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PARENTING THE HURT CHILD

HELPING ADOPTIVE FAMILIES HEAL AND GROW BY

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To James,
Your enthusiasm and quick insights are amazing.

■

Solace

It isn't too late
To learn how to trust
To heal the invisible wounds
I know that I must
Let gnawing insecurities
Frustration and loss
Slip from my grasp
As water spills from fingers spread
To relinquish the stigma
So at home in my head
And the unresolved hurts
That make me push you away
When your greatest desire
Is to keep me from harm
Please help me find rest
In the solace of your arms
For it is only there I will feel safe enough
To build new dreams.

CONTENTS

FOREWORD

America is filled with hurt children. Dr. Keck and Mrs. Kupecky quote the figures that forty-two thousand children were adopted from foster care alone in 1999. There were sixteen thousand children adopted from countries overseas. Almost all of these children have suffered from trauma, be it movement from home to home, by parent or orphanage care, or abuse. Some of these children have fragile genetics. Many others were bathed in alcohol or drugs before birth. Some were left on porches, and more than a few were recovered from trash containers or rescued from homes in which most rooms appeared to be a trash container. Some have neurological problems from head trauma. In addition to these children arriving in families from social services, foster care, or orphanages, there are many more thousands who have had poor early parenting and are living with grandparents and other kin.

These are America's hurt children.

In today's world, few children, no matter how disturbed, are in residential treatment or group homes. Someone, somewhere, is living with these children and attempting to cope with their parenting needs. And it is almost always a rocky road. Many, if not most, of them are difficult to parent and resist all discipline.

Every person who makes the choice to parent a hurt child has a dream. These dreams vary, but many include the antici-

pated fulfillment of helping someone else out of a tough situation; the feelings of satisfaction when a grateful child returns our love; the joy of seeing a person flower from a child into an adult who reaches his or her full potential. These are the things that all parents hope for, based on their own backgrounds and their own childhoods. And therein lies a problem, for most who choose to parent hurt children are functional people without early abuse and neglect of their own. They often have a record of success in parenting birth children. But the discipline they successfully used with prior birth children may not be effective with their hurt children. And tragedy can result.

Nothing, but nothing, can turn a normal household into a nonfunctional—even dangerous and threatening—environment as fast as bringing into the home a rebellious hurt child who doesn't understand love. The child's attitude and behavior turns everything topsy-turvy. The other children often feel neglected, picked on, angry, or resentful. The children become inwardly sullen or outwardly rebellious or show an unhappy combination of the two. Loving couples who previously agreed on parenting approaches find themselves disagreeing and doubtful not only about the other's behavior but about the other's motive itself! Family, neighbors, and friends who considered a couple saintly for taking in the troubled children, upon seeing the children's continuing misbehavior, begin to question the couple's parenting competence and even their character. The best hope is *knowledge on parenting the hurt child.*

The world expects reciprocal responses. If one is nice to someone, one expects the other to be nice back. If one is mean, it is understandable that others are mean in return. If one smiles, he or she expects a smile in return. If one is giving, it is expected that others will probably be giving in return. All this makes perfect sense in our usual world. In the topsy-turvy world of hurt and disturbed children, all these normal responses may not occur; they have to be taught. Hurt children early in their lives learned that smiles are not to be trusted. They know that adult actions may end in pain. They are "hard-wired" by early experiences to know that the only safety is in total and complete control of their emotional and physical environment. The chaotic past living inside their heads becomes the chaos they project

onto others in their home.

Because of the turmoil such children can produce, *Parenting the Hurt Child* is not simply a parenting book; it is tragedy prevention. Here parents will find the attitude, tools, techniques, and responses that make parenting special children especially rewarding.

The ideas you are about to read will help ensure that your time with your hurt child is interesting not frightening, rewarding not unhappy, effective not destructive.

