should know what to do about her rages or her withdrawal. But, this is not possible. Instead, they need to be realistic about what stage the attaching process is in (pre-attachment, early attachment, middle attachment etc), and not expect more of themselves or the child than is possible at the moment.

➤ **Be prepared to be tired** – Just because a child is adopted into a family, instead of born to the family, does not mean that the parents are not going to be physically tired. The constant work of parenting and helping the family adjust to the changes in structure and dynamics take a toll on the physical self. Try to get more rest than usual. Don't hesitate to lay down for ten minutes before supper or before the child comes home from school.

➤ **Exercise** – a regular form of exercise is vital to maintaining both physical and mental health. It is not a luxury, it is a priority. Join a gym, go for daily walks, or do anything that gets the heart rate up. This will help to combat exhaustion and reduce stress, as well as reduce the likelihood of depression.

➤ **Focus on the marital relationship** – couples need to remember why they are a couple and to do this they need to be getting out together on a regular basis. It does not matter what the adoptive parents do while out – go to movies, to the gym together, to lunch or dinner, join a dance club etc. but do it together. The stress that the unattached child brings to a family can harm a marriage if the couple are not actively working on keeping it healthy and strong.

- **Singles – remember friends** – single adoptive parents can continue to go to movies or the gym with friends, can still date, and should do whatever is necessary to keep adult relationships alive and well.
- **Learn the skills it takes to raise the child** – one of the most important things the parents can do for themselves and for their family is to learn the new skills it takes to effectively raise the attaching child. Workshops and books take time, money, and energy, but they have huge payoffs. Feeling competent, getting new ideas, meeting new people, trying new ways to reward or discipline the child, will strengthen the parent more than anything else.
- **If both parents work, one should try to take an extended leave** – many people think that if they adopt an older child they can still keep working outside of the home. However, the demands of these children make it very difficult to do both. Consider one parent taking an extended leave, or not going back to work at all, if at all possible.

### Strengthening the adoptive family

The addition of a new child to a family has often been compared to dropping a pebble in a pond and adapting to the ripples. However, the addition of a child with attachment problems might be more appropriately compared to tossing dynamite into a pond. The after effects are not ripples, but tsunamis. The entire family will be changed by the experience and it is important to strengthen the family while they undergo the changes and adaptations that must be made.

The parents are the first point of focus to strengthen, since they are the foundation of the family. After that process has begun, it is time to move onto other family members and the family as a whole. To do this, first consider what has changed for everyone.

### **Changes and stresses for the other children in the home include –**

- Adapting to a new child who doesn't behave and who constantly challenges parental authority
- Adapting to a new child who is mean to them, lies to them, steals from them and, possibly, hurts them
- Less attention from the parents
- Parents who are tired and crabby

- Teasing from friends at school about the new child in the family
- Being embarrassed in public or at school by the new child
- Having to protect a family pet from the child new child
- Dealing with his/her own anger at the child
- Dealing with his/her own anger at the parents for adopting the new child

There are many ways to strengthen the family as a whole, the following are some that might be considered:

- **Learn a new activity that the family has not done before**, such as skiing, golfing, horse back riding, camping in all kinds of weather. The new child may not always be able to join in due to his negative behaviours. The adoptive parents should not be afraid to leave him with a sitter until he learns how to behave in those situations.
- **Do one familiar activity a week together** – such as going to a movie at a theatre, or, having a movie and popcorn night together at home. Or, swim at the local pool on Sunday afternoons. Again, the new child may have to stay home some days when he is not managing.
- **Eat dinner together most evenings.**
- **At the dinner table, have each family member say what he or she did to make the family stronger that day.** For example, one child might have joined a community band, thereby making the family stronger by participating in the community. Another child may have gotten a good grade on a report at school, thereby making the family stronger by academic success, another child may have made the family stronger by walking away from a fight, thereby making the family stronger by demonstrating good choices. The parents can point out things that a child did in order to make it fair so that one child does not always have the spot light.
- **Find one nice thing to say to each family member every day.** The children should do this as well as the adults.
- **The parents should be sure and tuck their children in bed, or say good night after they have gone to bed, every night.** Older children might find this odd if it is not a family ritual, but it is one last opportunity in the day for parents to tell the children that they are loved.

