The Older Child Toolkit

SECOND EDITION

CCAI

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Introduction

LOVING AND LIVING WITH A TRAUMATIZED CHILD MEANS EMBRACING A LOVE LIKE NO OTHER. IT IS LOVE LIVED OUT EVERY DAY IN A NEW AND UNFAMILIAR WAY. IT IS COMMITMENT CEMENTED THROUGH THE CHALLENGES AND STRUGGLES OF UNCERTAINTY. IT IS A LIFE JOURNEY WALKED ON UNKNOWN PATHS. IT IS A FAITH, HOPE AND A VISION THAT THE FUTURE WILL HOLD SOMETHING FAR BETTER THAN WHAT YOU ARE EXPERIENCING NOW AND PERHAPS EVER DREAMED POSSIBLE.

SCHOOLER, KEEFER SMALLEY, CALLAHAN, WOUNDED CHILDREN HEALING HOMES, PG. 19.

The Older Child Toolkit - Second Edition

Thank you for opening your heart to the possibility of adopting an older child. For our purposes with this book, an "older child" would be between 5 years of age and early adolescence at the time of adoption. CCAI is dedicated to working with you to help prepare you to add an older child to your family.

We know that our adoptive children arrive with varied experiences of care in their country of origin. They may have lived in an orphanage or foster family with consistent caregivers since infancy or they may have lived in more than one place, from an orphanage to a foster home or hospital and back again. Some of the children may have had contact with their biological family right up until their biological parents' rights were terminated and the children were deemed adoptable. In any case, each child's experience is unique. There can be a range of experiences, from caregivers who were very connected and caring, to caregivers who may have been indifferent but "good enough," to those who may have been neglectful or even abusive. There can also be a range of perceptions or responses among different children, both at the time of an event and later as the child matures and revisits past experiences. It is highly possible that you will not know many

of the details of your child's history, and there are sure to be many unknowns. Even though this is often the reality of international adoption, most people are able to form loving families with their adoptive children. CCAI believes (and research supports) that the more prepared you are in terms of information, skills and openness to possibility, the better it will go. We want to help prepare you as a parent so that your child can grow and thrive in your home to the best of their ability.

CCAI wrote "The Older Child Toolkit" in 2012 in response to the increase in older child adoptions. 50% of all international adoptions through this agency are for children age 5 and above. This same statistic of older children is also reflected in the State Department's total number of international adoptions for 2016. As such, CCAI wanted to provide a very broad overview of what families and the agency were seeing with these older child adoptions in order to better prepare families who were just beginning the journey. We feel that "The Older Child Toolkit" is still a good general overview of the kinds of issues that can come up. However, since 2012 there have been gains in adoption research, as well as many books and resources that were not available then. It was time to add to our basic Toolkit.

Today's "The Older Child Toolkit – Volume Two" is designed to provide a deeper look at the children and their needs when entering an adoptive family home. Almost every family who has adopted an older child would tell you that the first year or two feels challenging to each family member. It takes time for everyone to get to know each other and adjust to having a new child in the family. The parents must invest in both providing a space for their child to heal and blossom and providing space for the rest of the family to feel safe and heard. The siblings in the family may be shocked to see how much of their parents' time must go to the newly adopted child. And the adoptive child must work incredibly hard to adjust to so many new things at once. Ultimately, most adoptive children are able to adapt to their new life. Given time, they grow and thrive. There are a few children whose hurts and trauma are enormous. We have seen that the effort to parent a very wounded child can take a huge toll on a family's very existence. Good tools, understanding and connections make it more likely that everyone can flourish. There is a lot of information available about adopting an older child. We have pulled information from many sources to share with you.

Thank you for beginning to consider if your family is willing and able to adopt an older child. Any adopted child, but particularly one over the age of 5, needs a family that is ready and committed.

Where Do We Begin?

The Decision to Adopt an Older Child

When you adopt a child, you want to be thoughtful about the reasons behind the decision as well as considering the needs of the current family members in your home. When you plan to adopt an older child, you want to give serious consideration to all of the children in the family, not just the child being adopted. The life of every family member is changed forever. If the child being considered for adoption has behavior problems or serious medical issues, then the lives of the other children in the family will be interrupted.

First of all, reflect on what has brought you to the decision to adopt an older child. Be certain that the decision to adopt an older child comes from the desire to parent a child. The adoptive child cannot "fix" a perceived problem in the family such as providing your only child with a sibling, or adopting a girl because you have three boys and have always wanted a daughter. If you are not sure that the primary reason you want to adopt is because you are committed and eager to parent another child, challenges may become more difficult down the road. Likewise, to be moved to adopt a child from a spiritual basis without doing the work to understand and prepare for such an adoption will not carry you through those inevitable challenges that will come. We can help the orphans in many ways other than adopting them into our homes.

Be clear and be ready!

Comparison of Programs to Adopt an Older Child

If you are considering adopting a child over 5 years old, there are both domestic and international routes that should be explored and compared. These are very broad generalizations intended to give you a starting point. CCAI is committed to matching prepared, informed families to children who are parentless due to death, abandonment or termination of parental rights.

	County Foster-Adopt	China	Bulgaria, Latvia, Ukraine, Taiwan
Child's Likely History	Removed from family	Probably years in an orphanage	Removed from family
Upfront Adoption Cost	$2,000-$5,000	$25,000-$35,000	$25,000-$40,000
US/State Government Aid for Long-Term Issues	Some financial help for medical and counseling needs	Family is solely responsible	Family is solely responsible
Permanence of Placement	Because of family reunification laws, about 60-75% of foster children go back to their biological families. It is possible to have a foster-adopt child for a year and then have him or her go back to the biological family.	China: Adoption is finalized before traveling back to the US.	Hosting a child from Latvia or Ukraine does not guarantee that the family will be able to adopt the child, but many families meet their child through a hosting program. The adoption process includes a series of trips and court dates, with finalization in the country of origin. Bulgaria: The adoption is finalized after two or three trips. There are court hearings during the adoption trips that may not lead to the finalization of adoption. Taiwan: Similar to a county domestic adoption, there is a possibility that a family will not be picked at all, as the orphanage chooses between several submitted home studies. The adoption is finalized before traveling to the US.
History of Sexuality	Children in long-term foster care have at least a 50% likelihood of having a history of sexual abuse. This is usually abuse by an adult.	China: Older children in orphanages have a chance of being exposed to child-on-child sexual experimentation or internet porn. CCAI estimates that they hear of this in 10% to 20% of older child adoptions from China.	Older children in Latvian or Ukrainian orphanages have similar chances of being preyed on by adults or older children in the orphanage as children in American foster care, and internet porn is easily accessible to these children. Bulgaria: If the child is more than 5 years old, there is a chance of sexual experimentation among children. Taiwan: These children have been removed from the home, with some chance of sexual abuse by an adult.

	County Foster-Adopt	China	Bulgaria, Latvia, Ukraine, Taiwan
History of Physical Abuse, Drug or Alcohol Exposure	These are the usual reasons children enter the foster care system in America.	These things can happen in Chinese society, but it is unusual.	These are the usual reasons children enter the orphanage in Latvia, Ukraine, Bulgaria or Taiwan.
Prior Knowledge About the Child's History of Harm	American foster children come with a lot of information about their birth families and experiences in foster care, but may still have unknown trauma.	Chinese children come with no birth family history, and few details about orphanage/foster family life. Children often have unknown trauma.	Bulgarian, Latvian, Taiwanese and Ukrainian children come with some records of their birth family experiences but may still have unknown trauma. Much of this information is not presented to adoptive families until close to finalization in Latvian and Ukraine adoptions. It is usually presented to the adoptive family during the time of the court adoption process.

Preparing for Adoption

Many families are curious about the process of determining if a child is the right fit for their family, what information is available to potential adoptive parents about a particular child, and what the child knows or understands prior to the adoption proceedings. The reality is this varies on each situation, and it's important to be aware that information available to families may or may not be accurate or complete.

What kind of information can you have before your child pre-adoption?

You will be presented a child's adoption file with medical reports prior to acceptance of your child for adoption. The files might be complete and accurate, or might not be. The paperwork in a child's international adoption file is compiled solely by the child's orphanage. This information is passed through the governmental offices that oversee the paperwork and procedures for their country's international adoption. Some families have months to consider and prepare for what is in the child's adoption file. Other families may not have received the adoption file with medical information until just prior to travel or even in country. You will want to anticipate and prepare for the needs of your child based on these reports.

However, it is possible that once you are home with your child, you may learn that there are other unknown medical needs that either were not reported or were not known by the orphanage. This change in information can be challenging, at the very least. It can also add even more to the life changing impact this adoption brings to your family. You can do your best to be ready for what you do know but also be aware that new needs - emotional, physical and cognitive/mental health related - could occur. It is important to know your resources once you are home, medically and therapeutically, and then stay flexible about what life might look like. Once you have your child home and have had a bit of time to get to know who they are, you will be able to begin that slow process of navigating life's new journey.

Do some legwork in advance of your adoption trip to connect with support and resources to help your child in those initial days and months when they are first adopted. Locate language support to help with translation, and be aware that although your child may begin to grasp English in a matter of weeks, the depth of understanding can take some children a very long time.

Older adoption is harder in some ways and yet easier in others! You can reason with an older child, you also have a clearer picture of their "issues" and non-issues.

We honestly have had greater challenges with our child adopted at 10 months! So we went in with eyes wide open. But our daughter had been in a loving birth family the first two years of life, and her orphanage was staffed with loving nannies. It's not all easy; the behaviors we work to change are very set in and require endless reinforcements. I find I have to be a bit more creative to approach "set in" behaviors, like eating with her hands, even after more than two years, (they had no utensils) so I now put a mirror in front of her at the table.

But she is a pure gift! I can't imagine life without her in our family. Thank goodness I didn't listen to all the "dissuaders".

To aid in this transition once home, it is important to do cultural work as well. Introduce your child to mentors from their culture; help your child, when possible, stay in touch with old friends; find other older adoptees who can share their experiences and offer support as your child is adjusting; allow your child to be a teacher to you and your family, teaching you the language, songs, games or foods that they enjoyed. Find out if there are ways to keep in touch with your child's orphanage and/or foster care family, as this might give your child a link to help them in those early days, weeks and months. One family we know adopted their son from China days before he turned 14. He has to connect to his orphanage and his friends there via WeChat. It helped him initially share what was happening in his life with his friends, and then as he became more adjusted in his family and school in the US, he also was a support to other children in the or-

phanage who were being adopted. He could share and mentor these children as they expressed their fears, asked their questions and heard his view that life with a family is worth it all!

How are children prepared to be adopted? What kind of contact can you have with them pre-adoption?

Families often ask how children are prepared to be adopted. The orphanage may have a staff person who works with the children that will explain for the child that they are being adopted into a family in the US. They may offer ongoing discussion or it may be a one-time conversation and then very little until they are notified that the child's parents are traveling for the adoption. The child may even be well aware of other children who have been adopted and in a small number of cases, even had some contact with those friends after their adoptions. Many of the orphanages are willing to have some contact between the older child and the prospective adoptive family prior to the adoption. Indeed, for those adoptions when a family has hosted the child and then returned to adopt their child, a connection has been made. But most families do not host their child. There are other ways that you as a family can introduce yourselves to your child. You might be able to send care packages that would include a letter and photos of your home, family members, pets, and the outside community. You might be able to WeChat or Skype with your child in advance. You might need to have a translator available to help with the call, but more and more of these pre-adoption introductions are being offered and made available with the orphanage's permission.

I don't know how much NiNi was prepared for her adoption. She told us stories of how her second foster mother showed her our pictures and explained she was gong to America. But I don't know how much of that actually registered with NiNi. This was compounded by the fact that she had recently changed foster homes and, according to NiNi, her first foster mother told her that she needed to cook for many people but when she had worked enough days, NiNi could come back and live with her. I sincerely believe NiNi tolerated her second foster home just waiting for the chance to go back to her first. About a month after she was home she asked us how many days she was staying in America. She seemed to think she was in yet another foster home for a visit. I have no way of knowing if that was just a child's wishful thinking or if she had actually been told this. If NiNi was told adoption was forever, she certainly didn't believe it.

Consent to adoption

Depending on the country of origin and a child's age at the time of adoption, the adoptive child may be asked to consent to their own adoption. Typically, children around the age of 10 and above will be asked if they want to be adopted in order to prepare their files for international adoption. There is a financial and emotional risk to the adoptive family, if at any point in the process the child refuses to be adopted (although the percentage is very low). In the hosting situation, a child might even decide after a hosting visit to withdraw his or her consent to be adopted internationally. It is possible in some countries that relatives may intervene with promises of support for the child.

The child who is 10 and above will also have to consent to their adoption during the actual adoption process. By this time, the child may be in a state of fear and confusion. They may react to this fear by indicating that they no longer want to leave what is familiar and that they do not want to join your family. Often care givers who know the child can talk with and support the child. This

is a time to remind the child that although it is scary, sad, and hard, this adoption will provide them with permanency and a family forever. Occasionally, the child is unable to agree to the adoption and your family could return home without the child.

It is hard to know if the child fully understands the meaning of adoption. The orphanage explains that this process will allow them to have a mother and/or father and a family. Yet, for many older children, they cannot fully grasp what it will be like emotionally and in real life. What will it feel like to leave everything you have ever known - language, food, friends, routines, etc. to make this international trip for their adoption? As an adoptive family, you will want to anticipate a range of emotions and be prepared to help the child know that you are there to help them adjust and thrive. It will take time, but you can reassure them that you are "seeing" through their eyes, just how hard it is to begin a new life, leaving behind all that is known and familiar. A child may express in very strong ways that they do not want to make this trip to the US. They may be scared, they may be angry, they may cry, shut down and not speak or make eye contact, or they may move through a range of emotions and behaviors that can be very hard on your family while in country. You will want to work closely with your guide and the child to move through these difficult moments in order to allow the time and space for the child to trust that they will be okay.

Preparing Siblings

Unless your adopted child is going to be an only child, your job as a parent will be to work with siblings. It will be up to you to make a wise adoption decision so that all of the children in your home are safe, heard and loved. When families struggle, they often state that the hardest thing of all is feeling overwhelmed by the problems that can happen between their children. Newly adopted older children can come with aggression or sexualized behaviors. Imagine that your newly adopted child hurts or initiates sexual contact with one of your biological children. Nobody would ever want that to happen!

Think ahead of time about what age and gender child would be able to be safely integrated into your family, and then plan out how you will keep all of your children safe and supervised. After the adoption, each person's role in the family will shift and all of the family relationships will change. Before you commit to any particular adoptive child, take the time to do all that you can do to think about and be ready for this new family member.

Choosing a Child Who Will Work Well in Your Family:

Birth Order

When considering the adoption of an older child, the rule of thumb is to preserve the birth order of your current children. In fact, we highly discourage families from bringing an older child into a home that has children younger than the adoptee. If there is anyone in the family who is vulnerable, adopt only a child who is younger and smaller. The families who are exceptions to that rule and who have done well are those that have been very aware of all the potential risks, including physical and sexual abuse.

A child's position in the family is important, so it is vital that you include all of your current children in the decision to adopt an older child. If there is the possibility of any child being displaced, you should be sensitive and pay particularly close attention to that child's feelings. If any members of your family are not supportive or are having a difficult time accepting the adoption of an older child, then please take the time to explore these feelings further. Try to find out why your child or children feel the way they do. Moving forward with the adoption of an older child when there is opposition from one or more of your current children in the home may make it difficult for the newly adopted child to be accepted when they come home, especially if your other child or children harbor unresolved feelings of resentment or jealousy. Don't overrule your children's opinions and concerns but rather, keep the discussion open and wait until you have a family consensus that this plan to adopt an older child is going to be supported by all of the existing family members.

Gender and Age

You may also want to consider the gender and age of the child you are adopting. Parents often want to adopt a child the same gender as and close in age, if not the same age, as one of the children currently in the home. As a parent, you may want to consider the possible implications of doing so. Some parents are hoping that it will be easier for the adopted child if they have a sibling the same age, and that their adopted child and current child will become best friends. Actually, it is not necessarily easier for the adopted child or your current child to have a sibling the same age, and the two children may never be "best friends." In fact, there may be more sibling rivalry between your older adopted child and your child currently in the home if both are the same gender and near the same age. Your adopted child may compare themselves with their sibling, and/or you may inadvertently compare the children. This is not fair to the adopted child, who is often socially, emotionally, cognitively, and/or developmentally delayed. This can actually harm your child's self-concept, as well as your adopted child's relationship with their sibling and/or you.