FOSTER W. CLINE, M.D., coauthor of
Parenting with Love and Logic

1. Department of Health and Human Services, as quoted on Evan B. Donaldson Adoption Institute Web site, www.adoptioninstitute.org
2. Voluntary Cooperative Information System, as quoted on Evan B. Donaldson Adoption Institute Web site, www.adoptioninstitute.org
3. U.S. Immigration & Naturalization Services, as quoted on Evan B. Donaldson Adoption Institute Web site, www.adoptioninstitute.org

PREFACE

THE CHANGING FACE OF ADOPTION

PLEASE NOTE: In order to prevent confusion, we have chosen to use the masculine gender when referring to generic situations throughout this book.

The face of adoption continues to change. Gone are the days when the policies of social-service agencies forbade foster parents to get close to their foster children, and when nurturing was to be reserved for the yet unidentified adoptive family. Gone are the days when the accepted belief was that withholding love and attention from an infant or child would serve him well.

As the winds change course through the adoption and child welfare world, children no longer have to be subjected to impermanence or frequent moves from foster home to foster home while awaiting the phantom magic of reunification. They can finally reap the sensible rewards of a fact that we have known for years: children need to be in one place with loving, protective, and nurturing people—whether birth parents, foster parents, adoptive parents, or kinship parents.

Today foster parents are encouraged to "keep" the children they have. So widespread is this updated belief that youngsters in foster care are now more likely to be adopted by their foster

parents (64 percent) than by relatives (14 percent) or new adoptive families (21 percent).[1]

The Adoption and Safe Families Act of 1997 goes a long way toward addressing the many shortcomings of the earlier system. This law finally recognizes the critical need for permanency in a child's life and mandates that states move more expeditiously to obtain permanent homes for foster children. As a result, the number of finalized adoptions from foster care has soared—from 28,000 in 1996 to 42,375 in 1999.[2]

And the numbers will continue to grow. Irresponsible parents can no longer spend year after year ignoring the reunification expectations of their case plans, while their children move around the foster care system like endless chain letters.

No longer do agencies have to wait until the birth family does something injurious to an infant or child before removing him. If there has been a clear pattern of parental irresponsibility with other children, the state may now proactively protect a newborn. Social workers are freed from old laws that protected the rights of the birth parents while simultaneously endangering the lives of their innocent children.

The trend toward change is far-reaching. It is estimated that 16,396 children were adopted internationally by American families in 1999—an increase from 7,093 in 1990.[3] Many people pursue this path in an attempt to adopt a child who has not been hurt or damaged, but the child may be as hurt as a child from foster care. Most adoptable children from other countries share the same traumas as those experienced by children in our own system. The abandoned children found wandering the streets of Moscow most assuredly have not had good lives. In all probability, they were subjected to abuse, neglect, and sexualization, as opposed to nurturing, stimulation, and security.

Abandoned infants everywhere in the world have had identical experiences, and the motivation for the abandonment is irrelevant. Whether the child's mother left him in China due to sociopolitical reasons—or if he was dumped in a U.S. high school bathroom because his mother was terrified to tell anyone about her pregnancy—the end result is the same: the infant was abandoned by the woman who gave him life.

While we are not suggesting that people avoid inter-country adoptions, we simply want to make it clear that most adoptable

children—regardless of their country of origin—have experienced trauma. We also want to point out that the fear of a U.S. family reclaiming a birth child is not a sound sole motivator for seeking an international adoption. For the most part, there are very few situations in which a birth family regains custody of, or contact with, the child. This is particularly true of children adopted from the foster care system.

As changes in the adoption world continue, we are pleased to see the formal recognition of kinship placement. While this practice has always existed informally, families related to a child are now able to adopt him and receive the same kind of support—subsidies, medical care, and so on—that nonrelative adoptive families have always enjoyed. This movement opens up significant options for many children and negates years of undefined, nebulous existence in the foster care system.