- **The parents should talk to the children about any problems they are having with the new child and help them develop coping skills.** A therapist may also be able to help with this, but the parents should be involved.
- **Have family meetings once a week.** These allow all family members to be heard and acknowledge, and give the parents a venue for teaching all of the children in the family how to negotiate (instead of manipulate) and to use conflict resolution and positive communication skills.

### **Suggested reading**

**The 7 Habits of Highly Effective Families** by Stephen R. Covey. Part of the author's series of books on "habits), this one focuses on practical steps that any family can integrate into their daily life.

**Attaching in Adoption: Practical Tools for Today's Parents** by Deborah D. Gray. The author uses short stories to help explain how attachment impacts the child's behaviours and provides advice on how to help the child develop an attachment based relationship.

**Mom Management: Managing Mom Before Everybody Else** by Tracy Lyn Moland. Many adoptive mothers of a child with attachment disorder are overwhelmed by everyone else's needs and lose sight of their own. This book can help such mothers re-evaluate what she has to offer the world beyond her family and how to make her own life a priority within the family.

**1 – 2- 3 Magic: Effective Discipline for Children 2 – 12 –** This approach includes using counting and time outs to stop misbehaviour without resorting to lectures or overly long consequences. This is not always useful with children with attachment issues, but is worth trying.

**The Encouraging Parent: How to Stop Yelling at Your Kids and Start Teaching Them Confidence, Self-Discipline, and Joy** by Rod Wallace Kennedy. This is not written for the adoptive parents of children with attachment disorders, but it provides effective methods of changing how a frustrated parent can respond to a child, gives effective discipline suggestions. There are also suggestions to help the couple deal more effectively with each other.

**Parenting from the Inside-out: How a Deeper Self-Understanding Can Help You Raise Children Who Thrive** by Daniel J. Siegel, Mary M. Harzell. The authors examine how our own childhood experiences impact the way we parent our own children and offer techniques for to examine their own lives in order to become more effective parents.

## **Chapter 5: Building an attached relationship**

- **What you need to learn and do**
- **What the child needs to learn and do**
- **Suggested Reading**

### **What you need to learn and do**

Parenting a child with attachment issues requires that the parents learn an entirely new set of parenting skills. Most of what works with other children, even those with special behavioural needs, will not work with this child. Often, the most effective skills are contrary to everything the parents believe about how to raise a child. The expectations, the results, and the methods differ significantly.

When capable parents raise a child from birth, they begin teaching him things right from the first moment. When the mother first holds the infant, she begins to teach it how to cuddle, how to sit still, and how to listen to an adult, how to transition from being awake to being asleep. Responding to rules and developing age appropriate social skills are all part of daily living and most are done without the parent even realizing she is teaching these to the child. However, a child who has not attached to anyone has never learned any of this and must be given the opportunity to do so at a time in his life when the opportunities are not as easily presented. This requires a set of parenting techniques that are new to most parents.

Here are some useful strategies:

❖ **Time** – this is the single most important factor in building an attached relationship with a child. The child needs time to adjust to the family, to experience the positives that are being offered, to learn how to meet the new and healthy expectations of the adopting parents; and, her brain needs time to grow and develop the neural structures that will enable her to attach. How much time it takes will differ with each child, but a truly attached relationship cannot be forced or set to a parents' or a therapists' schedule.

❖ **Stability** – the child needs an adoptive family that is as stable as possible. Job changes, moves, other children leaving the nest or entering, will all hinder the attachment process.

❖ **Consistency** – she needs to learn to rely on things being somewhat the same each day. So, consequences stay the same, rules stay the same, rewards stay the same, and the schedule should be as consistent as possible for an active family.

❖ **Have the child properly and fully assessed by a qualified psychologist and a qualified psychiatrist** - Many children who lived in orphanages, or foster homes, have not been properly assessed or diagnosed. There is no point in trying to treat an attachment disorder, if other conditions stand in the way. The child may require medication for attention deficit disorder, or bi-polar disorder, before any attachment oriented techniques can be successful.

❖ **Play feet** – this activity involves having all family members take off their shoes and socks (a bath beforehand won't hurt) and sit on the parental bed. Each parent and child takes a hand or foot of the person laying on the bed and massages it with a favourite lotion or scented oil. The family members doing the massaging each say one nice thing to the person being massaged, such as "you have beautiful eyes" or, "you have great handwriting". This goes on for about three to five minutes, and then switch who is on the bed, so that each member of the family has a turn being massaged. This recreates the early and unqualified nurturing that infants are supposed to get in the first months of life and allows the child to both give and receive.