Medical Needs

The reality of international adoption is that many children have medical needs. As you contemplate what you are ready to handle,

keep in mind that your whole family will be affected by your adopted child's health or developmental issues. Your current children will become the siblings of a special needs child. This has both positive and negative long-term consequences for them.

Work by Jamie Davis Smith and Rachel Feichter points to 8 things that "typically developing" siblings of special needs kids struggle with. On the positive side, these siblings learn a lot about responsibility, resilience and empathy. However, they also have struggles that are not always discussed.

1. They may feel that they need to be perfect. These children know that their parents are stretched to the limit, so they try hard to not have any problems.

2. They may not feel that they can express their feelings. If a child resents how much time a special needs child takes, or feels embarrassed by this sibling's behavior, there is often an unspoken family rule that these things are not said out loud.

3. They may grieve that their family and home is never "normal" or easy. The sibling of a special needs child may yearn for a simple, relaxed home. If the handicapped child needs special staff, equipment, or time, the sibling can wish for things to be less complicated.

4. They can feel as though their problems are minimized, because of course they are better off than a handicapped sibling.

5. They can feel isolated. Many typically developing siblings do not have friends or peers who have an understanding of special needs, and get tired of having to explain or defend the family. It is common for these children to feel uncomfortable inviting friends over.

6. They can encounter intolerance from people in their community and feel the need to defend their sibling.

7. They can feel that they are asked to help too much, from keeping their sibling from harm to pushing a wheelchair or participating in therapy sessions. In some families, the typical child is told early on that they will be expected to care for their special needs sibling when their parents are no longer able to do so.

8. They can feel forced to grow up too quickly.

We want families to consider and discuss what life might be like if a special needs child joins the family. In our work we often encounter adults who have siblings with special needs. They often voice at least some of the struggles described in the above list. It is possible to minimize these potential experiences with sensitive parenting, but it is just one more layer of an adoption that is worth thinking about ahead of time.

Preparing siblings to welcome an older adopted child

Just as you are preparing for the adoption of an older child, your children also need to prepare for the adoption of a sibling; they need to know what to expect. Talk with your children individually and all together to discuss their concerns, fears, and expectations about adopting. Try to explain to them in an age appropriate way some of the feelings their new sibling may experience, as well as some of the behaviors they may see from their new sibling and why.

Provide them with suggestions on how to develop a relationship with their new sibling, and try to provide them with a clear understanding of what your family may look like once the adoption is complete. It is often helpful role play various scenarios and to talk through and plan for specific challenges your family may face once the adoption is complete. Discussions with your other children should be an on-going process while you prepare to travel, and after you return home.

Your new child might be chronologically older than your existing children, but any child coming from an institution is going to be "Swiss cheese" – very mature in some ways and very young in other ways. Emotionally and skill-wise, they may appear to be much younger than their chronological age. It might be a good idea to do some role playing with your children in advance of your adoption so they can begin to have a more experiential exposure to what it might be like with a child who is entering a family after an institutionalized life.

She transitioned well into life with our family. Having biological children close to her age at home was critical to her success. By seeing how a normal routine worked with the other children she quickly learned how things ran in our home. She was quick to engage in chores, family projects, and fun activities with all of us. I believe that her language transition was also better and faster because there was no shortage of language in the home!

Explain everything in advance. Many things will be unknown but you can imagine possible issues that an adopted child might bring with them. As their new sibling is going to arrive with problems from their previous life, your children need to be prepared. If the new child has developmental or medical needs, give your other children straightforward, age-appropriate information regarding their condition. The child will have a history of trauma with breaks in their attachment to care givers; they may have suffered neglect, abuse or worse in their prior life. Please explain the behaviors associated with such a background. Discuss the steps that will be taken to help the new child, as well as to protect your other children, after the child's arrival. Depending on your children's ages and developmental levels, you might take precautionary measures, such as baby monitors, separate bedrooms, off-limits rules for bedrooms, and/or alarms on doors, so everyone can sleep soundly and safely. Most things will work out over time, but the first goal is to ensure everyone's safety. This level of preparation might seem unnecessary, but it is easier to do it before any inappropriate or maladaptive behaviors arise that might have been avoided, or at least, better monitored to keep everyone safe.

Adjusting to a new sibling

Once your adopted child comes home, you finally get to stop waiting and start living together as a family! The priorities will be first to set up a safe environment, then to make sure each child has adequate contact with you, the parent, and then to help all of your children navigate the transition from strangers to siblings. The fourth priority will be to set up ongoing support for all family members, as detailed in a later chapter.

Safety

All of the children in your home need to be kept safe, starting from day one. It is important to remember that the proactive strategies that you put in place right away to keep everyone safe will also be important over time. Aggression or sexual exploration can begin a year or more after your adopted child joins the family. Keep up a

system of careful, watchful habits, so that you can be confident that each child is protected. We have seen that the adopted child is sometimes the victim of harm in a family – it is not always the adopted child causing the problems! Make sure that you are watching for all possibilities! Start as early as you can to have conversations with your children about safe touch, respecting personal space and personal boundaries, and reporting to an adult anything that makes your child feel uncomfortable.

1. Bedrooms

You will want to think about who sleeps where. If there is the potential for any kind of abuse, even if you don't believe it is likely, plan for it. Locks on doors, alarms and baby monitors may be appropriate. Think about doubling up children of the same gender in bedrooms so that they can look out for each other.

2. Bathrooms

Many families have relaxed rules around bathroom use. Young children love to share a bath, or need potty help. An adult should be near if your children are too young to lock the door. As they get older, they need to learn to close the door and lock it.

3. Public areas of the house and yard

Supervision is crucial. If a child is feeling jealous, they might give a sneaky shove or mean comment to a brother or sister. Families will often report these kinds of behaviors between siblings, and that includes biological siblings. Keep communication open, keep an eye on things and step in as a parent if interactions are not kind.

4. Make sure each child feels there is a "safe spot" for them where siblings will not follow. This could be their own bedroom, or a corner of another room, where they can take a break from interaction. The first months at home can feel exhausting to a child coming into your home, and they often need to recharge with music on headphones, or art and writing materials. (We do not recommend electronics as a source of soothing, so no phones or computers in this space.) Design a place with soft, comforting lighting and furniture where a child can escape stimulation for a while. The first months after an adoption can feel exhausting to the children who were already in your home as well, and they will also need to have a place that is comforting and quiet. If things feel really overwhelming at home, and one of your children is struggling with the chaos that a new sibling can bring, many families will arrange for that child to have occasional overnights with grandparents or friends.

Emotionally Supporting Each Family Member

When your newly adopted child enters the family, your other children may not like this child who is changing life as they knew it. Even if they had good preparation and education, they may struggle. Expect for there to be some amount of regression from children already in the home.

There may be more chaos, more broken toys, maybe physical or emotional breakdowns that can be very difficult for your other children to understand. They may need time to adjust — so give it to them. Let them know that you understand their feelings, too. You are helping them see that you can be as empathic to their "hard place" as you are to the newly arrived child. Encourage all of your

children to explore their feelings in whatever way works for them, perhaps by attending a support group with like-minded children or by writing in a journal. One family was able to use the school counselor to meet with their children every week. It gave the children someone who was there just for them, and gave them a safe place to express their frustrations, fears and concerns. A period of formal counseling, either individual counseling or family counseling, may also make a big difference.

Making time for each family member can be really difficult right after an adoption. However, we encourage you to make time to check in with your other children to see how they are doing and find out what they may need. Your other children may feel that the newly adopted child is taking up all of your time, or may feel that you are too busy to help them. It may help to make a calendar for your children, so they know what activities are happening when, and when there might be some one-on-one time with you for each child. Some creative scheduling may need to happen in order to give each child time with you. Staggered bedtimes can allow some quiet one-on-one time. Some families report that if all children are in school, it works well to take one child out of school for a few hours for a one-on-one parent date. If you need to take a half-day of vacation time to spend with a child, that is also a possibility. Try taking each child out for dinner (alone with a parent) every once in a while. If the siblings feel that their world has not been dramatically altered, their acceptance of the new sibling will come more easily.

Adjusting to the new family dynamics will probably be difficult for everyone in your family. In order to facilitate attachment, as well as build and maintain relationships within the family, you will want to plan things to do together as a family, as well as things to do one-on-one with each individual child. If you participate in activities together as a family, all of the children will be allowed to be involved. This provides a foundation of shared experiences, which also promotes attachment. Each individual child in the family also needs reassurance that they are important and are not being displaced, so occasionally spending one-on-one time with each child (going to dinner, seeing a movie, or participating in a favorite activity) will provide you the opportunity to connect with each child and to check in with them regarding their feelings.

Becoming Brothers and Sisters

How do you help your children to form loving bonds with each other? For some families, personalities will just click, and this transition can seem pretty easy. However, most parents have to actively work to help siblings learn to get along and get what they need.

Structure is good within reason, knowing that you want to start small but be clear and consistent. With the arrival of your adopted child, carefully explain family rules, expectations, chores and manners. Sticking to routines gives every child a realistic view of family life from the outset. Adoption always changes the dynamics of a family and it will take time and effort to reconfigure your changing family. You will want to give your new child time to learn the rules and expectations in your home. Some of their initial reactions and behaviors are from a place of uncertainty, and certainly, lack of experience in a family. You should understand ahead of time that this may cause the other children already in the home

some angst, if they don't understand why the same rules and expectations don't apply to their new sibling. Prepare your children for this experience and remind them that this is very new for the child, who will be nervous, anxious, homesick, etc. At times, the rules may have to "bend" for this child. Over time it should be possible to give each of your children privileges and responsibilities on the basis of their ability rather than age.

Older children coming out of institutional care can be severely delayed in the areas of interpersonal relationships and the ability to play. It is not uncommon for a child to be at the level of a one- or two-year-old in these areas. This means that they don't really understand about taking turns while playing a board game, or waiting to go down the slide. They may have little understanding of sharing toys, and even less about leaving another child's special things alone. (This is true of the parents' special things as well!) If you can be proactive as a parent and set things up to avoid the worst of these dramas, things will be easier for everyone. Teach your newest child with patience, because this is all new to them. Open-ended play like riding bikes, kicking a ball, jumping on a trampoline and going to the pool can go well, with supervision. Games with rules, and win/lose games are probably going to take some time.

Identify activities that the entire family can enjoy together. We have found that bowling, skiing, sledding, beach time and camping are fun activities for all ages together.

No matter the ages and genders of your children, allow each child to develop their own interests. When you focus on each child's individual interests and abilities, you are able to foster each child's self-esteem and promote healthy family relationships. Every child will have gifts for you to notice and value.

References

https://www.adoptivefamilies.com/adoption-bonding-home/out-of-birth-order-adoption/

Adoption Learning Partners "Brothers & Sisters in Adoption" Webinar

Brothers & Sisters in Adoption: Helping Children Navigate Relationships When New Kids Join the Family by Arleta M. James

Welcoming a New Brother or Sister Through Adoption by Arleta M. James

Medical Issues

Many children adopted internationally today have identified medical needs. Some of the medical needs reported in a child's adoption paperwork may be very accurate and complete. Often, however, it is dated or does not reflect all of the possible health needs a child might have. Therefore, it is important to be as prepared as possible for what is "known" and yet ready to address whatever needs are not discovered until the child is adopted and has had a thorough medical work-up.

Pre-adoption Medical Information

Most children adopted internationally have limited medical files. There is rarely pre-natal care for orphans/foundlings and the transfer of information from birth mothers in maternity hospitals to orphanages in most countries is almost non-existent. In some eastern European countries, women may deliver babies at home or in a hospital and they leave the hospital quickly, relinquishing the child to the state. Because most children adopted from China are abandoned and found in public places, there is no pre-natal or birth/delivery information available. Orphanage staff makes their best guess about the age of the child although sometimes birth parents leave a birth note when they abandon their child.

We recommend that you send your child's file to a doctor or specialist for review! Any information you can get before the adoption will be crucial to you in terms or preparing to bring your child home.

Alcohol-Related Neurodevelopmental Disorders

There is no way to establish accurate data for the prevalence of FAS (Fetal Alcohol Syndrome) or FAE (Fetal Alcohol Exposure) in adoptees because of the lack of accurate family history. We do know that there are no education programs warning pregnant women about the deleterious effects of alcohol on the unborn child and that drinking during pregnancy is quite common almost everywhere in the world, including the U.S. where there are public warnings. It is essential that families understand that exposure to alcohol cannot be diagnosed, but rather surmised from a child's development and behavior and that the diagnosis of the facial features of FAS is challenging. The diagnosis of the facial features of FAS is the focus of photo and video evaluations for pre-adoption assessments for families adopting children.

Common, Treatable Health Issues

There are a number of health issues common to children who have been living in orphanages. Since the 1980s, when international adoption began to grow in the U.S., medical experience has been accumulated. A lot of medical information is now quite accessible and easy to know in the context of a primary care general medical practice.

Latent Tuberculosis Infection (LTBI)

There are fewer cases today being identified, but latent tuberculosis infection (LTBI) is still possible. Children adopted internationally should be tested in order to determine if they may need treatment for such a medical condition.

Hepatitis A

Hepatitis A is a fairly mild and treatable infectious disease in children. It is transmitted mainly in food and water. It can cause irreversible, even fatal damage to the liver in adults, but it doesn't have a carrier state or a chronic state (which is how it differs from Hepatitis B and C.) It would not be necessary to test for Hepatitis A unless the child has transaminase elevations and/or was symptomatic with liver disease. Jaundice would be a typical symptom of liver disease. Hepatitis A is preventable, with a two-vaccine series, administered six to twelve months apart, and is recommended for all families traveling abroad to adopt children from orphanages as it is highly transmissible in households and while traveling outside the U.S.

Parasites

Some children arrive with parasites and may need to be tested for possible Giardia lamblia by either antigen detection and/or parasite identification. There is some controversy around whether to treat children with asymptomatic Giardiasis, but doctors recommend treatment for two reasons:

1. Children in orphanages fail to thrive and Giardia may contribute to malabsorption of nutrients leading to poor growth and development

2. Giardia is quite transmissible in a household especially when the child is not toilet trained.

The next most common parasite is Dientamoeba fragilis, which can cause Failure to Thrive in children. Bacterial pathogens such as Campylobacter, Shigella and Salmonella may also be found.

Lead Poisoning

Some international adoptees have elevated blood lead levels on arrival. It is assumed that lead poisoning in China comes from lead contained in gasoline and coal burning used for industry and home heating and cooking.

Malnutrition, Failure to Thrive, Rickets, Iron Deficiency Anemia, Zinc Deficiency, Scabies, Eczema

Undernutrition and the absence of crucial elements, especially micronutrients like iron, zinc, calcium, and vitamin D is rampant in orphanages. Children living in orphanages abroad commonly have rickets (vitamin D, calcium deficiency), iron deficiency anemia, zinc deficiency, and eczema due to poor nutrition. Due to these conditions children do not grow optimally and may fail to thrive in orphanages.

Developmental Delays and Long-Term Issues

Development is the most important long-term issue in adoptees from abroad. Most children adopted from abroad are delayed on arrival in the U.S. About 60% of these children will qualify for Early Intervention (EI) which is provided free through the Department of Health in each county for children less than 36 months of age. This program provides physical therapy, occupational therapy, speech and language therapy in the home for families with younger children who qualify. Pediatricians should be aggressive about assessing the development of the child during each well-child visit and referrals for EI should be proactive. Some children may show later signs of delays in development when they are challenged in a school environment and these delays usually involve speech and language development and acquisition.

When evaluating a child who is newly adopted from abroad, the healthcare provider usually encounters the adoptive family in an office setting. The medical provider is essentially creating a medical history from the limited pre-adoption medical information from the country of origin, the parent (s) experience with the child since adoption and information collected during a thorough initial medical and developmental evaluation hopefully performed within the first few weeks after the child's arrival. This initial evaluation is just that – an initial

Immunization Records of Adoptees

As immunization becomes more widespread and systematic in orphanages, and vaccines become more effective, health professionals are faced with a new dilemma regarding the recent arrivals: to immunize from the beginning regardless of records or to use antibody titers and available schedules to create a unique immunization plan. This is an area to consult with your own family pediatrician to devise the best schedule for your child.