Certainly, kinship families should be considered when they offer the child a chance for a secure, protective, and nurturing childhood. However, one should not assume that a new trend equals a solution for every case. Kinship placements may be superb, but they can also be abysmal, because there is not always a positive relationship between a biological tie and quality care. Kinship placements must be evaluated, utilizing the same factors as those employed in nonrelative placements. An aunt who is unknown to the child is more of a stranger than the foster family with whom the child has been living for two years. We think it is unwise to move a child simply because a blood relative has surfaced and indicates an interest in adopting him. This kind of thinking does not take into account some commonsense factors, even though it may flow with the current trend.

As we celebrate the numerous, positive changes that have occurred for hurt children, we must remain focused on a commitment to keep this process moving. Perhaps one day, a child who is removed from an abusive home will be able to have his first out-of-home placement as his final placement. While this may be a lofty goal, it may help the system refine its practices to enable children to "get where they're going" as quickly as possible. What's more, it will ensure that the child has the potential to experience continuity in his development. And that alone will reduce the lifelong difficulties for parents and their hurt children.

ACKNOWLEDGMENTS

When thinking of all of the people who have been involved in helping us help families with hurt children, it becomes difficult—actually impossible—to identify them individually. In fact, it is the integration of a host of factors, experiences, children, adolescents, parents, and professionals that has made this book possible.

There were times when we wondered out loud if we were addressing important issues. Were we providing the tools parents need to undertake the huge task of helping children heal from the traumas thrust upon them early in life? While we were sometimes able to answer our own queries, most of the time the answers came from others. To all of the people who shared their observations, a heartfelt thank-you.

Lynda Mansfield, our friend and editor, has helped make this book talk to the reader in the same voice as *Adopting the Hurt Child*. Thanks, Lynda.

We are grateful to Carol Blatnicky for her chapter "The School Dance." Families struggle so much with the situations she addresses. We are certain you will find her information helpful. Thanks, Carol.

Special thanks to all of the parents and children who shared their thoughts in chapter 11. We learn so much from the families with whom we work.

It is a privilege to include Launa's beautiful poem in our

book, and we thank her.

Ohio is a special state for adoptive families. For years, there have been monies made available through the Post-Adoptive Special Services Subsidy (PASSS) program. These generous funds, supplemented by State Special Services Subsidies, allow adoptive families to access specialized services that their hurt children so desperately need. We know of no other place in the world that has such a post-adoptive program. Thank you, Ohio, and your eighty-eight counties.

We thank Piñon Press for receptivity to our thoughts and ideas, valuable ongoing input, and a simple and productive publishing process. A special thanks to Steve Eames, who first reviewed our proposal.

Additional thanks to all of the people at the Attachment and Bonding Center of Ohio, who keep the day-to-day operations running smoothly as they encounter extremely difficult work.

To Ann Winchester, who has been Regina's friend since they were toddlers—thank you for getting us out of all our computer glitches. You're right; it was easier than the way we did the first book—on legal pads!

Thank you to ATTACh, Jewel Among Jewels, and *Adoptive Families* magazine for publishing our articles and allowing them to be reprinted in "Authors' Smorgasbord." We would also like to give special thanks to Patty Hamblin, LSW, post-adoption social worker, and the Wayne County Children Services Board for allowing us to reprint questions and answers from their publication *The Connection* in our chapter "Ask An Expert."

And, just as we did in *Adopting The Hurt Child,* we thank our parents and grandparents for providing the kind of foundation that has allowed us to deeply understand the critical nature of family.

GREG: I often ask my son James for his thoughts and opinions. He, as most adolescents, usually has an answer that shows great insight and simplicity. Once, as I was getting ready to participate in a meeting to decide whether or not a sibling group should stay together, I asked James what he thought. His answer was direct and to the point, "If they can get along with each other, they should stay together." Made sense to me! I think of his answer each time I am asked to address this issue. Thank

you, James. And to both of my sons, Brian and James, who keep providing me with new ideas and opportunities for me to be creative—thanks, guys!

REGINA: To my husband, Don, who has been patient and supportive during busy times. Thank you, Don.