❖ **Don't expect trust** – a fundamental aspect of attachment disorder is the inability to trust others. So, don't expect the child to trust the adoptive parents, or anyone else, until that the attachment has been established and the trust has been earned by the adoptive parents.

❖ **Sing with your child and to your child** – mothers in all cultures sing to their infants, so do this with the child, regardless of her age. This means that the type of songs might change, lullabies won't work with an angry thirteen old, but other types of songs will. Find tunes that are easy, and that can be learned by both the child and the parent. Sing while walking the dog, or shampooing the child's hair, or setting the table together, or while rocking or cuddling the child.

❖ **Do not use isolation as a consequence** – a child with attachment problems has generally developed excellent skills for coping with isolation. This may be by emotionally retreating, or it may be by ripping the wall paper off the walls and screaming. Regardless of the coping skill, it will not be effective and it will be designed to further infuriate, or punish, the adoptive parent. A more effective method of discipline is to have the child sit at the kitchen table until she has calmed.

❖ **Use rewards more frequently than consequences** – it is important to balance the rewards and the consequences, with the emphasis being on the rewards. Don't set up a strict schedule of rewards such as being good for one hour earns a star and four stars earns a cookie. Those types of approaches generally fail as the child cannot manage the stress of waiting to fail by accident and so will fail on purpose. Instead, use spontaneous rewards, such as an extra fifteen minutes of television because she shared a toy; or, buy some nice bubble bath to offer when she complies easily with bath time.

❖ **Time with the parent is not a reward** – don't offer time with a parent as a reward. The child is entitled to time with the parent.

❖ **Swaddle the child** – a child of any age, even teens, can be wrapped in a cozy blanket and rocked like a baby. The parent can hum to the child while rocking her and gently rub her forehead or stroke her hair. Try to have eye contact while rocking.

❖ **Sit with the child until she falls asleep** – Children who have been removed from the care of birth parents, often had traumatic experiences that were associated with night time. And, babies learn to relax and go to sleep by being held and cuddled. Children with early neglect experiences did not generally have this and so never learned how to self soothe in order to fall asleep. Sitting by the child, even holding her hand or rubbing her forehead

❖ **Spend time with the child – playing, shopping, walking, watching television, going to movies** – when the child withdraws from the adoptive parent, it is a natural tendency for the adoptive parent to withdraw from the child, but it is important that the parent stay actively engaged with the child no matter how much resistance the child puts up.

❖ **Develop eye contact skills** – teach the child how to look into an adults' eyes by gently placing a palm against the child's cheek. Hold the child's head in that way for several seconds while the child is talking to the adult. Do this repeatedly, but not in every conversation and not throughout the entire conversation. The length of time the child can maintain eye contact will increase.

❖ **Be firm, but kind and calm** – being firm in dealing with the child can be done with a friendly, positive voice tone, and with a non-confrontational body posture. The adult should not shake her arms or hands in the direction of the child, and should not cross her arms. Try sitting so that the adult's head is lower than the child's, this reduces the appearance of challenge and threat and will reduce the inherent anxiety level that the child carries.

- ❖ **Be in control, but not controlling** – being in control of a situation and of ones' own emotions and behaviours is not the same as controlling the child. In fact, the adult cannot control the child and the child's knows it. However, the adult can control the privileges, the time spent in conversation, the explanation, the reward or the consequence, and the amount of attention and energy an event is given.
  
- ❖ **Teach the child to cuddle and hug** – A child in the early stages of attaching may not have ever learned how to hug or cuddle and so resists doing so. Take the time to teach the child how to hug (arms around neck or back, holding firmly but not tightly), and how to learn when to let go. Teach the child cuddling means sitting still together, not bouncing around or jumping on the couch. Show the child how to relax while sitting with you by teaching her some breathing techniques.
  
- ❖ **Don't engage in long explanations or arguments with the child-** The child knows the rules she is breaking. So, when she is in trouble, explain the infraction once, then explain the consequence, then get out the discussion. The child will usually try to engage the parent in any way possible, but don't get involved. The parent can distract themselves by starting to cook supper, or dusting or doing laundry, or reading a book (or pretending to), or talking to another member of the family. If need be, leave the other parent in charge and go and take a shower.
  
- ❖ **Be reliable** – The adoptive parents should mean what they say and say what they mean. They should also follow through with promises as soon as possible.
  