Medical Resources: General Medical Issues :: Health and Developmental Issues of Internationally Adopted Children [2004.January.05]
http://www.orphandoctor.com/medical/general/health_issues.html#clinics%27

Communication and Language

As families look ahead to adopting an older child from another country, they often feel worried about speaking each other's language. About 10% of our families speak at least a little bit of their child's first language, and we feel that it is very worthwhile to make an effort to learn. There are online language lessons that are easy to access. Also, many cities have language courses or tutors which can be found through universities, Craigslist ads, churches or community groups. The families who have taken the time to learn their child's language strongly recommend it to others!

It sometimes happens, however, that children come from places with strong dialects, and the official language of the country is not familiar to the child. It is usually possible to find someone who speaks this dialect, but it takes some digging. While you are on your adoption trip, it would be helpful to talk with your guides to understand whatever you can about the dialect – what it is called, where it is spoken and what other versions of the language would be similar.

Depending on the age of the child and the education they have received, many have had some schooling in English. Even if they have not, most children begin picking up English phrases within the first few weeks, have a rudimentary understanding of English after six months and become fairly fluent after one year. At first, simple communication is likely to be possible through gestures and short phrases. Sign language can simplify some interactions if the child is not picking up spoken English quickly. (There is a TV show called "Signing Time" that has many lessons in book or DVD form.) It is very likely that you will need the help of a human translator occasionally, either in person or on the phone, to more complex feelings, expectations or opinions.

Language study takes time. Your newly adopted child will express anxiety and frustration for not understanding you and communicating what he or she wants. It does require a great deal of patience and encouragement from the family. Remember the stress and struggle when you are in a country where you have no idea what people around you are talking about! These gaps in understanding last a long time and it is all about appreciation of the challenge learning a new language does require.

Before your adoption trip, you are likely to have some communication with your older child. WeChat is the most common way to communicate with someone in China. This is an app that can be downloaded to your phone. Skype and Facebook Messenger are the most common ways to communicate with people in Eastern Europe. Many people in Latvia also use WeChat.

During your adoption trip (and once you are home), you may want to use online translation services. Some well-known translation apps are:

- o Google Translate
- o iTranslate
- o iTranslate Voice
- o Pleco – Online dictionary

Internet services are not guaranteed while you are traveling. As you think about translation services, it might be worth testing out your translation plan while your phone is on "airplane mode" to see what it will do for you without internet! With Google Translate, you can type a sentence in English and have it come up in Chinese characters. However, without internet, there is no voice. Only a child who has enough schooling to read Chinese will be able to understand.

If you are adopting a child who speaks Amharic, Chinese, Russian, Spanish or Hatian Creole, there is a series of books that many of our families have found helpful. Simple Language for Adoptive Families (Chinese, or Spanish, etc.), by Amy Kendall are available from Amazon. The books have about 250 phrases written phoneti-

cally that are specific to the first weeks of adoption. Chapters include phrases related to going on an airplane or going to the doctor, and there are even bathroom phrases. The book comes with a CD for pronunciation.

Another simple translating book is Everyday English/Pinyin, developed at CCAI and available on CCAI's website under My Adoption, or as an appendix to this Toolkit.

Once you are home, it will be important to find someone who can converse with your child in an in-depth way. Your family's ability to adjust to the many feelings, losses and needs of each family member will go better with real communication. Even if your older child learns a functional amount of English quickly, they are likely to continue to have gaps in understanding and in their ability to express themselves. This may affect their relationships with family and peers, as well as their performance in school. Most big cities will have bilingual counselors that can work with your family. Look into what might be available before you travel!

We were able to find people who could translate for us, or at least have conversations with our child over the phone."

Most older children begin going to school fairly soon after coming home. ESL (English as a Second Language) classes are where most children begin. There are many ways to work on learning English online.

- ESL Apps & Programs

o Really Learn English:
http://www.really-learn-english.com/learning-english-online.html

o ESL Kids: http://esl-kids.com/

o Duolingo: https://www.duolingo.com/

o Courseworld:
http://www.courseworld.org/home/view_category/2/52/88

o Voice of America (VOA):
http://learningenglish.voanews.com/z/4729/about

o Rosetta Stone http://www.rosettastone.com/

o Additional Resources for learning and teaching ESL:
https://matadornetwork.com/abroad/30-free-online-resources-for-teaching-and-learning-esl/

It should be mentioned that speech/language processing disorders are common among adopted children. Most of us learn to speak through one-on-one conversations with a loving parent. A child who lives in an orphanage does not get that kind of attention. You may find over time that your child has trouble making sense of what you say and cannot process words easily. Some children are slow to speak or read. These troubles can be addressed by specialists, and children, with their malleable brains, generally make huge improvements.

What Does "Family" Mean?

Defining "family" is not as simple as you might think! It is about making "forever" promises both to people who can reciprocate your commitment and to people who cannot. It is about setting up a culture of forgiveness and flexibility. It is about creating boundaries, teaching about safety and finding ways to rest from all of the effort. It is about building trust.

Often, a child who is adopted as an older child may not have a very good idea of how families work. Even if they have lived in a family-like setting, they will certainly not be able to predict what your particular family is like. Any child who joins your family will have to adjust to a reality different than what they imagined, and will have a lot of learning to do.

Many adoptive parents also find that their "new" family looks different than anticipated. It is likely to take more time and work than expected to add an older child to the family! All families have habits and roles that have worked up until now. These will need to shift to accommodate any new family member. Know that your family will be different in the future.

Older children who have spent their lives in an institutionalized setting may have no sense of the concept of "family" and what it means to share and live together harmoniously. When they join your family, they will not be aware of your expectations surrounding values and ethics, such as why cheating, stealing, and lying are wrong, or why homework and chores need to be completed. They may not understand why they have limits on how much time they can play video games or watch television. They may also struggle with recognizing you, the parent, as an authority figure.

Even though she was 13, she was more like a 2 year old, emotionally. She took anything we said as criticism and would, quite literally, fall apart. Managing her expectations of what a family and a mom "should" be vs. the reality of what they actually are was/is our biggest challenge. The initial adjustment took probably 2 years. Her sisters were patient, but it was traumatic at times for them. We did a lot of moving around of rooms to find the perfect roommate situation.

Thinking about How Your Family Might Change

As you are considering growing your family with the adoption of an older child, think about your current family, and how the adoption of an older child may impact your current family dynamics. In preparation, there are several questions for you to think about and answer honestly in considering the adoption of an older child.

- Why are you considering adopting an older child?
  - We want you to remember that an older adopted child will most likely be coming from a "hard place" with a history of trauma and abandonment. There will probably be behaviors are a result of that trauma. In order to support your child through the healing process, it is important to make an unconditional commitment to your child from the very beginning, no matter what the child ever says, thinks, or does. Attachment and bonding should be your primary focus when you adopt your child. Expectations for your child should be realistic; sometimes that means lowering your expectations to meet your child's current functioning and needs. Sometimes adoptions fail, because one or both parents have unrealistic expectations of their adopted child.
- Will the placement of your adopted child change the birth order of the other children in your home? We do not recommend this for most families.
- Have you discussed the adoption of an older child with your social worker? You will want to be especially prepared and educated.

- Have you considered the emotional implications that bringing an older child into the home will have on the current children in your home? Have you discussed with your other children some of the potential changes the adoption will bring?
- What resources, support, and plans do you have to respond to the potential triggers that the adoption of an older child into your home may have on your other children?

Thinking about How Joining a Family Might Feel to Your Child

- We know that children thrive in environments where they are fed nutritionally rich foods, are psychologically stimulated, and relationally valued. But just because this is best for your child, it does not make the transition into this kind of life easy for them. Children may be easily overwhelmed with their new life, and their reactions are often not what might be expected. They may be reserved, quiet, or even resistant, since this is very much outside their life experiences. It is hard to know how to be grateful when they have not experienced this type of kindness. The years, months, days, hours, minutes, or seconds of abuse and neglect is a lifetime for a child. This trauma may be expressed in your home at some point in the future, so try to see these reactions from the perspective of your child.
- Older children and teens may display moments of maturity and independence, as well as moments of extreme immaturity and neediness. This may be very confusing and difficult for everyone in your family to understand. It is important, however, for you to respond to your child's emotional needs, no matter how age inappropriate those needs may seem to be. For example, your child may want to act like a baby and be fed from a bottle. You may be fearful that if you allow or encourage regressive behavior, such as acting like a baby, you will be encouraging them to continue what you may feel is inappropriate behaviors. In reality, by providing your child with what they need (in the example, a bottle), it allows them to get their emotional needs met, which in turn decreases their level of anxiety, it helps them to feel more secure, and facilitates attachment. Your child may have many unmet emotional needs as the result of years of abuse or neglect, which have had a huge impact on your child's brain. When you meet your child's emotional needs, you are allowing your child an opportunity to heal and for their brain to build meaningful connections. It also allows helps your child to be able move through that developmental and emotional phase they were stuck in.
- Language differences can lead to a great deal of frustration for the child and your family. You will want to prepare for this by finding a translator to help with more complex conversation. Many daily interactions can be managed with a translating app.

Final Thoughts

Becoming a family means forming bonds. The more opportunities you have to connect with your adopted child, the better. When you are in country and even when you return home, be sure to keep a close eye on your child and watch for clues as to what they may need physically, developmentally, and emotionally. Be sure that both you and your spouse are providing all of the caretaking for your adopted child and that you are the ones meeting your child's needs; this is the perfect opportunity for you to show your

adopted child what it means to have a dad and a mom, and that you are the ones your child can turn to.

Judy Myerson from the Adoptive Families article "What We Wish We Had Known," talks about her daughter Sara, who was adopted. "Her strength, will and holding power have taught me what it means to stay in a relationship without sacrificing truth. Her way of letting feelings go once they have passed has been a lesson for me. Most of all, Sara has shown me my own capacity for commitment and love. While there are many things I wish I had known before Sara's adoption, the one thing I never could have possibly known is how much I could love her and hold her in my heart."

Why It May Take Time for Your Child to Trust You

Trust is something we all learn as small children from the people who love us. However, a child coming from an institution will not necessarily trust you when they join your family. This can be because they did not have the chance to form strong attachments, or because they lost contact with people they cared about. Children may also find it difficult to trust because they never felt heard.

Few Previous Attachments

Your child may come to you with a known history that indicates previous attachments with their biological family, foster family or orphanage workers. However, just because your child may have this history officially, it is possible that they may not have ever had strong attachments. It may have been that adult caretakers (whether in your child's birth family, the orphanage or foster family) only attended to your child's physical needs, leaving your child without mental or emotional support. Without someone to go to for love or for comfort, your child may have learned not to trust anyone. It is also possible that your child has been harmed by adults in the past, and had unreliable caregivers. This would also impact the ability to trust.

Many Losses

All adopted children have lost their biological parents for one reason or another. Your adopted child may have a cellular memory of strong primary attachments to one or both birth parents, even if the disruption of the relationship happened when they were very young. This great loss will always be part of your child's life in some way. Many older children also have a history of being moved from one set of caregivers to another. It is possible that your child learned not to trust adults because of the many losses and disruptions that are typical for an institutionalized child.

When we met our daughter, we had no expectations - we knew she was about to lose everything she had ever known. We were prepared for anger, lashing out, refusal of relationship, etc. By having no real expectations, we were able to accept our daughter right where she was and let her take the lead.

History of Being Powerless

Children who live in orphanages and in foster care are children whom things happen to. They have a history of having others make decisions for them. They were separated from their families for reasons beyond their control. They have been moved around in orphanages and/or foster families, usually without any explanation, preparation, or warning. They may have been abandoned, neglected, or abused. They have not gotten to choose much of what happened to them, and they have not had much of a voice. Being adopted by your family may be one more event that happened without your child's consent.

Your child may be very slow to trust you. They may be on high alert, just waiting for someone to hurt them or send them away, as every other adult in their life has done. After all, your child has learned from previous experiences that adults do not keep them safe, so why should you be any different? Your child may have developed some very powerful survival skills as a protective mechanism and may become withdrawn, throw tantrums or have fits of rage. These behaviors may make it extremely difficult for you to bond with your child. In order to gain your child's trust you will need to be fully committed and will need to practice a great deal of patience. Your child may do everything they can to push you away, and may actually do everything they can to push away anyone who tries to emotionally connect. Your child does not know you or trust you yet. It will be your job to build trust and teach the concept of what a dad and a mom are, and what a family is.

In an article published in Adoptive Families magazine titled, "What We Wish We Had Known" by Judy Myerson and her adopted daughter Sara Myerson, the mother and daughter recount their experiences of older child adoption. Judy states, "She pushed buttons that I didn't know I had, and tapped feelings in me that I thought unthinkable. What helped me was realizing that when I experienced anger or helplessness, this was what Sara was feeling as well. This helped me to connect with her rather than simply reacting to her behavior." If you are prepared to go through the all of the hard stuff with your child, you will share experiences that will honor your child's "voice". As you approach your child with empathy, your child will slowly learn to trust.

By far the hardest, and most concerning part of bringing home an older child in the need to force bonding. Our daughter was used to having teams of Americans come in to the orphanage and play for a week, bringing along electronic devices to play with and lots of candy and treats. Those were all people who genuinely loved our daughter, but that has made it hard for us to teach her about appropriate boundaries. The first day we were home she saw our neighbor gentleman (who is dark skinned like her) and she ran across the street to hug him without notice. She is quick to be affectionate with anyone, which causes concern. We have had to teach our 8 year old that not all people are safe people and that we need to save our snuggles for our own family.

We are still working through trust issues. It has been hard to help her learn that we will always be here for her, that we will always love her and will always forgive her. She is beginning to break down some walls and allow herself to enjoy life here more and more. There are still times where she withdraws from the family as a defense mechanism and as a way of testing our affections. However, we can see huge strides every day. For the first few months we would have difficult times each week. Now that she has been here for seven months, we have difficult times about once a week and they are much less draining on the whole family.

Grief and Loss

Sometimes we think that grief, sadness, and loss are negative emotions to be hidden away. However, to ignore the grief and minimize the loss is to lose part of who we are as a family; it is to cut off roots that ultimately can support and nourish us as a family. Just as in the popular children's book "Going on a Bear Hunt", you cannot go around the pain of loss, you must go through it.

As adoptive parents, our children's adjustment and confidence in their world depends upon our ability to identify their grief, assist them through their grief issues, and help them grow from that grief. This is our job beginning with their adoption and it continues even as we guide our children into adulthood (Susan Ward - Grief and Loss throughout the lives of Adopted Children).

"We are a family and always will be. Through the deep sharing of tears and talk, we can grow, change, and become stronger."

Losses

We all know our children have lost so much in order to join our family. They have lost their birth family, their friends/orphanage care takers/foster family, their culture, their foods, and basically everything that they have ever known. In the book Helping Children Grieve and Grow, six categories of childhood loss are noted: relationship loss (usually people and animals); loss of objects that give comfort (toys, blankets, foods); loss of a secure, familiar environment; loss of self (ways of being and doing that define us uniquely); loss of skills, abilities, and competencies; and loss of familiar habits and routine.

Every child will have a unique experience of loss. The losses that will be fundamental to one child may be less important to another child. It is also very likely that different losses will feel more important during different developmental stages. As very young child, it may be the loss of a familiar relationship that feels the most important. An adolescent might grieve the loss of freedom that they remember from their previous life. And a young adult might keenly feel the loss of their biological family, with questions like, "What is my medical heritage?" or "What quirks and talents might I share with my birth family?" As a parent, be a detective and be open to helping your child throughout their life as they visit and re-visit their story.

What Does Grief Look Like?

Theresa Anderson, a family counselor who specializes in issues of adoption, says "Grief is THE core issue that adopted children deal with …grief and terror." She noted that trauma and loss can, and often do, interfere with a child's general development. "Children often cover trauma and grief with being perfect, with controlling others, or with being mad." Grief is very intertwined with the trauma and loss they experienced as part of being an adoptive child.

Children who have experienced loss will often find that transitions are very hard. Switching gears from one activity to another, getting in the car, starting or ending the school day, all can be difficult for these children. Changing teachers every year and leaving one classroom for a new classroom can trigger feelings of abandonment. Transitions in life can trigger strong feelings. Your child may be very aware of these feelings and may be able to identify them. However, most of the time, they will just find themselves out-of-sorts or dysregulated, and will need your help and patience to sort things out.

Rage reactions including temper tantrums, defiance, distrust of authority, rejection, or fascination with gore and violence are possi-

ble. In the extreme, children may engage in fire setting behaviors or other property damage, attempt to run away, exhibit aggression or violence towards themselves (such as cutting, other self-harm, or even attempts at suicide) and/or exhibit aggression or violence towards other people, animals, or objects.