■

We hope this sequel to *Adopting the Hurt Child* will give you, the reader, information and perspective that will strengthen your commitment to your hurt child. Most important, we hope it will provide you with renewed hope for that child's healing and growth.

INTRODUCTION

HELPING YOUR HURT CHILD HEAL, GROW, AND DEVELOP

In the six years since *Adopting the Hurt Child* was published, we have been asked repeatedly about writing another book. Of course, we were flattered, but the mere thought of the undertaking was daunting.

Now we feel the time has come. We want to add to the information we have already imparted and give parents more tools to help them raise their hurt children. The past six years of ongoing work with families have given us new insights, ideas, and strategies that we want to share with parents to help their children heal, grow, and develop.

We want to make it clear that foster and adoptive parents are *not* responsible for the development of their children's problems. But they *are* responsible for creating the proper environment for change, the motivation for growth, the direction for improvement, and the security needed for comfortable attachment. Their roles are extensive, and if they are not fulfilled, their children cannot get well.

Parenting a hurt child may not be the kind of parenthood that some people envisioned when they responded to an advertisement about adding to their family. But anyone who wishes to

take on the responsibility of fostering or adopting a child who has had early trauma needs to understand precisely what is to be expected. Once the choice is made to proceed, parents must know what they can do to help their new child heal.

It is our intent to give them information that will prepare them for troublesome—even dark—moments and to arm them for a loving battle. Many parents feel as if they are in combat, and most of them had no idea this is what the social worker meant when she said, "Jamie can be challenging and energetic."

Parenting hurt children can be difficult. But it can be less difficult . . . more fun . . . more effective . . . and more productive when you know who you are parenting and how to do it best. While your child may not always feel your help—or may not let on that he does—this is a normal part of the process. After all, how many of us recognized and appreciated what our own parents were doing for us as we were growing up?

As more and more adoptions of hurt children take place, there is a critical need to prepare the new parents for the challenges they will face. They require support from both the professional and the lay communities, because they are often misjudged and misinterpreted.

Early on, people speak of them as "saints." As time goes by, the child's disturbance begins to emerge. The parents' struggles and frustrations are revealed, and people pull away. They become judgmental, nonsupportive, and unsympathetic. These once "saintly" families withdraw, afraid to tell people what they are really going through. They think, "Who will understand?" "How could such a sweet child possibly be so much trouble?" "How could such a young child cause enormous turmoil among family members?"

These difficult situations are the ones that led us to write this book. We want to explore every option that will help families help their children. We want to enable parents to understand the very things that cause them distress . . . that cause them to reflect upon their capacity to parent. We want to give them as much hope as possible and to share some very specific strategies that may help make their journey smoother, more productive, and more enjoyable.

No single technique will solve all problems. There are no "tricks" that will abolish the hurt the child has experienced. There are no strategies that will completely alleviate parental

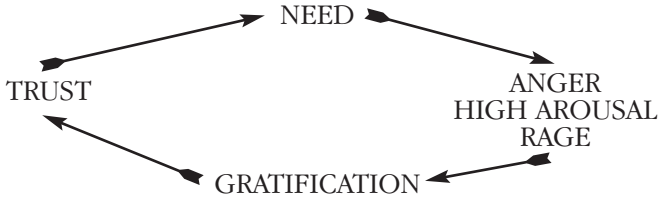
stress. Parenting a hurt child is a journey filled with surprise, pain, uncertainty, episodic joy, unparalleled excitement, and an ongoing sense of wonder—wondering what is just around the corner . . . wondering just how long the peace and love will last . . . wondering when the next crisis will hit.

When the carousel of placements finally stops, the roller coaster ride begins. We hope that what we have to share will give you the hope, strength, courage, and commitment to endure the ride with all of its unexpected turns and bumps. If you are able to complete the journey, you will have helped your child heal and grow. In the process, it is inevitable that you, as a parent, will also grow. We hope that what we have to share will inspire you to tap into your own resources and creativity and will allow you to become the parent you always wanted to be.

As you read this book, keep in mind the following facts. They will serve you well as you begin to understand parenting the hurt child.