- ❖ **Learn conflict resolution skills** – These are as useful at home as they are in the office. There are many good books on the subjects, and community centres or agencies often offer short courses on effective conflict management.
  
- ❖ **Find an anger management group for parents**– The parent will be pushed by the child to new and perhaps unfamiliar levels of anger for which he has few coping skills. A good anger management group for adults can help the parent to learn effective ways of dealing with both the child's behaviour and his own response to those behaviours.
  
- ❖ **Find a therapist who understands attachment and adoption** – therapists who use traditional child management techniques will not be effective. Also, therapists who do most of their work with the child, rather than with the child and parents together, will increase, rather than bridge, the emotional gap between the adoptive parents and their child. Find a therapist who understands that the child and parents must work together on developing their relationship, and who understands fully what the adoptive parents and the child need to learn in order to live together.

It is helpful to try a variety of approaches and strategies until the parents find one that fits their values and appears to be successful with the child. However, it is important to remember that giving the child opportunity and time are the most significant parts of any behavioural plan.

## **What the child needs to learn and do**

The child needs to learn how to be attached, how to belong to a family and how to be special to his parents. He needs to learn how his behaviours, both good and bad, make other people feel. However, the child does not understand that he needs to learn this. Naturally, he assumes that how he has always been is just fine and that it is everyone else who has the problem. Much of what the parent is trying to teach the child about how to live in a family is perceived by the child to be strange, unpleasant, scary, without reason or purpose, and too difficult. Remember, the child's brain is underdeveloped from the neglect and abuse and so it is harder for him to learn new ways of doing things than it is for other children. If he also has co-existing diagnoses such as fetal alcohol syndrome, or bi-polar disorder, those will further impair (but not destroy) his ability to attach.

The following are some considerations for what the child has to learn in order to complete the attachment process:

- **How to hug and cuddle** – the child may be afraid of touch, or he may be so uncomfortable with it that he rejects it. He needs to learn how to touch and be touched by others.
  
- **How to wait** – A child with attachment problems is often a child with little or no patience. He has to learn how to wait for gratification or reward or for his turn.
  
- **How to say “I’m sorry”** – the child needs to learn to apologize when she is wrong or has hurt someone. Often, this takes considerable time and effort on the part of the adoptive parents, but it is an important step to building relationships and learning about personal responsibility. Have the child look the injured party in the eye, and say ““I’m sorry for .....”. In the first few months, the parent can expect the child to resist this, then to say it rudely, then to move to sarcasm, then gradually she will get the point that the conflict, and the bad feelings, end sooner when she is at least polite while apologizing.
  
- **How to sit reasonably, and age appropriately, still** – if the child has attention deficit disorder, this will require medical attention. However, most children who don't know how to attach are overactive, with or without attention deficit disorder. They are jumpy and cannot sit still. The child needs to learn relaxation techniques that will allow him to sit. Holding the child quietly beside the parent, or on the parent's lap, for extending periods of time will help. Reading to the child while doing this, or singing or humming, or talking quietly, are good ways to keep the child still while he learns how to do it himself. The parent can be verbally firm about expecting the child to sit, but should not use any physical force. Gradually, the parent can begin to leave the child with a book to read, or music to listen to, and let him try

sitting on his own.

- **How to talk appropriately to adults and to other children** – some of the rude behaviour is often a matter of the child never having learned to do otherwise. When the child is rude or verbally demanding toward others, role model how she could have said it, and then have her repeat it in the appropriate way. As in apologizing, the child will first resist, then gradually begin communicating more appropriately as she sees that it works more effectively.
- **How to curb harmful impulses** – the child often does not understand that every thought or feeling does not have to have an accompanying action. Just because a child feels like hitting his brother, does not mean he has to do it. He has to learn that the thought and the feeling will pass and that he can control his behaviour until it does.
- **How to play** – A child who has not attached is a child who is under constant, unrelenting stress. It is almost impossible for her to let her guard down and be a child. Therefore, she often can't initiate play, and when she is involved with toys, she doesn't know what to do with them or how to play in a way that other children take for granted. The adoptive parents can initiate play, such as Barbies, or trucks, or swinging, or sand play. Much of the interaction between adults and infants is teaching them how to play, such as when adults gently tickle a child, or play hide and seek with an infant or toddler. Children with attachment disorder rarely, if ever, had anyone who played with them in this way.
- **How to let go of control** – The child will have no sense of adults being in control in a healthy way. To him, his life has never worked unless he was in control. It is frightening for him, but necessary, that he hand over the control to his parents.
- **Learn how to resolve conflict** – Newly adopted children often don't realize that conflict can be resolved. Most of their life experiences are about being moved whenever there is too much trouble. They need concrete tools to replace aggression or manipulation.
- **How to manage anger** – The child has a great many things to be angry about but it is unlikely he has any skills to show anger in an effective or non-violent manner. Find him an anger management group for children and be prepared to put him in it several times as his ability to learn new skills will increase as his brain develops.
- **How to trust his adoptive parents** – there is very little the parents can do to enhance this trust except to earn it. They must be reliable, they must be good role models, they must learn to wait till they have demonstrated their trustworthiness for a considerable period of time.
- **How to respect parental authority** – the child's early views of adults is that they rule by power. The child learns early on that parents, or adults, can make her do anything