Children may exhibit regressed behaviors including withdrawal, bedwetting, soiling, or acting like a child younger than their chronological age. These regressive behaviors are telling you something, sometimes expressing the fact that your child has no choices and no control over what has or is happening to them.

The Art of Grieving

We want to now focus on just how you can help support your child through their grief. There is almost an "art" to grieving and some suggestions to this work could be done in the following ways:

1. Talking

- Listen!
- It is okay to think, ask, and talk about your child's birth parents.
- When you point out positive traits that your child may have inherited, you acknowledge the existence of birth parents.
- Validate your child's pain and questions.
- Validate your own.
- Talk about your own and other people's losses and grief.
- Brodzinsky's advice to parents is to acknowledge your child's feelings, to let your child know you understand and can accept the fact that they are feeling sad. Reassure your child you are there to help.
  - "Too often, the parent will say, 'There's no reason to feel sad, you're with us, we love you, no one's ever going to come and take you away, and we're not going to give up." says Brodzinsky. "By telling the child he shouldn't feel sad, parents deny those feelings in the child."
- Work on building trust – if you don't know the answer to a question, tell them.
- Pray together.
- Tears are ok!
- There is no one way to think about adoption. You don't want to get caught up in:
  - Insistence -- all family problems are rooted in adoption
  - Assumption – allow only a positive view
  - Rejection – the past is the past or rejection of the child's loss.

2. Writing

- Encourage your child to begin writing what they would like to say or ask their birth parents.
- Help your child create a timeline where their losses are included. Note dates when their birth parents died, or they

were moved to the orphanage, or they left their foster family, or they moved into their forever family.

3. Rituals and times of remembrance

   - Give your child a "grief box" that they can decorate and fill with whatever they want when they are feeling sad.
   - Find ways for your child to commemorate their past on those anniversaries such as "family day". Light candles, look at or create a special section in their life book, frame a particular drawing pertaining to their loss. Be aware and notice that on birthdays, there is joy but there could also be sadness.

4. Reading

   - Read books to your child about loss and grief and show how others have lived through their losses. Give them opportunities to project their feelings onto the characters in the story.
   - Read the things you have written as your family's story – A family is made up of individual stories and they don't have to be the same, but we can all share in our stories together.

5. Playing

   - Create puppet shows, clay figures, or animal skits where the theme is loss and grief. Take on the role of the birth parent and offer what you or they might imagine what their birth parent would say to them.
   - Spend time doing physical activities together.
   - Play and listen to music together. Sing!

Your Role as the Parent

- Adoptive parents have the dual task of claiming their child as their own and accepting that their child has birth parents and extended birth family.
- Get comfortable talking about adoption from your child's perspective so that you can help your children with adoption issues throughout their life.
- Claim your child and feel entitled to parent your child. Be confident in your role as parent! Your child has multiple parents and all are real.
- Emotionally accept that your child has a history.
- Always remember that your child is curious, not looking for other parents.
- It's okay to be different. Your family may be different from other families.
- Be brave and exude confidence! You don't want to accidentally communicate that you cannot handle your child's feelings. If you do, they may believe they are alone with them.
- Read about grief and loss in children.

Counseling

Children who can talk about their grief with someone they love and trust will be less likely to need to act out or withdraw. Your child needs to be able to talk with you, the parent, but we have found that at some point counseling is often needed as well. You

will want to know who your professional resources are when you need them. Find a therapist to help your child. Look for someone knowledgeable about adoption, grief and trauma. There is a great deal of current research and there are treatment models that can help your child through a period of struggling. The TCU Karyn Purvis Institute of Child Development in Ft. Worth, Texas continues to educate and train professionals, schools and families in the latest research about the brain and the impact of trauma on a child's development. Learn for yourself and then find the best people to add to your family's support team!

Adoptees spend their time delving into who they are, where they came from and where they are going. They wonder why they are here and what they will leave behind. Grieving is a necessary part of that. Grief helps us identify meaning in our lives. Honoring our feelings and honoring our losses helps us to be whole, no matter what our age.

Trauma

"Sad kids act angry and scared kids act crazy."---Karyn Purvis

If you are adopting a child, you know that your child has been living in the world without your protection. A child who has been living in an institution is vulnerable, and may have been harmed in the past, either in the institution or before they arrived there. It is very common for children coming from an institution to have behaviors, beliefs and coping methods that are troubling.

You may notice immediately, or it may take time. It is not easy to tell the source of these behaviors. Is it an attachment problem? Does your child have fight or flight reactions stemming from traumatic events? Is it a normal kid phase? Is it grief? The good news is that it is not necessary to be absolutely certain about the root cause (or constantly shifting combination of causes) to respond in a way that will help your child to feel better and act better. Start with the assumption that brain chemicals associated with trauma are flooding your child with irrational responses, and work within that framework.

Every year spent in an institution will take months to years to heal and learn how to live in family. If you adopt a child older than the age of 5, it can feel like an endless time. A hopeful, compassionate and informed outlook can make a big difference. We feel that the most effective approach to parenting older adopted children is to understand them as people who have experienced trauma.

People who adopt older children work very hard, and their children work hard, too. Both the parents and the child find that they must learn new things, become better regulated and become better communicators. At some point most families need the guidance of a good counselor. It may not be easy to notice change and improvement, because it is slow. Parenting with a plan, a theory and a supportive network will make it easier to notice progress and feel hopeful.

This section of the toolkit will draw heavily from the book The Connected Child by Karyn Purvis, the work of Bruce Perry and other sources.

First, we can look at unspoken messages behind a child's behavior. See the following chart taken from the book The Connected Child by Drs. Karyn Purvis and David Cross.

WHEN A CHILD DOES THIS:	HE OR SHE MAY BE TRYING TO EXPRESS THIS:	WHEN A CHILD DOES THIS:	HE OR SHE MAY BE TRYING TO EXPRESS THIS:
Pulls away from your embrace	I've never learned how to process touch, so being held is terrifying. I've been badly hurt by abusive adults, and I's still learning to trust. I've never experienced appropriate nurturing affection from an adult, so this is all new and scary to me.	Disobeys Instructions	I don't understand all the sounds and words coming at me because I was deprived of sounds and language exposure when I was young and cant's process them effectively yet. I want to be in control because adults have always proven unreliable – I feel I can only depend on myself. I have learning delays that prevent my understanding these instructions well.
Approaches strangers indiscriminately	My caregivers were not reliable and abandoned me, so I desperately seek security and approval wherever I am and however I can as a kind of insurance. I crave interactive and physical contact because of sensory processing disorder.	Flirts or is sexually precocious	This was what I was trained to do because I was sexually abused by caregivers. Inappropriate sexuality was the only way I ever got positive attention when I was younger, and I don't know how else to please people.
Wants to be left alone	I don't know how to cope with my surroundings. Everything seems new or confusing and scary. I'm on sensory overload and need to let my body relax and recharge.	Acts bullying or aggressive	I'm treating others as I was treated. I'm scared and sad. My neurochemistry is unbalanced. I'm trying to numb my emotional pain by creating pain in you.

WHEN A CHILD DOES THIS:	HE OR SHE MAY BE TRYING TO EXPRESS THIS:	WHEN A CHILD DOES THIS:	HE OR SHE MAY BE TRYING TO EXPRESS THIS:
Becomes easily angry	I am terrified and trying to protect myself from a situation that resembles a terrible experience I had in the past. I am so frustrated because I don't know how to express my feelings and needs. My blood sugar level is uncomfortably low, and I don't know how to deal with my hunger appropriately. My body feels depleted - my brain chemistry is imbalanced, but I don't know how to solve my problem. I'm exhausted and need to rest. Please don't leave me alone; I am terrified of being abandoned again. I must be in control because I've never known trustworthy adults before.	Is restless and constantly fidgeting	I must stay alert and prepared to defend myself at all times because in the past there was no adult to protect me.
Hoards or steals food	I was painfully hungry and undernourished and nearly starved before, and I am haunted by the fear it will happen again.	Fears walking home alone from school	I was attacked and abused during my early years, so I feel a deep need for protection.
Can't sleep	I must stay alert and prepared to defend myself at all times because in the past I never knew when I would be hurt by the people I lived with. My brain chemistry is on fight-or-flight overdrive and can't shut down.		

As the chart shows, there can be many reasons behind a behavior. Chances are good that your child cannot identify or talk about it, but the underlying reasons are usually more complicated than simple naughtiness. If you can respond to the underlying issue in an appropriate way, you will find that things just got a little easier. This is the goal!

Definition of Trauma:

"Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional or spiritual well-being,"

-SAMHSA Trauma and Justice Strategic Initiative 7, 2014

What Kinds of Experiences Can Cause Trauma?

Traumatic experiences happen to all of the Earth's creatures. Fear and pain are part of being alive and are designed to help us survive. PTSD (Post-Traumatic Stress Disorder) happens when people get "stuck" in their deep memories of fear or pain. They cannot file that experience away like most, but continue to have nightmares, flashbacks, or irrational reactions to situations that seem unrelated to the original hurt. Trauma is troubling to many adults who experience horrible or frightening things. Trauma may be even more troubling to children who were hurt before they were verbal or when they were "on their own" in an institution. It can also happen that a child experiences trauma after they come into your care, from a surgery, hospitalization or accident.

When it comes to adopted children, there is great variation in both their experiences and their responses to those experiences. All adopted children have lost their biological parents, and this great loss can be enough to traumatize them. But most adopted children have also experienced some form of instability, neglect and/or abuse. We know that our children have a past, and the older they are, the more time they had without parents to protect them. It is a good starting point to assume that there is a level of trauma in all older adopted children.

What Does Trauma Look Like in an Adopted Child?

At times children seem to overreact to being told "No," or act sneaky or mean. Of course, everyone is like that sometimes! However, if you rarely get the positive behaviors you wish for, it may be that trauma from the past is still causing trouble in your child's brain. The timing and intensity of trauma-based behaviors can vary a lot. We expect a child adopted as an adolescent to have some of the behaviors associated with trauma. But even children adopted very young can have behaviors that get worse and worse as they become adolescents. It is never too late to start healing. Over time it is possible to bring healing to a child with a traumatic past.

Most families can handle the "routine" crises raising a child. Older children, who have lived in institutions for prolonged periods, will likely have intellectual deficits and psychological problems that will NOT go away, just with your love. Issues, such as profound neglect, or physical and sexual abuse, at the hands of staff and older children, must be addressed. Adoptive parents must be ready to become a "therapeutic home" if necessary, and have time and energy to devote to that task.

Characteristics of the Traumatized Child:

1. The child internalizes a negative representation of themselves, their caregivers and the world

2. The child has poor empathy

3. The child shows little remorse

4. The child has poor impulse control

5. The child is pessimistic

6. The child is precocious in certain areas and comes across as very smart

7. The child has role-reversed interactions with adults

8. The child is unwilling to invest in relationships and there is a lack of reciprocity in relationships.

www.denvercac.org The Denver Children's Advocacy Center.

Some Helpful Ways to Understand the Brain

Literature about trauma has large doses of talk about the brain. Different areas of brain activity, different chemicals and the growth or loss of neurons are all being looked at. Brains are very complex, but for our purposes the brain can be divided into four areas of function.

1. Brainstem: Regulates basic body function. This is the "bottom" of the brain that deals with the most basic survival needs, such as heart rate. Chemicals like epinephrine or adrenaline, regulating the fight or flight response to danger, come from this part of the brain. If a child is mainly functioning in the brainstem area they are not able to think logically or understand what you say.

When a child is reacting out of "Survival State", the brainstem is the primary brain area in control. The main question is, "Am I Safe?" A terrified child can look catatonic or out of control.

What do you do if your child is mainly functioning at the level of the brainstem? Think about helping your child feel safe. Speak gently and calmly. Simplify your expectations and plans. Hold your child (a "time in" rather than a "time out").

The kinds of interventions that are understood at the level of the brainstem are:

Gentle massage, rocking, swinging, drumming, swimming, contact with animals, martial arts, and types of therapies involving "bilateral stimulation," including EMDR (Eye Movement Desensitization and Reprocessing) and bilateral music therapy.

2. Diencephalon: Regulates sleep, appetite, levels of arousal, emotional reactivity

When your child is reacting out of this state, the question is: "Am I comfortable?" A child who is hungry or overtired can look crabby.

What do you do if your child is mainly functioning at the level of the diencephalon? Think about comfort – offer a snack, figure out if they are cold, try a nap. The kinds of interventions that are understood at the level of the diencephalon are:

Sleep, food, hygiene, movement, music, walking and running, guided imagery, gardening and creative art.

3. Limbic: Regulates sexual behaviors, affiliation, and capacity to relate to others

When a child is reacting out of "Emotional State", her limbic system is the primary brain area in control. She is primarily concerned with the question "Am I Loved?" A child who is feeling left out or disrespected can act needy, withdrawn, angry or overly sexual.

What do you do if your child is mainly functioning at the level of the limbic system? Put away the distractions and engage with your child. Get down on their level, make eye contact and listen.

The kinds of interventions that are understood at the level of the limbic system are:

One-to-one relational activities like baking, puzzles, games, etc. The child is also able to enjoy a small group of peers, or contact with animals.

4. Cortical: Regulates abstract functions, logical thinking, and ability to form and maintain attachments. A person using the cortical part of the brain feels calm and comfortable and would test at their highest IQ.

When children react out of the "Executive State", their prefrontal lobes are the primary brain area in control. They are able to ask the question "What can I learn from this?" A child who is feeling calm and analytical can tell stories, identify feelings and express affection.

What do you do if your child is mainly functioning at the level of the cortex? This is the moment of being in the "zone" – deep sharing, thoughtful analysis and the ability to learn. For many, it is that half-hour of snuggling and talking at bedtime. It is when your child may share memories of life before their adoption.

The kinds of interventions that are understood at the level of the cortex are: speech and language, storytelling, cultural anchors and executive functioning skills.

An Example of the Four Parts of the Brain in Action

The following scenario is offered by Dr. Gizane Indart with information adapted from www.childtrauma.org. It will take you through a fairly typical adult day, going from a calm mood to outright panic. What are the brain areas involved, and how does that feel?

1. Imagine yourself waking up on the day of a big presentation. You are CALM and in the zone. You have a functional IQ of 100 to 120 – your best. You make plans for the day, think about small changes to your presentation, and feel prepared. You are using the cortex area of the brain.

2. Once you start driving, you feel ALERT. You are thinking in a concrete, routine way, nothing brilliant, but functional. This is the "green zone." You are using the limbic area of your brain and would test at 80 to 110 on a functional IQ test.

3. ALARM: Now you are late. Construction on the highway has seriously snarled traffic and you are realizing that you will not be there on time. Your heart rate has gone up and your patience with other drivers has gone down. You have emotional/reactive

cognition and are in the "yellow zone." At this point you are mainly using the diencephalon area of your brain. Your functional IQ has gone down to 60 to 90.

4. You got off the highway thinking a detour around the construction would buy you some time, and now you are lost. FEAR – or the "red zone" has taken you to reactive/reflexive cognition. You are functioning at 50 to 70 IQ points and can't breathe, can't remember street names and can't even drive very well. This is the brainstem in charge.

Cognition is Tied to a Person's Emotional State

The scenario presented above is meant to clarify something about trauma. Traumatized children do not have access to their best potential much of the time. And when something happens that feels upsetting, a child with a traumatic past may go directly to the "red zone" – a state of disorganization that makes it hard to even understand the words of the parent.

A person's cognition and functional IQ are directly affected by mental state: the more upset we are, the less clearly we are able to think. Children who are in the "red zone" will act much younger than their chronological age.

What Does a Parent Do?

1. Safety comes first. The safety of your child, your other children and the adults in the home must be the first consideration.

2. Maintain self-regulation. It will be easier to stay calm if you think of your child as fearful rather than willfully naughty. Slow yourself down and speak slowly with a minimum of words. Remember that non-verbal signals and body language speak louder than words. Be trust-worthy.

3. Maintain your role as the parent by structuring choices and acknowledging when your child is able to make good decisions. Hold your child in a "time in" rather than isolating them in a "time out." When things are calm enough to talk about what has happened, focus on consequences rather than punishment. Build affection, playfulness, structure and consistency into your day.

4. Think about self-care including reflection, regulation and relaxation.

5. Find and use as much support as you can. Teamwork is crucial to be able to keep doing this important and difficult work.

What Kinds of Counseling are Effective for Trauma?