- Parenting hurt children requires loving patience and clear expectations for improvement.
- Parenting hurt children is frequently painful.
- Hurt children bring their pain into their new families and share it with much vigor and regularity.
- Parents who did not cause the child's trauma often suffer the consequences of it.
- Even though the child may seek to anger the parent, children will not be able to securely attach to an angry parent.
- Anger prevents healing.
- Nurturing will promote growth, development, and trust.
- Parents do not need to have a consequence for a child's every misdeed.
- Family fun should not be contingent upon the child's behavior.
- Parents should expect difficult times, as well as a reduction of them.
- Parents must spend time—lots of it—with their children.
- Parenting involves sacrifices.
- While parents must take care of themselves, that care cannot be at the child's expense.

- Parents and children pay a price when parental shortcuts are taken.
- Expectations are more effective and powerful than dozens of rules.
- A child's history isn't only in the past. It affects the present and the future.
- Parents need to determine what information is private and what can or should be shared with people outside the family.
- Strong parenting does not need to be mean-spirited parenting.
- Angry parenting will help keep the mean child mean, the wild child wild, the scared child scared, and the hurt child hurt.
- If your child is from another country, his hurts and losses are the same as those of a child from the United States.
- Hurt children get better when their pain is soothed, their anger reduced, their fears quelled, and their environment contained.
- Reparenting is what hurt children need, regardless of their chronological age. Going back to pick up some pieces will be necessary before moving forward.



CHAPTER 1

WHO IS THE HURT CHILD?
Understanding the Attachment Cycle

For those who have read Adopting the Hurt Child *or have a good understanding of attachment issues, this chapter—condensed, with permission, from our first book—will serve as a review. For those new to the topic, this will provide an introduction to the hurt child.*

There is a common children's verse that says, "Sticks and stones may break my bones, but words will never hurt me." For the abused child, nothing could be further from the truth. While the effects of physical abuse usually heal over time, the psychological insults experienced by the child bring deep, long-lasting pain. These wounds fester within, creating ongoing difficulties for both the child and the adoptive family.

Many adoptive children did not experience early childhood trauma, neglect, or abuse. In these cases, the issues they face are common to all children and are supplemented by issues related directly to adoption. But for adoptive youngsters who lived through a difficult start, there is a range of developmental complications tied to the abuse, trauma, or neglect.

The problems that adoptive parents often see in their children are most likely the result of breaks in attachment that occur within the first three years of life. This condition is often diagnosed as Reactive Attachment Disorder, which impairs—and even cripples—a child's ability to trust and attach to other human beings.

Often mothers understand attachment issues before fathers do. This is because healthy children first attach to their mothers—beginning in the womb. Most adopted children blame the birth mothers for their abandonment, abuse, and/or neglect, and target adoptive mothers with their most negative behaviors.

At the beginning of Lara's assessment, her father said he thought his daughter was fine, and the problems were all in her mom's head. When Lara was in session, both parents watched on a video monitor from another room as the child manipulated, swore, lied, and tried to prove to the therapist that she was the boss. "Daddy's little girl" was showing her true colors, and her father admitted, "If I hadn't seen it, I wouldn't have believed it." Lara's mother was vindicated, her father was forgiven, and the family could begin to heal.

ATTACHING DURING THE CRITICAL YEARS

Most professionals who work with and study the process of bonding and attachment agree that a child's first eighteen to thirty-six months are of vital importance. In a healthy situation, this is the period within which the infant is exposed to love, nurturing, and life-sustaining care. It is the time when the bonding cycle is repeated over and over again:

- The child has a need.
- He expresses that need by crying, fussing, or otherwise raging.
- The need is gratified by a caregiver, who provides move-

ment, eye contact, speech, warmth, and/or feeding.