by hitting her, or threatening her, or coercing her into behaving. The child takes on that power role as a means of survival and tries to become the powerful one in the family in order to keep things working the way the child thinks they need to. If the child is to heal, the child must learn that there is a difference between power and authority, and that the parents are entitled to be the boss in the family. In fact, the child must eventually become dependent on the parental authority in order to stay safe during teen years and to develop a healthy sense of what kind of adult she wants to become.

Children can move into a fully attachment based relationship with their adoptive parents. They can move beyond their original behaviours and learn to be children, rather than lonely little tyrants. Most adoptive parents can easily learn how to parent their challenging children. It does not take a special person to parent a special child, it only takes some new skills.

### **Suggested reading**

**Healthy Anger: How to Help Children and Teens Manage Their Anger** by Bernard Golden. This book has some complicated chapters that may not interest all parents, but it does give solid advice on how parents can respond to their child or teen's anger.

**The Explosive Child: A new Approach for Understanding and parenting easily Frustrated, Chronically Inflexible Children** by Foss W. Greene. The author supports the position that the children do not choose to be chronically non-compliant and explosive and so cannot simply choose to behave otherwise. Therefore, the focus of the change strategies presented here are to help the child learn new and more effective ways to relate to others. This book also helps parents understand the child's perspective and confusion about his own behaviours.

**104 Activities That Build: Self-Esteem, Teamwork, Communication, Anger Management, Self-discovery and Coping Skills**, by Alanna Jones. The title says it all. This book covers a variety of issues important to all children with helpful suggestions for learning new ways of relating to others.

**Conflict Resolution Activities That Work!** By Kathleen M. Hollenbeck. Provides skill building activities for children to use in most conflict situations.

**Survival Strategies for Parenting the Child and Teen with Bi-Polar Disorder** by George T. Lynn. This provides effective strategies for dealing with the negative behaviours associated with this condition and is useful to learn about other conditions that often co-exist with this diagnosis and with attachment disorder.

**Parenting Your Older Adopted Child** by Brenda McCreight. This book covers many issues

commonly associated with older child adoption and provides parenting strategies for moving to emotional health.

**Recognizing and Managing Children with Fetal Alcohol Syndrome/Effects: A Guidebook**, by Brenda McCreight. This book gives strategies for parents and teachers on managing the behaviours associated with fetal alcohol spectrum disorder.

**Taking Charge of Anger: How to Resolve Conflict, Sustain Relationships, and Express Yourself Without Losing Control** by Robert Nay. The book provides a six step approach to managing anger effectively.

**Setting Limits with Your Strong-Willed Child: Eliminating Conflict by Establishing Clear, Firm, and Respectful Boundaries** by Robert J. Mackenzie. While not written for attachment problems, this book provides excellent ideas and techniques for being firm with out being controlling, and provides a solid approach to setting effective limits with a non-compliant child.

**We Can Work It Out: Conflict Resolution for Children** by Barbara Kay Polland. This book gives children useful tools to handle just about any stressful or conflictual situation.

**From Defiance To Cooperation: Real Solutions for Transforming the Agnry, Defiant, Discouraged Child** by John F. Taylor. The author provides effective strategies for dealing with the difficult behaviours presented by chronically non-compliant children and includes information about children with Oppositional Defiant Disorder and other disruptive behaviours commonly diagnosed in children who have attachment disorder.

**Hot Stuff to Help Kids Chill Out: The Anger Management Book** by Jerry Wilde. This book gives a humourous approach to teens and kids to help them find healthy ways to express anger and how the child can use distraction to move beyond his anger.