You will hear the phrases "evidence-based" or "research-based" treatments. These are generally the direction to go. There are different resources in different cities, and you may find that you have to drive an hour or so for certain kinds of counselors. We believe it is worth it, because regular "talk therapy" or parenting methods such as "Love and Logic" are unlikely to bring about the personal healing and relationship improvement that these newer treatments offer.

Here is a list of the best-known treatments for trauma.

1. TBRI, or Trust-Based Relational Intervention, is the name of the treatment developed by Texas Christian University. The book The Connected Child, by Karyn Purvis, is the most comprehensive overview of this healing strategy. Go to https://child.tcu.edu to

find your nearest TBRI or Trust Based Relational Intervention practitioner.

2. EMDR, or Eye Movement Desensitization and Reprocessing is a therapeutic technique, using bilateral stimulation that allows individuals who have been exposed to disturbing, and possibly traumatizing events to activate the nervous system's natural mechanisms for processing the memories. The individual does not forget the experience, but is able to integrate it so it can be recalled instead of being re-experienced. List EMDR practitioners and info re bilateral music therapy.

3. Neurofeedback Therapies

4. Bilateral Music Therapies

5. Somatic therapies (Sensory therapies often with an Occupational Therapist)

6. Play Therapy - a therapeutic approach for young children in which the therapist uses toys, art supplies, sand trays, games and physical activities to communicate with the child in their language, which is play. Because younger children and many older traumatized youth have limited capacity to effectively communicate in words, the play allows the client to symbolically communicate internal experiences and to master anxiety producing memories. "Theraplay" is a type of play therapy that is sensitive to the healing of traumatized children.

7. Animal Assisted Therapy (AAT) is a goal-directed intervention in which an animal that meets specific criteria is an integral part of the treatment process. Equine therapy (with horses) has become available in many places.

8. Trauma Focused Cognitive Behavioral Therapy (TF-CBT) is a form of cognitive behavioral therapy that helps children to develop coping skills, reduce anxiety and fear around trauma, and tell their stories in a way that makes them feel empowered.

9. Adjunct therapies (Yoga, Therapeutic Massage, and Mindfulness training)

There is new research that has shown that practicing yoga prior to engaging in trauma processing improves clinical outcomes.

Conclusion

The child who has joined your family has probably been through some difficult life experiences. It will take time (think years!) to heal. The best known process of healing is to work with your child within the framework of trauma. Keep things calm, don't take things personally and set yourself up with the resources you need to stay committed to a long distance event rather than a sprint. There are many people who are working with traumatized children – it is an exciting time in terms of the volume of new research, books and supports. There is a lot of hope. The following list gives an overview of traumatized children.

Things You Should Know about Traumatized Children

(From www.denvercac.org The Denver Children's Advocacy Center)

1. Kids who have experienced trauma are not trying to push your buttons.

2. Kids who have been through trauma worry about what's going to happen next.

3. They might have a stronger response to a situation than you would expect. Even if the situation doesn't seem that bad to you, it's how the child feels that matters.

4. Trauma is not always associated with exposure to violence.

5. You can help even if you don't know the details of the trauma.

6. Kids who experience trauma need to feel they are good at something and have a sense of being able to do something good in the world.

7. There is a direct connection between stress and the ability to learn or process information

8. Self-regulation can be a major challenge for children suffering from trauma.

9. It is ok to ask the child, "What can I do to help you get through this day?"

Sensory

Children who have experienced a lack of stimulation, permanency, and educational opportunities may have issues with developmental delay, sensory integration, speech and language disorders, learning disorders, hyperactivity, lack of concentration and self-stimulating behaviors such as head banging and rocking. Older adopted children are likely to need immediate special education services through Early Intervention or the local school system.

What Is Sensory Integration?

Each of us has a sensory system which is how our brain and nervous system work together to interpret and act on what is going on around us. We respond to our external environment through the familiar five senses of sight, hearing, taste, smell, and touch, as well as through three lesser-known senses: movement (vestibular), body awareness (proprioception) and skin sensitivity (tactile).

Sensory integration is the process by which the brain takes incoming information, organizes it, and interprets it so that we can respond to it appropriately.

The ***movement/vestibular sense*** receives information about where a person is in space. Changes in head position, and body movement through space are received through this sense, which coordinates the movements of the eyes, head and body.

Body awareness/proprioceptive input is responsible for the muscle control in movement. It allows us to manipulate objects, jump, run and walk. When all the senses are coordinated, they provide a foundation along with cognitive abilities for perceptual skills and motor planning. For example, motor planning would be observed in a child, who acting on his desire to play with a ball, knows how to judge where the ball is in space and where to position his arms to catch it.

Through the ***tactile sense*** we learn fine motor movements such as those that enable us to button clothing and develop discrimination skills. It can also serve as a protective mechanism when we get too close to something dangerous like a hot object or source.

At times of stress, exhaustion, hunger, or illness, we all demonstrate difficulties in sensory integration, but for the most part, the nervous system is able to process and interpret meaningfully without difficulties. For some children, however, sensory integration does not develop as efficiently as it should. How and why this occurs may be linked to hereditary factors, prenatal development, or traumatic/premature birth (which can be factors in both domestic and international adoptions). Lack of stimulation in early years of development, such as a limited repertoire of foods and textures in the diet or limited opportunity for movement and exploration, plays a large part in contributing to sensory integration problems. Therefore, children who have lived for a time in an orphanage often display some sensory integration difficulties, which are usually temporary, if appropriate intervention is provided.

Depending on the severity of the symptoms, effects can be transitory or long-term. However, since the nervous system in children is so malleable, intervention often significantly improves the problem. As children mature neurologically (both on their own and/or with intervention), positive changes in behavior will occur, as well as achievement in the developmental milestones. Learning to accommodate to their changing environment or to a particular area of weakness is also possible as a child learns and grows.

The **right diagnosis** is the key to treatment since many other diagnoses look similar such as AD/ADHD or ODD. It is important to accurately assess what is going on with each child because the interventions are very different depending on the issue. The wrong intervention depletes a family's time, energy, and money, and frustrates a child who is trying. A good evaluation by an Occupational

Therapist can tease out what might be going on and how to best address the issues.

Below is a brief list of behaviors that are often indicative of a sensory integration problem.

Oversensitive to touch, movement, sights, sounds, and taste/food textures:

- Irritability or withdrawing when touched on the head, shoulders, or hands or when being lovingly kissed and hugged.
- Little interest in exploring or touching things.
- Will not accept new textures of foods.
- Child has a strong, fearful reaction to ordinary movements such as being held or avoids typical playground equipment.
- Typical grooming routines such as bathing or hair brushing bring on tantrums
- Being in crowds or noisy places may cause crying or withdrawal.

Under reactive to sensory stimulation:

- Seek out intense sensory experiences and may constantly trip, fall, or bump into things, seemingly oblivious to bumps and bruises they may get in the process.
- They may not realize they are hugging a friend too tightly and may seem aggressive because they are rough with their toys and other children.
- They may also crave the experience of movement on swings and jumping or running. These are children who are incredibly active -- walking or running across the playground, unaware of swings or bicycles. Sometimes they can even walk into a tree or a car without even taking notes.
- They also do not explore items, and play skills, if any, are very limited.

Activity level that is unusually high:

- May demonstrate hyperactivity or appear in constant movement.
- Usually impulsive in behaviors
- Often break their toys while trying to manipulate them
- Attention span is quite short, often going from one subject to another in short time spans
- Hyperactivity combined with distractibility often leads to a misdiagnosis of ADD/ADHD

Coordination problems:

- Appears clumsy with some having difficulty learning new motor tasks
- Regularly bump into things
- Show difficulty with writing or catching a ball
- Need more practice time to learn typical activities such as bike riding or skating

Delays in speech, language, or academic achievement:

- Often exhibit delays in language acquisition or academic achievement as they can't easily focus on learning the skill
- Most often have average or above average intelligence, but have problems learning because of interference from the sensory system

Poor organization of behavior:

- May appear interested in a toy but then throw it aside or be immediately distracted by something else
- Run around a lot but do not organize their activity to climb or explore equipment in the playground, or play creatively with toys
- May have difficulty choosing a toy to play with out of a large assortment or seem resistant to putting toys back in the play box

Difficulties with transitions:

- May seem stubborn and uncooperative when it is time to change an activity, i.e., from watching television to having dinner, or if there is a sudden change in the daily schedule (for example playtime is delayed another hour)
- For children with difficulties in transitions, they will need a more structured and predictable environment than other children

Poor self-concept:

- Ongoing negative feedback for their behavior usually lowers self-esteem.
- Often experience frustration at not being able to succeed at tasks and are usually not able to understand why they didn't succeed when they are trying so hard

Problems with socialization/peer relationships:

- May stand closer than is comfortable to other children, hug or hold hands too tightly, be too rough when playing with others, and can cause difficulties with peer social relationships

Adopted children who are transitioning to a new environment may temporarily demonstrate some of the behaviors listed above. However, if you are concerned that your child might have sensory integration dysfunction, consider the following questions:

1. What is the frequency of the concerning behaviors? Are the behaviors seen frequently throughout the day, several times a day/week, or once in a while? If the behaviors are seen only once in a while, then it is not sensory integration dysfunction.
2. What is the duration of these behaviors? If irritability or impulsiveness is seen first thing in the morning, does it escalate as the day progresses? Do the behaviors last more than an hour?
3. Finally, what is the intensity of these behaviors? Are the responses of the child appropriate to the situation? Or does the child "blow things out of proportion?” The first haircut can be upsetting, but do the following haircuts still bring on the

same intense behaviors? Does the child really play with toys, or does he or she move things around without active engagement? Does the child demonstrate delays in gross motor skills, fine motor skills, or language/oral motor development?

If the answers to these questions confirm suspicions that your child might have sensory integration dysfunction, again, an evaluation can be completed by a qualified occupational therapist. The occupational therapist should have experience with evaluating and treating children with sensory integration dysfunction.

With appropriate interventions and time, most children develop needed central nervous system connections, and sensory input starts becoming more familiar and more comfortable. Not always, but most of the time, children CAN overcome their sensory issues, especially with parents who develop their own "sensory smarts."

RESOURCES

Sensory Integration Adopted Children: It's not just the information your child takes in, but how the brain organizes it. By Eva Rodriguez, MA, OTR/L

American Baby Eva Rodriguez, MA, OTR/L, is a pediatric occupational therapist and Clinical Assistant Professor in the Occupational Therapy Program at SUNY, Stony Brook.

Answers to Questions Teachers Ask about Sensory Integration by Jane Koomer

How Does Your Engine Run by Mary Sue Williams & Sue Schellenberger

The Out of Sync Child by Carol Stock Kranowitz

The Out of Sync Child has Fun by Carol Stock Kranowitz

Raising A Sensory Smart Child by Linsey Biel and Nancy Peske

Sensory Integration and the Child by Jean Ayers

Sensational Kids by Lucy Jane Miller

Sensory Parenting by Britt Collins and Jackie Olson

My Sensory Book by Lauren H. Kerstein

Sensory Processing Disorder (SPD)

www.spdfoundation.net/resources/library/librarybytopic/

Products to Help Children With Sensory Processing Disorder

Sensory University

www.sensoryuniversity.com/

SouthPaw Enterprises

www.southpawenterprises.com/

Therapy Shoppe
www.therapyshoppe.com/category/1423-sensory-integration

The Sensory Processing Disorder Store

www.sensoryprocessingdisorders.com/

Therapro

www.therapro.com/Sensory-Motor-C5912.aspx

Playhouse Therapy Equipment

Jordana Lebowitz - Jordana@playhousetherapy.com

5650 N. Washington St. Unit C7 Denver CO 80216 #303-921-0332

Websites

The Alert Program

www.alertprogram.com/index.php

Raising A Sensory Smart Child

www.sensorysmarts.com/

Sensory Processing Disorder Recovering Resources

www.spdbayarea.org/

Sensory Resources

www.sensoryresources.com/

Sensory Parenting

www.sensoryparenting.com/home.html

Sensory Planet

www.sensoryplanet.com/home.php

S.I. Focus – Information and Resources

www.sifocus.com/store.html

SPD Foundation

www.spdfoundation.net/

SPD Resource Center

www.sensory-processing-disorder.com/

Sexual Abuse: Another Kind of Trauma

The possibility of adopting a child who has been sexually abused is scary for many adoptive parents, especially if they already have children in their home. Families that are open to adopting a child with a variety of other risk factors will often shy away from a child who has been sexually abused. It is important to let you know, though, that most children who have been abused do not go on to abuse others. Many go on to live happy, healthy, successful lives.

It is difficult to know if sexual abuse has occurred in an older child who is available for international adoption. The information in the adoption file from the Country's Central Authority and local orphanages never mention any sexual abuse to a child. If it is known that a child has a history or being abused or demonstrates sexualized behaviors, this would always be disclosed to the potential adoptive parents - however, the reality is that placement agencies, and ultimately adoptive parents, do not have this information when they are matched with a child or when the child is placed in their care.

In an orphanage, it is not unheard of for children to have had free or unsupervised access to internet pornography or adult films. Some may have imitated what they saw in pornographic images by engaging in sexual experimentation with peers. Without formal sex education or supervision, there are children who have learned about sex through experimentation. There are also children who have been the victims of adult sexual predators, either before they came to live in the orphanage or while living in the orphanage. All children who have been exposed to sexuality have had their physical and emotional boundaries violated. Children who have been sexually abused and/or witnessed sexual behaviors may exhibit sexually provocative or aggressive behaviors. For their own safety and the safety of others, older adoptive children should always be supervised around other children, particularly those who are younger or vulnerable. This is especially true early in placement while you are learning about your child, his or her vulnerabilities or risks, and needs.

Therefore, it is important for all adoptive parents to be prepared for the possibility that their child has had sexual experiences in their previous life. This topic will challenge you and will make your decisions feel more complicated, but it will also give you the information you need. Know that even though it may be challenging to think about this, our goal is to help you to be educated and prepared!

We have some thoughtful questions we encourage you to consider and answer.

- What would you do if a child in your home was engaging in sexual behaviors with another child?
- What triggers would come up for you?
- What resources would you have and where would you find additional help and support?

What are We Talking about When We Talk about Sexual Abuse?

The sexual experience of a child coming from an orphanage can range from witnessing explicit movies to being sexually assaulted by an adult. The milder forms of exposure are not technically considered sexual abuse, but they will still present challenges to families. At one end of the spectrum, a child with any exposure to sexual actions or images will need to learn what is acceptable in our

culture and in a family. At the other end of the spectrum, a child who has been sexually abused will need long-term counseling and the compassion and support of the family.

It may be obvious right away that an adoptive child has been sexually violated, or it may come out only after months or years. Some children tell about their experiences, and others may act out in sexual, aggressive or self-harming ways. Children do not generally disclose previous sexual abuse until they feel safe. It is very important for children to understand that they are not to blame for the abuse they experienced. Your family's immediate response to learning about the sexual abuse and your ongoing acceptance of what your child has told you will play a critical role in your child's ability to recover and lead a healthy life.

Healthy Sexual Development is Part of Every Child's Life

It can be hard to tell the difference between "normal" sexual behaviors and behaviors that are signs that a child has a troubling past. It is important to acknowledge that all of us, even children, have sexual feelings and are curious about sexuality. Children's curiosity can lead to exploring their own and each other's body parts by looking and touching. They may peek when family members are in the bathroom or changing clothes or try to listen outside the bedroom. They may look at magazines, books, videos, or internet sites with sexual content. All children need sexual education and intervention. It is important to have in-depth discussion of sexual behaviors and to normalize sexual development with all of your children throughout the developmental stages of their life.

Healthy Sexual Development and Behavior in Children at Different Ages

Preschool Age (0 to 5 years)

- Sexual language relating to differences in body parts, bathroom talk, pregnancy, and birth
- Self-fondling at home and in public
- Showing and looking at private body parts

School Age (6 to 12 years)

- Questions about menstruation, pregnancy, sexual behavior
- "Experimenting" with same-age children, including kissing, fondling, exhibitionism, and role-playing
- Masturbation at home or other private places

Adolescence (13 to 16 years)

- Questions about decision-making, social relationships, and sexual customs
- Masturbation in private
- Experimenting between adolescents of the same age, including open-mouth kissing, fondling, and body rubbing
- Voyeuristic behaviors
- Sexual intercourse (more than one half of 11th graders)
- Oral sex (approximately one-third of 15 – 17 year olds)

In general, normal childhood sexual experimentation looks like this:

- It is between children of similar size, age, and social and emotional development.
- There is no manipulation or coercion involved in the incident.
- It is lighthearted and spontaneous. The children may be giggling and having fun when you discover them.
- Children are not afraid or hesitant when "discovered" and they are not secretive about their interactions with one another.
- When adults set limits or intervene, children are able and willing to follow the rules.