- This gratification leads to the development of the child's trust in others. When abuse and neglect occur, they can interrupt the attachment cycle—leading to serious problems in the formation of the personality and most likely affecting him throughout adulthood. When the cycle is not completed and repeated, difficulties may arise in critical areas, such as

- Social/behavioral development
- Cognitive development
- Emotional development
- Cause-and-effect thinking
- Conscience development
- Reciprocal relationships
- Parenting
- Accepting responsibility

SYMPTOMS OF REACTIVE ATTACHMENT DISORDER

A child born into a dysfunctional environment that features abuse and neglect as overriding themes will not experience the attachment cycle with any predictability. As a result of this attachment interruption, he may exhibit many—or perhaps all—of the following symptoms:

- Superficially engaging and "charming" behavior
- Indiscriminate affection toward strangers
- Lack of affection with parents on their terms (not cuddly)
- Little eye contact with parents (on parental terms)
- Persistent nonsense questions and incessant chatter
- Inappropriate demanding and clingy behavior
- Lying about the obvious
- Stealing
- Destructive behavior to self, to others, and to material things (accident-prone)
- Abnormal eating patterns
- No impulse controls (frequently acts hyperactive)
- Lags in learning

- Abnormal speech patterns
- Poor peer relationships
- Lack of cause-and-effect thinking
- Lack of conscience
- Cruelty to animals
- Preoccupation with fire

When faced with these behaviors, the pain and heartache experienced by the adoptive parents cannot be underestimated, nor can the hope that comes with identifying this disorder. From identification comes treatment that can fill in the child's developmental gaps and allow him to grow to maturity.

JASON WAS REMOVED FROM HIS NEGLECTFUL BIRTH MOTHER WHEN HE WAS a year old and was placed in a very nurturing foster home before being adopted at age two and a half. By the time he was six, he was hitting and biting his adoptive mother and other authority figures. His past neglect—coupled with his unexpressed anger and sorrow over leaving his foster home—resulted in his becoming a very troubled child. Even though his history had few moves and much nurturing, he was still a child with unresolved loss issues that impacted his attachment.

EFFECTS OF ABUSE AND NEGLECT

Even before a child is born, the building blocks of development are being laid. During the critical nine months that the child is within his mother's womb, he must receive sufficient nutrition and be free of harmful drugs if he is to develop into a healthy baby.

Many of the children who hurt were born to mothers addicted to drugs and/or alcohol. These children can be viewed as life's earliest abuse victims, because prenatal maltreatment may have prevented some of their physiological systems from developing properly. Oftentimes they are not primed to attach to a caregiver. Impeded by immature neurological systems, they are often hypersensitive to all stimulation. They do not like light and may perceive any touch as pain. In fact, any child in chronic pain, even when nurtured by the most loving caregiver, may develop attachment disorder as the pain short-circuits his ability to attach.

Sadly, a baby born with fetal alcohol syndrome or with drug-

induced problems is most often tended to by a substance-addicted mother who is incapable of providing even basic care. The infant's heightened sensitivity and irritability may set him up for further abuse or neglect, because the mother faces the added challenge of parenting a baby who is often fussy and upset.

Children placed into an orphanage shortly after birth receive little one-on-one care. No matter where in the world the orphanage is located, this early placement can affect a child's development and create attachment issues.

Whether the abuse and/or neglect occur in utero or after the child is born, the results may be similar. The attachment cycle breaks, and the likelihood of attachment disorder is great. Without the intervention of proper therapy, this emotional condition can create problems for a lifetime.

MIKE WAS TEN MONTHS OLD WHEN HE ENTERED FOSTER CARE AS A FAILURE-to-thrive child. By the time he was adopted at the age of three, the physical traits of failure-to-thrive were gone. But his anger remained. He came to us at fifteen after multiple treatments, including counseling, anger management, day treatment, residential treatment, and in-home therapy. When we showed him a photograph of a failure-to-thrive child and explained where his anger came from and where it belonged, he began to change and join the family.

CHOOSING THE RIGHT KIND OF THERAPY

To maximize the effectiveness of therapy for a child with attachment difficulties, treatment must be directly related to the problems that the family and the child are experiencing. Specific problems warrant specific solutions, and boilerplate methods serve no purpose. In most cases, finding the right therapist to point out the right path is the first step toward family harmony.

We continue to hear complaints from adoptive parents stating that mental health professionals blame them for their children's current problems. It is an unfortunate fact that many of those who attempt to provide treatment to adoptive parents with disturbed children know very little about issues related to adoption and are not well versed in the potential damage that early trauma can cause. This is particularly alarming when we realize

that besides failing to provide effective therapy, these well-meaning professionals solidify the child's existing pathology and complicate subsequent therapeutic efforts. It is not unusual for us to work with families who have seen four to six mental health professionals with little or no results.

BETH, ADOPTED AT AGE EIGHTEEN MONTHS, IS NOW TWENTY-FOUR YEARS old. She was in treatment with a psychologist to discover why she had such a hard time making commitments—to both other people and to a job. She suspected that her early life had impacted her adult life, and she began to educate her therapist about adoption and attachment issues. Finally, she became frustrated with his comments, such as, "I didn't know that," and "Can I borrow your books?" Ultimately, she grew weary of spending her money to educate her therapist and switched to an adoption-friendly professional who soon had her on the right road.

■

The reason for this ineffectiveness in treatment is startling in its simplicity. While graduate training enables therapists to deal with the neurotic personality, it does not adequately prepare them to deal with children who have not yet made it to a developmental level that is complex enough to be neurotic.

WHAT MAKES THERAPY FAIL

Young people with developmental delays—whether social, psychological, or cognitive—tend to be extremely skilled at figuring out the traditional therapist's goals and style. They effectively assume the role of victim, and the therapist responds with sympathy. Rarely does a clinician challenge a victim child, which is precisely what needs to be done when the child is faking it. When the therapist buys into the victim positioning, his sympathetic response serves to empower the child—and disempower the parent.

To compound the situation, many children who have experienced neglect, abuse, and abandonment have not yet developed an internalized set of values by which they judge themselves and others. They are not able to receive and experience empathy—nor can they develop insight—so they tend to project blame

onto others and onto objects. They blame their adoptive parents for causing their anger, and they blame toys for breaking. They blame things that could not possibly be responsible for anything!

Most often, children or adolescents who engage in projecting blame have not yet developed a conscience. They become adept at engaging others in a superficial manner, amplifying the distorted reality that exists with their therapists. They even manage to draw teachers and others into their web of delusion, making these outsiders to the family feel that these "poor children" are quite easy to be around and are truly misunderstood by those who should know them best—their parents.

Many professionals are quick to endorse the helplessness of these children and their lack of social competence. While the young con artists are initially satisfied with their success at hooking yet another adult, they will ultimately hold him in contempt for "being so stupid."

Scores of therapists have fallen into this category and will be of little help to the child and his family if they continue to blame the parents or the family system for the child's difficulties. Character-disturbed children and adolescents are highly skilled in engaging the therapist when it should be the other way around.

It is an interesting dichotomy that the same therapists who are easily taken in by disturbed children find it difficult to work with the parents. Because their efforts are focused on helping the parents understand and tolerate the child, the implied—and sometimes direct—message is that the problem is one of parenting.

When parents are influenced to feel that their own issues are to blame, they may assume the "I need to change" role. Even when they objectively know that they were perfectly functional prior to becoming adoptive parents, they may be seduced into identifying themselves as the ones who should change. When their thinking no longer matches their experiences, they can feel crazy.

Mary, a single mom, adopted three children. "If one more person says what a saint I am, I may kill them! I feel like I want to kill these children at times, and I'm doing the best I can. When they tell me I'm a saint, I feel like a fraud. No one knows how angry I get at times."

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Many parents with whom we have worked describe years of nonproductive therapy. At the suggestion of therapists whose empathy focused solely on the child, they kept charts of chores, doled out rewards and stickers, and imposed monetary fines. They compromised their values, altered their expectations, and skewed their rules. They were therapeutically robbed of their parenting roles, resulting in an unexpected shift of power from them to their troubled child. Once this occurred, there was little reason for their child to change.