Signs of Sexual Abuse

Depending on their age and developmental stage, all children gradually increase their curiosity, interest and experimentation regarding sexuality. This is normal. Below are some signs that are not normal and may point to a history of sexual abuse or exposure:

- Explicit sexual knowledge beyond the child's developmental stage
- Sexual preoccupation indicated by language, drawings, or behaviors
- Inserting toys or other objects in genital openings
- Sexual behaviors with other children that seem unusual, aggressive, or unresponsive to limits or redirection
- Excessive masturbation, sometimes in public, not responsive to redirection or limits

In addition to these signs, its important to know that there are other signs of sexual abuse that are not directly related to sexual behaviors. Children who have been through any trauma, with sexual abuse being a significant and heartbreaking trauma, may avoid people, places, or things that remind them of the abuse. They may be avoidant of attaching to an unknown adult for fear of the abuse happening again. Or, the child may shut down, refuse to speak, have outbursts of anger, or demonstrate other behaviors typical of children with trauma.

It is also important to recognize that a child who demonstrates sexual behaviors may not have a history of sexual abuse. Some children with other significant traumas develop sexual behavior as a coping skill to manage their anxiety and fear due to non-sexual trauma.

Typical feelings when a parent becomes aware of a child's history of sexual abuse:

- "This isn't the child I imagined when I dreamed of adoption. This isn't what I had in mind." "These behaviors were not in the picture of what my family would look like after we completed our adoption."

It is normal to desire a happy, healthy, "normally" functioning child, but many children are hurt before their adoption and you must be aware of this reality BEFORE you adopt.

- "What have I done to my family? My other kids? My marriage? My life?"

There may be intense grief work for YOU to do as you come to accept the reality of who your child is versus who you thought you were adopting. There will be a process of saying goodbye to the "ideal child" and the "ideal family."

- "Will we ever be the same again?"

The answer is no. No matter who you bring into your family and what kind of history your child has, things are not ever going to be the same. You are making a commitment to parent the child you adopt, no matter what that brings. Make sure that you are ready to parent the child you may "get" rather than the "ideal child" in your mind.

Safety in the Home

Given that you may never fully know your child's previous sexual abuse/trauma history prior to joining your family, you will want to set up family guidelines for safety and privacy prior to placement. Making your home a comfortable place for children who may have been sexually abused can mean changing some habits or patterns of family life.

Consider some of the following tips that may be helpful when your child enters your family:

- Make sure every family member's comfort level with touching, hugging and kissing is respected
- Be cautious with playful touch, such as play fighting and tickling
- Help children learn the importance of privacy
- Do not put a child who is new to your family into a bedroom with younger children
- Keep adult sexuality private
- Be aware of and limit sexual messages received on TV, movies and magazines
- Supervise and monitor children's play
- Prepare and develop comfort with language about sexual boundaries
- Keep communication open with your child, and make time for loving, trusting conversations
- Plan to have your child begin seeing a counselor soon after the adoption, as a matter of course. Expect a need for intervention, even if it is just for a short while

On the Internet & Social Media:

- Know how to protect your child when using the computer, phone or other electronics by using passwords, etc.

Family Counseling

How should you respond if your child discloses a history of sexual abuse?

- Stay calm, deal with your feelings first!
- Understand that your own feelings regarding sexual abuse (especially your own unresolved issues if you have experienced sexual trauma) are likely to get in the way. We recommend

that you undertake counseling before adopting if you know this is part of your history.

- Refrain from shame, judgment, or punishment.
- Allow your child's emotions and encourage emotional expression.
- Call a professional immediately. You can start with your adoption social worker and your placement agency. Seek the help of a professional who is trained extensively in helping adoptive families and children who have experienced sexual trauma.
- Take it upon yourself to find an SOMB Treatment Provider (credentialed through the Sex Offender Management Board). One who is also trained in EMDR is best. An EMDR trained therapist is highly recommended. EMDR (Eye Movement Desensitization Reprocessing) therapy is both a therapeutic tool and a trauma treatment that helps address the challenges of your past, your present, and your future. Its effectiveness has been shown in many clinical studies and is the therapy of choice for traumatic memories and Post Traumatic Stress Disorder (PTSD). EMDR is effective with adults, youth and children.

If you find your child engaging in exploratory sexual behavior with a child of similar age

- Do all of the things listed above, and add:
- Soon after the event find a time to quietly address the behavior in private
- Create boundaries and space between the child and the victims or potential victims
- Take an Informed Supervision Class
- There are numerous children's books available about preventing sexual abuse and speak specifically to children who have been abused. These books can also be a helpful way to initiate a conversation with your toddler about this topic (several are listed at the end of the section/book).
- Teach about appropriate boundaries during teachable moments. Use opportunities when the child is being open with you to teach them about "good touch" versus "bad touch."
- Teach about both abusive AND healthy sexuality!!

Intervening in Sexual Behavior that Your Child is Initiating/ Perpetrating

- Don't second guess yourself! If you suspect sexual abuse or you have evidence that your child is engaging in problem sexual behaviors, seek professional help immediately!
- It would be better for you and your child to seek help and find out that sexual abuse is not occurring than for sexual abuse to continue without intervention!
- If a sexual offense has occurred then make sure a child abuse report is made to your local child abuse hotline – as much as you want to protect your child, it is also your duty to offer help and services to the child(ren) who was/were victimized. Again, feel free to reach out to your social worker for additional support and guidance.

Supervision of Children Who Have Demonstrated Problem Sexual Behavior

- Identify and Intervene Early!
- Eyes-on supervision
- Ear-shot supervision
- Take an Informed Supervision Class
- Supervision on ALL electronics
- Explain to children that "sometimes when we are hurting enough to hurt others we need to be near a safe adult at all times."
- Decrease access to deviance (pornography in your home, computers are password protected, safety plans are followed).
- Get a therapist involved and start safety planning with the child (teach them that there are alternatives to abusive behavior).
- Respond immediately and assertively (but privately). Address all abusive behavior.
- Teach and model accountability, respect, honesty, and empathy.
- Do not leave the child alone with other children (protect potential victims).
- Deal therapeutically with your own emotions, defiance, stereotypes, and trauma history

What Helps Children Recover from Sexual Abuse

According Dr. Jennifer Shaw, a clinical psychologist specializing in childhood sexual abuse at the Gil Institute for Trauma Recovery and Education, in order to heal and go on to live healthy happy lives, children need one person.

- One person who tried to prevent the abuse or tried to help the child
- One person who believed the child when he/she disclosed the abuse
- One person who reached out for professional counseling once child disclosed they were abused
- One person who was willing to go the distance with the child and says "We're in this together"

When asked if it was possible for children to heal and live full healthy and happy lives after childhood sexual abuse, Dr. Shaw responded:

For all children, full recovery depends primarily on how the world around them engages and supports them following discovery. With appropriate therapy, responsive and nurturing caregiving, and efforts to create a world for the survivor that is safe and secure, children can and do heal.

RESOURCES

Child Welfare Information Gateway

Children's Bureau/ACYF/ACF/HHS 1250 Maryland Avenue, SW Eighth Floor Washington, DC 20024

800.394.3366

Email: info@childwelfare.gov

https://www.childwelfare.gov

Children's Books on Sexual Boundaries and Healthy Sexuality

- *I said "No"* by Kimberly and Zach King
- *Some Secrets Should Never Be Kept* by Jayneen Sanders
- *The Little Girl Who Hated the Bad Touch* by Arlene Hibbler
- *Please Tell: A Child's Story About Sexual Abuse* by Jessie
- *It's Not the Stork!: A Book About Girls, Boys, Babies, Bodies, Families, and Friends* by Robie Harris
- *It's So Amazing!: A Book About Eggs, Sperm, Birth, Babies, and Families* by Robie Harris
- *The Right Touch: A Read-Aloud Story to Help Prevent Child Sexual Abuse* by Sandy Kelven
- *Your Body Belongs to You* by Cornelia Spelman
- *A Very Touching Book for Little People and Big People* by Jan Hindman

Book for Adolescents/Older Kids on Pornography

- Good Pictures Bad Pictures: Porn-Proofing Today's Young Kids by Kristen A. Jenson, Glen Cove Press 2014
- **God's Design for Sex** (Book Series) by Stan and Brenna Jones:
  - *The Story of Me* (Book 1) for Ages 3-5
  - *Before I Was Born* (Book 2) for Ages 5-8
  - *What's the Big Deal? Why God Cares about Sex* (Book 3) for Ages 8-11
  - *Facing the Facts* (Book 4) for Ages 11-14
- **Christian Book Series on Sexual Development and Healthy Sexuality**
  - *How and When to Tell Your Kids About Sex: A Lifelong Approach to Shaping Your Child's Sexual Character* (God's Design for Sex) by Stan and Brenna Jones
  - *There Is No Sex Fairy – To Protect Our Children From Becoming Sexual Abusers* by Jan Hindman

Additional Resources:

To find a Juvenile SOMB Therapist:

http://dcj.state.co.us/odvsom/sex_offender/juveniles.html

To find an EMDR Therapist:

http://emdr.com/find-a-clinician.html

To find a Certified Trauma Specialist:
http://www.atss.info/index.php?option=com_mtree&Itemid=21

Attachment & Trauma Network:

http://www.attachmenttraumanetwork.com/index.html

Cortnie Wise, MA, LPC, CTTS, EMDR

(719) 359-1143

CrayolaCounselor@gmail.com

*Tough Behaviors, Tough Discussions:
Talking to Hurting Children about Sexual Abuse and Sexual Behav iors, by Cortnie Wise, MA, LPC, CTTS, EMDR SOMB (Full-Operating) Treatment Provider and Clinical Supervisor

Denver Children's Advocacy Center

Structure and Routine

Older children living in orphanages may have daily lives filled with structure, predictability and routine, or, conversely, may have extended periods with little to no supervision. The stimulation and constant activity common in most American households and communities may be overwhelming to them and they may exhibit this behaviorally by withdrawing or acting out when exposed to new people and situations or when expected to transition rapidly from one environment to another.

It is very important to introduce structure, routine, and limits into your adopted child's life at the very beginning. Structure, routine, and limits are meant to provide children with a sense of safety and security, as well as provide them with guidance and support in making good life choices in the future. Start small, but be clear and consistent. Once you arrive home with your child, you should carefully start to explain family rules, expectations, chores, and manners. Start with those that are the most important in your family, and then be extremely patient and understanding. Your child may need to be given many, many reminders each and every day for days or even months. After all, your child is dealing with so many feelings and changes (fear, anxiety, grief and loss, language, culture, food, etc.) when they first arrive, and if you give them too much all at once your child may become very overwhelmed and go into a state of "fight, flight, or freeze."

Routines will actually give your child a realistic view of family life from the very beginning. If your child has the same daily routine, they will learn a lot about family rules and expectations, and your child becomes familiar with "what comes next." Structure and routines gradually provide your child with a sense of safety and security. If there are any deviations from the normal family structure and routines, you should give your child some advance notice and explain why the routine is being disrupted. A change without any notice could cause your child to feel unsafe.

You may want to use a chart to show what happens in a typical day in the order in which it happens. This will help your child to be prepared for what to expect each day, and helps them to learn the typical daily routine. If there is something scheduled on a specific day that is out of the ordinary, such as a doctor's appointment, then be sure that is noted on the chart, so your child knows what to expect for that day. This will help to alleviate any anxiety your child may experience when there is a change in schedules.

Sample Schedule:

- Wake Up!
- Breakfast
- Chores
- Engage in mind skills such as
    - English, board games, puzzles, etc.
- Healthy Snack
- Physical Activities such as
    - Biking, swimming, bowling, sledding, etc.
- Lunch
- Down Time Activities such as
    - TV, movie, journal, craft, game or puzzle
- Healthy Snack
- Activities
- Dinner
- Family Clean up
- Family time activity
- Bed time Routine

A chaotic household where there is little to no structure and routine may make your new child feel unsafe. Likewise, too many rules and expectations may also make your adopted child feel unsafe. Children in these situations may go straight into survival mode, or fight, flight, or freeze mode. These children may become

incredibly anxious and fearful. They may become withdrawn, throw tantrums, or have fits of rage. Remember, these children feel powerless. They are still grieving their losses – loss of friends, caregivers, culture, language, food, etc. and they are living with strangers who may look very different than they do, who talk a different language, eat different food, and who have a different way of living. Even though your child may have chosen to be adopted, it is still very hard for them, and it may be different than they had expected. You should try to see things from your child's perspective. Imagine being a young child again and going through the same experience as your adopted child. Imagine being taken away from your family and home and taken to another country to live with a family and trying to integrate into that new family, home, and culture. What are some of the feelings you might experience? Or imagine one of your biological children going to that country to live with a family and trying to integrate into that new family, home, and culture. What are some of the things your biological child might be feeling? You can gain a whole new level of empathy for your adopted child by imagining things through your child's eyes.

Chore charts and behavior charts are also helpful for newly adopted children. If your current children have chores, then do not be afraid to give your adopted child age- and ability-appropriate chores such as making their bed, loading the dishwasher, drying dishes, taking out the trash, putting away laundry, etc. Most adopted children really want to fit in with their family. By giving them chores like everyone else in the home, they are learning how to be a contributing family member and are learning how families work together.

Children coming from other places have not necessarily been trained to not touch or be respectful of others' things. Please set up your home to be a friendly as possible to an inquisitive child who may have a need to touch everything. Begin with an explanation with your other children about this behavior with an understanding as to why this child won't understand to not touch their things, and to store any "precious" toys prior to the child's arrival. Remember to put away chemicals, power tools, medicines, etc. Once the child arrives to your home, begin with a walk through in your house and show them the things that are "within limits" and those that are "off limits." You can put a friendly sign on those things that you learn are too enticing that reads "please ask first" in their language. Remember to offer re-direction to help the child move from one problematic behavior to something more organized that is okay. If you have drawers that you are okay with him/her opening, pulling everything out of the drawer to look at, touch, taste, smell, etc. then great – you might just be content to watch them explore and learn.

- Some our recently adopted children do not understand "personal space"
- Boys especially like to roughhouse
- Be prepared for your child to be curious about EVERYTHING! Enjoy seeing the world through their eyes, and remember they will need your guidance to learn what is acceptable and unacceptable.
- Your child may not be enthusiastic to meet you or want to share affection – respect where they come from. One little girl adopted at age 7 took a year before she felt safe enough to allow her fa-

ther to directly kiss her goodnight. She would let him kiss a doll she held out to him for the first year and only when she was able, did she invite him to kiss her check goodnight.

- Show appropriate affection in a way the child is open to receive it. This may take a few days to figure out!

Recognizing Authority

Most people who have adopted an older child would say that it is very hard to set down rules and limitations. It will take time, patience and work to get to the point of having your older child accept your authority. An older child from an institution has probably had the responsibility of keeping safe and making choices for a long time.

You would not expect that such a child is going to welcome having you take over that responsibility. This is true of any child over the age of 5, and will be more pronounced the older the child is.

If you think about it, all children move from being dependent and obedient to becoming independent and able to manage on their own. When we raise children from birth, we have years together to build trust. But even then, older children and adolescents will work hard to become the adults they need to be. They may disobey, argue and take risks as they navigate the territory between childhood and adulthood.

Your older adopted child is likely to have typical teen attitudes and behaviors, and may have a difficult time integrating into your family. It may take time for your child to recognize and accept you as parents and as authority figures, and they may rebel against any rules or limits placed on them.

Children who grow up in orphanages or in foster care in other countries often do not have any limits placed on them. Their caregivers may have allowed them to do whatever they wanted to do much of the time. Children may watch TV or play on a tablet anytime they want to, day or night, and they may have unlimited access to violent or sexually inappropriate programs or materials. There are children or teens living in orphanages who may be allowed to leave the orphanage during the day and return to the orphanage in the evening. These children are forced to grow up way too soon. They are given an abundant amount of independence at a very young age. Unfortunately, they lack the maturity, as well as the support and guidance of a responsible parental figure, to handle so much freedom. When these children are adopted and suddenly have parents, they may have a difficult time understanding why they cannot come and go as they please, play on the computer all night, or watch violent or sexually explicit programs or materials. They may feel frustration at having their independence taken away. If you are adopting a teen, it is important to remember that it is natural for a teen to be moving towards more independence. However, any child also needs the guidance and support of parents and the structure of a family.