After many failed attempts at therapy, adoptive parents frequently become defensive, guarded, and overly controlling in their relationships with therapists. Once this happens, the parents are likely to look as if they are, indeed, the ones who need help. We often ask parents, "Did you feel and act this crazy before you adopted Bobby?" When we approach them from a humorously empathic point of view, we generally get a response such as, "Finally, we've found someone who understands!"

WHAT MAKES THERAPY WORK?

In order to help the child with attachment difficulties, it is necessary to provide therapeutic support to his adoptive parents, as well. This serves a twofold benefit:

- To counteract years of minimization and disbelief by mental health professionals, teachers, social workers, and extended family members
- To enable parents to receive, process, and utilize the information the therapist gives them, because it is presented in an atmosphere of support

Let's face it—anyone will listen and respond more positively to an ally than to someone who is placing blame. What's more, they will be more open to making any necessary changes in their parenting techniques.

When the Smiths came to our center after internationally adopting

two siblings, they were in crisis. Their adoption agency was bankrupt, and their extended family was uninterested in the children who weren't, after all, "real Smiths." The mom was angry, and the dad was in denial. As part of their treatment, we suggested that they join our support group for parents of children with attachment disorder. The other mothers rallied around the new mom, while the fathers quickly nudged the dad into reality. Soon they were able to laugh about the antics of their children and could hardly wait to share stories and solutions, and get advice from others in the group.

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When working with adoptive parents, we always make it clear to them that they are not responsible for the problems their children have. They are, however, responsible for doing what they can to help alleviate them. While we don't blame them, we do expect them to assume a role that is strong, committed, resilient, and persevering.

The support we give is not *carte blanche*. While it is the parents' right and responsibility to call the shots in their families, it is our responsibility to help them make appropriate changes in their interactions with their children that coincide with our therapeutic work.

We are constantly amazed at the reports we hear about therapists who treat children without informing the parents of what happens in therapy. The parents of our young clients are always involved—either by their presence in the treatment room or in the observation room. Although we have high regard for the confidential nature of some therapy, we firmly believe that parents of character-disturbed children must be aware of what we are doing.

We are honest with the child, as well, and our openness has always proved effective. The hurt children with whom we have worked respond well to a contract that states, "Your parents are important people in your life. Because we believe they are the best people to help you, we want them to know everything that goes on in our work. There are no secrets here, and there will be no secrets about what goes on at home."

AUTHORS

GREGORY C. KECK, PH.D., founded the Attachment and Bonding Center of Ohio, which specializes in the treatment of children and adolescents who have experienced developmental interruptions. In addition, he and his staff treat individuals and families who are faced with a variety of problems in the areas of adoption, attachment, substance abuse, sexual abuse, and adolescent difficulties.

Dr. Keck is certified as a Diplomate and Fellow by the American Board of Medical Psychotherapy and is a Diplomate in Professional Psychotherapy. He has taught at Case Western Reserve University's Mandel School of Applied Social Sciences and the University of Akron, and is involved in training for a diversity of agencies, hospitals, and organizations, both nationally and internationally.

His memberships include the Cleveland Psychological Association, the Ohio Psychological Association, the American Psychological Association, and the National Association of Social Workers. He was president of the board of directors of the Association for Treatment and Training in the Attachment of Children (ATTACh) from 1991 to 1998.

In 1993, Dr. Keck was given the adoption Triad Advocate Award by the Adoption Network of Cleveland, Ohio.

He is a parent and has appeared on numerous television and radio talk shows to discuss a broad spectrum of adoption issues.

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Mrs. Kupecky authored a resource guide, *Siblings Are Family, Too,* which is available through the Three Rivers Adoption Council in Pittsburgh, Pennsylvania. She has presented at local, national, and international conferences on a variety of adoption topics and holds a Master of Arts degree from John Carroll University.