- Understand that many orphanage-reared children have a strong desire to be in control. It helps them to feel safe, because they may not have had an adult watching over them in the past.

- When a child feels uncomfortable or unsure of what is going on, or things are too unfamiliar, they will seek to be in control. This may be a result of their trauma.

- Some families believe this behavior is manipulative or controlling. Understand the root of the behavior, and be patient if your child tries to control you or your home.

The Four Parenting Styles

Your child's response to authority is only half of the story. The other half is how you as a parent view and use authority. According to Dr. Maryann Rosenthal, there is a four-part parenting-style grid that can explain a lot about how a family operates in terms of authority.

Authoritarian Demanding but not responsive	Teaching, or Authoritative Demanding and responsive
Permissive Undemanding and responsive	Uninvolved Undemanding and unresponsive

Definition of terms:

Parents who are "demanding" are involved in their children's lives and are attentive to the behaviors and attitudes of their child, with high standards and expectations.

Parents who are "responsive" are interested in what their child's point of view is, and are able to communicate warmth and acceptance.

Description of the four parenting styles:

1. Authoritarian – "Because I said so."

Demanding but not responsive

Authoritarian parents value justice and have a black-and-white sense of right and wrong. They have high standards of behavior and want obedience without argument. They are not open to much discussion and do not spend much time figuring out the child's point of view. Their usual method of discipline is punishment. Taken to an extreme, this is the type of parent that might be abusive. Children of these parents do learn to be obedient, and as a group tend to feel close to their parents. They generally stick close to home and try few high-risk behaviors. However, if they are not heard, they can suffer from psychological or social problems without their parents' understanding or support. As adults, they tend to be anxious and timid. They may embrace the values of their parents, or they may reject them.

2. Teaching or Authoritative – "Let's talk about it."

Demanding and responsive

Authoritative parents have high expectations, but want to know and honor the child's point of view. The parents are assertive, but not intrusive or restrictive. These parents are committed to teaching toward eventual autonomy, understanding that the goal is for the child to become respectful, responsible, assertive and self-regulating. They show warmth to the child and try to balance the parent's need to be listened to with the child's need to be listened to. This is generally the most successful parenting style. Over 75% of teens with this type of parents say in surveys that they feel close to their parents. These teens are unlikely to take part in high-risk behaviors like substance abuse. They grow up to be confident and open-minded, as a group.

3. Permissive – "You're the boss."

Not demanding but responsive

Permissive parents have low expectations of their child in terms of behavior. They may be trying to give their child an unfettered and magical childhood free of discipline, or may be trying to parent differently than their own authoritarian parents. They may lack the confidence, training or commitment to parent in a way that feels confrontational. They may wish to have a close relationship with their child and act like more of a pal than a parent. This parenting style often leads to frustration for both parent and child, because rules and consequences are not clear. The child may not have broken any rules, but feels the parents' anger or disappointment anyway. Surveys of teens with permissive parents show that fewer than 25% consider their relationship with their parents to be close. These teens are also much more likely to take risks, since they have few curfews or expectations from home. As adults, these children have to work very hard to learn the basic rules of respect.

4. Uninvolved – "You're on your own."

Not demanding and not responsive

Uninvolved parents are neglectful parents, taken to the extreme. They are not able to invest in their child because of hard circumstances or strong commitments to things other than parenting. They do not take the time to find out how their child feels, and do not require the child to follow rules, for the most part. The relationships do not feel close, and teens are left to take any risks they choose. Many children of this type of parent find other supportive adults, and do ok. Children of uninvolved parents often struggle in adulthood, however.

How to Approach Authority as a Teaching Parent:

Focus on the long-term goal – a child who can grow into an adult with the ability to form relationships and make good decisions.

A teaching parent is a communicating parent. An older child will be able to understand and respond to conversations about what is expected and what the parents are thinking. If the child can communicate about feelings or needs, everything will be a little easier.

Find appropriate ways your child can be in control, but continue to establish age appropriate boundaries. Some appropriate areas of choice:

1. Clothing choices – Go shopping together, and give your child a chance to choose. Thrift store shopping allows for some experimentation with minimal cost. You may need to prepare two or three outfit choices if the situation requires your child to dress in a particular way.

2. Food choices – Many children enjoy grocery shopping, and might want to try things that were not on the grocery list. Allowing some extra things to go into the cart is often a warm and friendly experience for you and your child. Cooking with your child is also usually positive, and many children are able to prepare a few dishes that they are proud to be able to share with your family. Generally, holding a relaxed attitude about food is helpful. Remember that many foods are unfamiliar to your child. If food

anxiety or hoarding seems to be a problem, make sure your child always has access to a few healthy snacks without needing to ask.

3. Chores – It is helpful to talk about responsibility from the beginning. Chores that benefit the family are a reasonable way to teach about being responsible. It may be that your child has opinions about which chores are appealing, and giving them some choice is a good idea, because one child might enjoy mowing the lawn, and another may be better with sweeping or setting the table.

4. Electronics – We recommend being very cautious with cell phones and computers. If you have confidence that you can monitor your child's on-line behavior, almost every child wants a phone. However, you need to be in charge of passwords and make sure the child does not have free access to the internet. Most teens do not have the maturity to manage freedom in this area, and newly adopted children and teens can get into a lot of trouble with a phone.

Therapeutic Approaches to Discipline

Discipline is an important part of parenting, and how you go about it with an older adopted child is going to be important. Therapeutic approaches to discipline are relatively new, and have been developed with the backing of research. Karyn Purvis, Lynn Wetterberg and Judy Stigger will be quoted extensively in this section, because we just can't say it better.

A parenting strategy that works with older adopted children will not be focused so much on heat-of the-moment techniques but rather, the long-term relationship building. If you can predict trouble spots and avoid them, if you can find areas of common purpose, if you can set up family behaviors that emphasize respect, then discipline will naturally feel better for everyone. Set rules and boundaries that are clear from the beginning and expect to need to be patient. Safe and loving approaches to discipline will lead to gentler interactions and make it easier to build trust and love in your family. Respond versus react.

Why Traditional Parenting Strategies Might Not Work

– Karyn Purvis

There are quite a variety of parenting strategies. It is imperative that you understand parenting strategies for children from hard places. You might have used certain discipline techniques for twenty years with other children that you've loved and served, but you will find that it's the wrong formula for this child that you now love, that's now before you.

If you see a child becoming more and more hunkered down into their behavior, you might look and see if it seems to them that you are in attack mode. If you are trying to teach a child to talk with respect to you, notice if you talk with respect.

For most children from hard places, heavy-handed parenting is absolutely doomed to fail. Children feel attacked, they feel re-traumatized, they have post–traumatic stress flashbacks. When your voice is harsh or your manner is harsh, your child notices that you are not affectionate, warm or loving.

Now I am no pushover for bad behavior. I have no tolerance for disrespect. If a child says something to me mouthy I am going to stop it right then before it is a forest fire. I was with a grandchild not long ago and he said to me, "Gimme that crayon." Then he put his hands on his little hips and said, "Do you want me to try it again with respect?" I said, "You bet your boots, Cowboy, I do." Let your children know your expectations. But be aware that strategies that have been successful with other children most likely will not work with this child. You may very likely be driving worse and worse behavior.

Most of our children have been afraid for so long that they don't know they are afraid anymore. They are reactive. The way your body comes at them or your face comes at them or your voice comes at them, if they assume that it looks like the threat of their history, they are going to react with worse and worse behaviors over time. So find strategies that are designed for the child from the hard place, and in using those strategies you are bound to succeed.

Explanation of Therapeutic Parenting

– Judy Stigger

Therapeutic parenting focuses on attunement and empathy; it focuses on parents' ability to look behind the behavior to find out what is causing the behavior, and also to respond with empathy and to respond in a very calm manner. Typically, when a child is dysregulated or is not behaving in a way that we would consider acceptable, it is because they are being triggered by emotions (usu-

ally fear - great fear, or even terror). We have to figure out what is behind that behavior, and break the cycle, try to stop the triggers, what is triggering that fear, and help the child to reregulate.

Therapeutic parenting has to be learned. And first of all, no parent is perfect. Absolutely no parent is perfect. So we all blow it. And what we need to do, especially with older children, is acknowledge when we've blown it. When we've lost our cool we need to apologize. We have to model for our child what we want them doing. know we are going to lose our temper. We are not going to remain calm all the time even though that is our goal. But the more you can remain calm, the more you can interrupt the cycle of negative behavior.

Set realistic expectations: your child/children will likely be delayed in emotional growth, social skills, and academic progress. Our daughters had not had the benefit of parents pouring into their lives for their formative years. I found that I would get frustrated when I expected them to operate as if they had always been in our care. However when I kept my expectations realistic, we all felt better about things. Just like very young children change from week to week, we noticed that our older adopted child made great progress once she was here and receiving good nourishment and living in a safe environment with consistent expectations.
Also, though not as noteworthy: keep a simple routine that is consistent. When changes come about it seems to set us back a ways. By keeping things predictable we seem to have much greater success and make greater strides. Change is scary for Naomi because it is hard for her to conduct herself when she does not know that rules and expectations. Home is safe and comfortable and it is where she functions best.

We have to, as parents, read everything we can read; do workshops; go online; do online training courses; network with other parents; go to support group meetings. That all helps us stay on track. We are going to, because we are human, fall back into the parenting that we experienced as children. We are going to fall back into those traps. But when we recognize that it happened, we need to remove ourselves and re-regulate ourselves, and apologize to our children if we need to. We also need to talk about our feelings with our children, our big feelings. Not just their big feelings, but our big feelings are important too.

How to Observe and Record Behavior over Time in Order to Predict Trouble

– Lynn Wetterberg

If my child has a meltdown, a tantrum, a withdrawal or a dramatic behavioral episode, there are questions that I need to ask. What was the antecedent, what preceded it, what happened before the behavior that could have triggered it? When we are not sure what we're seeing, it really helps to journal. Whether that's on a calendar in your kitchen or on your iPhone, to just note that at 4:00 in the afternoon this kid tends to come apart, and it happened four days this week. Ok, then there's something about 4:00. So, is it that the child is hungry and his blood sugar is dropping? Is it that 4:00 is right after school and school is too stressful for this kid, and he's carrying it home? Is it because his bigger brother comes home in ten minutes and there's some tension there? What brings on a meltdown could be a lot of things, but you can often start by figuring out the timing, as the clue to try to guess at the trigger.

If it's food, that's a nice example of just trying out your theory. You know, you guess it's food because it's four and he hasn't eaten after school. Try a little snack. I don't care if dinner is in half an hour

and it will ruin his appetite. Give him something more crunch than junk, a carrot or granola bar or something. Maybe the 4:00 meltdowns will stop or become less intense if your child just eats a little at that time. If that doesn't work, try giving him a break after school - a half an hour and a little bit of quiet time. Or try a lot of exercise. If this is a kid who comes out of school uncomfortable from sitting too long, try a trip to the park on the way home and just let him play for half an hour before you bring him home. If you think something might be happening at school, you might come and just sit and watch the playground at noon and see what's going on at school, or ask the teacher if you can come and sit in the back of the classroom.

So there are a whole bunch of things you can try, to figure out what he finds stressful. You can figure out what is triggering your child's behavior by paying attention and making small changes to shape the environment. It might be possible to just take the pressure off that particular time of day because there is something about that particular time of the day that is hard for your child.

Recognizing Body Signals

– Judy Stigger

There are cues your body gives you or someone else's body gives you that they are about to go into fight, flight or freeze. When your brain goes into fight, flight or freeze, it dumps chemicals into your body and your body responds. As adults, we are usually able to interpret it. We don't say, "I have the flu, my stomach is knotting up." We say, "I'm upset." We have learned that tightness in the tummy happens when we are upset. We don't even think about why we know that.

But kids don't know that. So we watch our kids and we say, "How do I know that this kid is just about to lose rational control? What does her body do that I can observe?" Sometimes the child can tell you. She can say, "My neck gets tight." Or "My heart beats fast." Or "My stomach hurts." Or "My fists tighten up." When your child gets upset, instead of saying, "Calm down," (which the child may not know how to do), try saying, "Open your fists." Or "Roll your neck." Or "Take a deep breath." If we can observe our child's cues, we can talk to her about what she could do with her body to begin calming it. Kids find it helpful to have us help them notice what their body is doing when they are getting upset. If we can catch the body cues, both in ourselves and in our child, we can help slow them down.

Sometimes we are not able to catch cues, or are not able to slow down the body's response to stress. If your child's body explodes under this fight, flight or freeze response, all you can do is to keep them safe till they are back in control. And if you notice that your own body is sending "I'm losing it" signals, take heed. Give yourself the chance to pull out of the situation, physically walking away or at least focusing on calming your own body's cues.

The Concept of "Can't" vs. "Won't"

– Lynn Wetterberg

We have to figure out, especially with older children, what are "can'ts" versus what are "won'ts." Oftentimes with an older child,

we just assume they can do certain things, and then when they don't do them or they have negative behaviors around doing them, we think the child is just being obstinate and defiant and controlling, and we react that way. So, for instance, if you ask a child to clean their room, and they're 6 or 7, and you say, "Clean your room." In normal parenting, a 6 or 7 year old child would be able to pick up their toys, and their clothes, and clean their room. But a child who lacks executive functioning skills is not going to be able to clean their room. They don't know how. Their brains aren't developed to understand how to even start. So they go into their room, do not know where to start, and then they leave their room. They may be in there 15 minutes and then leave their room not touching anything. And it's not because they're being defiant to the parent. They don't know how.

Building New Skills: What Fires Together Wires Together

– Judy Stigger

When we think about building new skills we go back to the old adage, "What fires together, wires together."

Nobody is going to build new skills during a crisis, but if some things have been practiced at calm times, they will help when the crisis comes. Here is an example of working during calm times to build skills. I might be out and about as a therapist with a child whose body energy is building up. We have decided that one of the skills he is working on is that he is going to manage his build-up of energy. I remind him of what we're going to do. Take three breaths, or bend over and touch his toes, or go for a walk. Then we try it right on the spot. We try it in situations that aren't in crisis yet, because when the crisis comes we want that to be sort–of an old skill.

Other skill-building activities:

1. “Mother May I?” or “Simon Says”

These simple games teach new skills through repetition. I ask the child to do the thing I want her to do if her trigger has been set off. The child has to listen to whether to do it or not do it. So while the child is playing a game about listening, I'm playing a game about practicing a behavior such as "Touch your toes," or "Take big breaths," or "Open your hands." Then, when the crisis happens, when they're triggered into fight, flight or freeze, someone can say, “Open your hands” and the child already knows how to do that, sort–of on automatic pilot.

2. Teaching through role-playing

Role-playing can teach your child how to express their feelings, as well as understanding new ways of getting their needs and wants met. Role playing various scenarios with your child when they are in a calm mood is a good time to teach these things. By teaching new coping skills to your child you are helping them to replace any unhealthy and maladaptive behaviors with healthy ones. This will also help them to be more successful socially. Be patient with your child – it will take them time to feel safe and to trust you, and will take many repetitions for them to be able to safely express their feelings.

3. If you notice that your child is feeling needy or overwhelmed, try a "time - in" with you. You can ask them to "hold onto your pocket" for a certain amount of time, set a timer, and then use that time with them in a way to help them feel more secure and gain more control over their actions. You can simply have them sit in the same room as you, or anywhere near you where they are not isolated.

4. Talking together after the crisis is over

Make sure that your child understands what they did wrong and that the behavior is not okay. Help your child know that there is much to learn, but do your best to not shame them for their meltdowns or missteps. A child cannot change what they do not recognize as a problem. Help them practice what would have been a better response to the situation.

Therapeutic Discipline at the Time of the Crisis:

TBRI, or Trust-Based Relational Intervention is a method of discipline that has mostly been developed at Texas Christian University by Karyn Purvis and others. The book The Connected Child is widely available, and videos and local TBRI practitioners can be found on the website www.child.tcu.edu. This very short summary of TBRI is intended to get you started.

The Responsive Strategies of TBRI consist of "The IDEAL Response" and "Levels of Response." Taken together, these two strategies provide a structured framework for caregiving interactions with children that are especially appropriate for children who have experienced relational trauma.

The IDEAL Response:

"IDEAL" is a prescriptive acronym for critical elements of responsive interactions:

1. Immediate (ideally, 3 seconds or less)

2. Direct (eye contact, close enough to speak quietly)

3. Efficient (lowest possible, yet still effective, Level of Response)

4. Action-based for the child, not the adult

5. Leveled at the behavior, and not the child

Levels of Engagement:

1. Playful Engagement: This is a relaxed, playful mode of responding, and is ideally where caregivers want to be most of the time; playful engagement creates a sense of felt-safety, builds trust and connection, and can potentially defuse situations that may otherwise become problematic (e.g., "Are you askin' or tellin'?" said in a playful manner).

2. Structured Engagement: If there is a minor challenge, the caregiver may want to move to a more structured mode of interaction; the caregiver's voice may become more authoritative (not authoritarian!), and he or she may be more likely to use behavioral scripts, such as choices or compromises.

3. Calming Engagement: If the child is emotionally aroused, and the challenge is more serious, then the caregiver may want to transition to calming engagement; the goal here is to defuse the situation, so the mode of responding can return to the lower levels, and the key caregiver capacity is mindful awareness.

4. Protective Engagement: If the child is in danger of harming himself or herself, then the caregiver should move into protective engagement; TBRI does not include strategies for protective engagement, but caregivers can receive training.

We invite you to dig deeper, learn more and find your own mentors who have been there and done that when it comes to parenting traumatized children. It requires flexibility and a willingness to change as your child's needs ebb and flow over time. Parenting is a lifetime commitment that, at times, will fill you with joy and pleasure and at other times, shake you to your core and make you question your decision, your commitment, your love and your abilities. But, with time, support, professional intervention, you can find a way to grow and change along with your child. No one "promised us a rose garden" but your children need a parent who is willing to go through the messy job of healing and growing up.

Support

Parents who are successful in adopting an older child, including those who are successful in adopting an older child out of birth order, are those who are able to ask for help when they need it. Families who adopt need a good support system that is nearby and ready to help. This includes your extended family, friends, neighbors, co-workers, medical professionals, counselors/therapists, home study social worker, placing agency's post adoption department, etc.

Your support system should be sure to include a therapist who is knowledgeable in trauma and attachment. Families who live far from city resources like hospitals, therapists and well-equipped schools will find that it is difficult to manage the driving and time that will be required, especially when there are other children in the home. Parents who do not have any support or who do not access their support system tend to feel isolated, have a more difficult time understanding their adopted child, and really struggle through challenging times. On the other hand, parents who reach out for support early on and often after adoption tend to have the "village" they need to get through the challenging times.

Maintain Friendships with Caregivers and Friends

It is ideal if both parents can plan on staying home from work as long as possible to give everyone in the family time to bond and to adjust. While we understand that this is not always possible, it certainly is ideal. You may even want to call upon your support system to help with meal preparations, housework, laundry, etc. This will allow you more time to focus on your children and your new family.

Here are some questions we would suggest asking yourself in terms of support:

- Who are your support people when you return home? See page 107 of the Toolkit for Adopting an Older Child book for a worksheet to gather contact information. This worksheet defines your personal support as someone with whom you can discuss your struggles, challenges, joys and triumphs without judgment. Family support might include extended family members, friends, doctors, specialists, school counselors and teachers, occupational therapist, child/family counselor, adoption support group and/or translator.
- Consider who lives nearby and can take your adopted child or other children for a respite (a few hours or a few days), if needed.
- Consider hiring a "Mother's Helper" to give you help in the home with meals, cleaning and extra supervision.
- Who can provide meals, laundry, or transportation for your other children, if needed?
- Who else will be caring for or providing supervision to your adopted child?
- How will you educate your support "team" about your child's needs and appropriate responses to those needs?
- How will you educate your support team about potential behavioral challenges including aggressive or sexualized behaviors that your child may exhibit?
- How have you prepared financially for any possible additional expenses related to your adoption – such as dental work, therapy, hospital visits, out-of-home care, in-home care, translation services, additional tutoring, etc.?
- Who is your therapist? Have you had an introductory meeting yet? If not, please schedule one as soon as you can.
- Is your schedule flexible enough to work with such a professional on a long-term basis?

- How far is it to their office? A family who lives far from city resources like hospitals, therapists and well-equipped schools will find that it is hard to manage the driving and time that will be required.

You should definitely have good health insurance lined up. If you do not have any local support from your family, friends, church, and/or neighborhood community or if you do not have easy access to good schools (with good special needs support, including English as a second language support), hospitals and knowledgeable therapists, then you should either plan to move closer to where there are good resources available or reassess your family's ability to meet the vast needs of an older adoptive child.

Adopting an older child can be very rewarding, but not without its share of challenges. Expect to be overwhelmed and exhausted a great deal of the time. In order to minimize these effects, you and your spouse will need to work together as a team (a single parent should have good support from extended family and friends), and you need to make sure you have some time to recharge. You and your spouse should each have some time alone to exercise, get a massage, go for a run, read a good book, or engage in a favorite hobby, but you also need to spend time together connecting as a couple, even if it is just going for a walk or watching a movie.

Preparation and Support

You are making a conscious choice when you adopt an older child, so it is important to be as prepared as possible. You must be willing to ask for additional help and support when you come home. Sometimes the trauma experienced by the adoptive child is so unbearable for the child that their "fight, flight, or freeze" behaviors impact the entire family. To avoid getting overwhelmed, you want to make sure you have a good support system in place to assist you with household chores, errands, running your other children to school or extracurricular activities, providing respite care for your adoptive child and/or other children in the home, etc.

We know that the success of adoptive families relies on having a good support system in place. This will allow you to invest your time and energy into your family's well-being. This support system should be in place well before travel, and the support team should be ready and on standby as soon as you arrive home, just in case a crisis unexpectedly arises. It is extremely difficult to try to find help while in the middle of a crisis, when everyone in the family is already overwhelmed.

What are some real-world solutions and resources you would recommend?

Other families who are currently parenting an older adopted child. Find someone else who is walking the same path and have dinner with them, stay in touch with them, pray with them, and invite yourself to be a part of their life. Watch them and learn from them. This journey is tough, but it is worth it.

Adoptive families from our orphanage have set up a Facebook group which has been a great place to ask questions and get help. Though we are spread all over the country, it has been a great way to stay connected and even to keep the kids connected to each other.

School

We recommend that older children begin going to school fairly soon after coming home, because they benefit from the structure and peer interaction. It also helps them learn English more quickly. "We adopted a child who was 11 years old and had never been in a classroom. We had to work very closely with our child's school. We started her out with short days and needed an ILP (Individual Learning Plan), ESL (English as a Second Language), the school social worker and extra tutoring."

In terms of their previous schooling, the children can vary a lot. We have seen the whole range, from well-educated children to those who have had limited or no formal classes. A boy adopted from China at the age of 13 described his academic situation this way: "I was like a frog sitting at the bottom of a well."

All of our children started school within months of coming home. We played it by ear and took them when we felt they were ready. One thing that I wish we wouldn't have just assumed is, that just because our kids were school aged it did not mean that they went to school in China or that they knew what school was or how to act at school. Both of our nine year olds had little to no school, so school and school work was an adjustment. They both embraced school but trying to fit into a school environment when never having gone took time. Sitting at a desk for hours at a time, knowing how to maneuver through a cafeteria, how to hold a pencil ….it's was if we had kindergarteners in 2nd grade. If we ever adopt another child over the age of five we will be much more aware, patient and sensitive to their need to adjust to school life, their academic needs and progress.

Even those families who homeschool will need to have good support and tutors.

It should be noted that children who are not legally adopted before they enter the United States (such as those who are adopted from Latvia or the Philippines) will not be allowed to attend public school until the adoption is finalized. If you are not able to enroll your child in public school, look into private schools or programs that focus on learning the English language.

What Kinds of Classrooms are Best for an Adopted Child?

Trauma-Informed Care, developed by Howard Bath, says that a child with a trauma history needs to feel safe, connected and emotionally regulated in order to learn. Casey Call, Karyn Purvis, Sheri R. Parris and David Cross have put together the following:

TBRI® Principles and Strategies for Trauma-Informed Classrooms

The foundation for both TBRI® and the Three Pillars of Trauma-Informed Care is relationships. Students must feel connected in order to feel safe, and it is this safety that gives them the capacity to learn. A Trauma-Informed Classroom (TIC) is an environment where children from "hard places" can be successful, involved learners.

Strategies

- Reframe students' behaviors as survival strategies instead of willful disobedience.
- Recognize developmental risk factors (prenatal stress, birth trauma, early hospitalization, abuse, neglect, and trauma) and their contribution to students' behaviors. Use this information to respond to the underlying need of the behavior instead of the behavior itself.
- Nurture relationships with students and between students.
- Make eye contact using soft eyes when speaking with students or making a request.
- Encourage healthy positive touch into the classroom routine, such as handshakes, high fives, and fist bumps.
- Take an interest in students' lives. For example:
- Ask questions.
- Listen.

- Incorporate a journaling activity in class. Read and respond to entries.
- Recognize emotional states; e.g., when a student looks like they are upset or angry.
- Have a check-in question at the beginning of each class; e.g., "On a scale of 1 to 10, my stress level is a ___" or "The best gift I ever received was ______."
- Create an environment where students feel safe. Children from hard places need predictable environments.
- Physical environment should be organized and not overwhelming in terms of lighting, colors, materials. Establish and practice routines for classroom procedures; e.g., what to do when entering the classroom, how to ask a question, where journals go, etc.
- Post a classroom schedule and give warnings if it is going to change.
- During daily transitions, provide warnings leading up to the transition; e.g., "Five minutes until we go to lunch," "Three minutes until we go to lunch," "One minute until we go to lunch."
- Give students a voice in the classroom and allow it to be heard.
- Give undivided attention. Make eye contact and extend a handshake when students enter the classroom.Offer choices, such as allowing students to complete assignments in the order they choose.
- Make compromises, such as extending a deadline to Monday so students can have the weekend to complete a group project.
- Practice behavioral re-dos, such as having a student "try it again" if they use disrespectful words.
- Address students' physiological needs.
- Allow water bottles and snacks in the classroom.
- Encourage physical movement, such as allowing students to get up and walk around or to stand up while they work.
- Understand students' sensory needs and provide tools to accommodate for these needs, such as:
- Noise-cancelling headphones
- A quiet place to work
- Soft background music
- Weighted items (lap pad, blanket, vest, etc.)
- Fidgets (squeeze balls, velcro under the desk, etc.)
- Bubble gum
- Soft or natural lighting
- Practice self-regulation skills.
- After a cognitively challenging task, practice deep breathing or other self-regulation techniques.
- Purposefully plan an activity that will excite students; e.g., freeze tag, water balloon toss, science experiment. Then practice self-regulation or calming techniques.
- Help students identify their level of alertness. Be proactive.

- Teach skills and behaviors before they are needed or required.
- Teach and practice calming or self-regulation techniques before exciting or stimulating activities; e.g., deep breathing, pressure points, chair sit-ups, pushing down the wall, weighted items, fidgets.
- Help students identify their feelings by using a feelings check during class. Say, “If you are feeling embarrassed/anxious/bored/etc., give me a thumbs-up; if not, give me a thumbs-down. If you aren’t sure, you can turn your thumb sideways.”
- Practice labeling emotions and make plans for dealing with them; e.g., have student list three things she can do when she feels sad/mad/scared/etc. Practice the plans.
- Have fun!
- Students’ brains are primed for learning when they are engaged in a joyful activity.
- Play review games and throw a prize to the student with the correct answer.
- Have dramatic readings, mini-concerts, or theatrical performances that meet learning objectives.
- Improve a sense of classroom community by incorporating team-building exercises into your curriculum.
- Take dance and motor breaks.

Brain Health

If your child has extreme behaviors, it is possible that psychiatric help is going to be called for. If you suspect that your child could be diagnosed with something like depression, an eating disorder or schizophrenia it makes sense to do what you can to get a diagnosis and a treatment plan. Adolescence and young adulthood are the most common times for people to begin experiencing the symptoms of many conditions.

Brain health conditions affect 21 percent of teens. "Fifty percent of lifetime conditions begin by age 14 and 75 percent by age 24," says Ken Duckworth, M.D., Medical Director at the National Alliance on Mental Illness. Timely professional intervention is important.

Are Adopted Children More Likely to Need Mental Health Services?

The good news is that adopted children are not more susceptible to mental illness than the general population. Many studies have been done and people who have been raised by their biological parents have been compared at different ages to people who were adopted. In broad statistical terms, adopted children grow up to be just as healthy and well-adjusted as non-adopted children. In fact, even though adopted children may be 2 to 5 times as likely to have counseling as children, some studies have shown that they are less likely to need counseling as adults.

That said, there are brain health issues that are relatively common and some adopted children are going to be affected. Below is a list of diagnoses with information from the National Alliance on Mental Illness (www.nami.org):

ADHD – Attention Deficit Hyperactivity Disorder

1. How common is it?

An estimated 9% of children between ages 3–17 have ADHD. An estimated 4% of adults have ADHD. This is one diagnosis that is more common among adopted children.

2. When is it diagnosed?

It is usually diagnosed in childhood.

3. What are symptoms?

A child may be easily distracted or bored, and jump from activity to activity. Impatience, interrupting, difficulty taking turns, waiting or sharing are common. It is hard to process information quickly and the child often has trouble following directions, completing tasks and keeping track of lunch boxes and coats. Usually a diagnosis needs these behaviors to be troubling for 6 months.

Anxiety

1. How common is it?

Anxiety affects 8% of children and teenagers, and 18% of adults. It is more common in women.

2. When is it diagnosed?

Most people develop symptoms of anxiety disorders before age 21.

3. What are symptoms?

All anxiety disorders have one thing in common: persistent, excessive fear or worry in situations that are not threatening. People can experience dread, irritability or fear of danger. They may also experience physical symptoms such as upset stomach, insomnia, headaches or shortness of breath.

Autism Spectrum Disorder (ASD)

1. How common is it?

1.4% of children are diagnosed with some level of autism. Boys are 4 times more likely than girls to develop autism.

2. When is it diagnosed?

Autism is usually diagnosed in early childhood.

3. What are symptoms?

Not everyone will experience symptoms with the same severity, but all people with ASD will have symptoms that affect social interactions and relationships. Autistic children generally have different ways of interacting with others. Parents are often the first to notice that their child is showing unusual behaviors. These behaviors include failing to make eye contact, not responding to his or her name or playing with toys in unusual, repetitive ways. They also often have digestive troubles.

Bipolar Disorder

1. How common is it?

2.9% of the population is diagnosed with Bipolar Disorder. 85% of those are considered severe.

2. When is it diagnosed?

The average age of onset is 25. It affects men and women equally. It has become a more common diagnosis of children.

3. What are symptoms?

A person with bipolar disorder may have distinct manic or depressed states. A person with mixed episodes experiences both extremes simultaneously or in rapid sequence. Severe bipolar episodes of mania or depression may also include psychotic symptoms such as hallucinations or delusions. Usually, these psychotic symptoms mirror a person's extreme mood. Someone who is manic might believe he has special powers and may display risky behavior. Someone who is depressed might feel hopeless, helpless and be unable to perform normal tasks. People with bipolar disorder who have psychotic symptoms may be wrongly diagnosed as having schizophrenia.

Children may experience severe temper tantrums when told "no." Tantrums can last for hours while the child continues to become more violent. The child may also show odd displays of happy or silly moods and behaviors.

Teenagers may experience a drop in grades, quit sports teams or other activities, be suspended from school or arrested for fighting or drug use, engage in risky sexual behavior or talk about death or even suicide. These kinds of behaviors are worth evaluating with a health care provider.

Depression

1. How common is it?

Almost 7% of the population had at least 1 major depressive episode last year.

2. When is it diagnosed?

Depression can be diagnosed at any age, but it is fairly common in teens and young adults. People aged 18–25 are 60% more likely to have depression than people aged 50 or older.

3. What are symptoms?

Children and teens at higher risk for depression include those who have attention deficit/hyperactivity disorder, learning or anxiety disorders and oppositional defiance disorder. A young person who has experienced considerable stress or trauma, faced a significant loss or has a family history of mood disorders is at increased risk for depression.

Children with depression are more likely to complain of aches and pains than to say they are depressed or sad.

Teens with depression may become aggressive, engage in risky behavior, abuse drugs or alcohol, do poorly in school or run away. When experiencing an episode, teens have an increased risk for suicide. In fact, suicide is the third-leading cause of death among children aged 15-19.

Generally, a person with depression sleeps too much or can't get to sleep, has changes in eating and feels a lack of energy and interest in day-to-day life. Things seem hopeless and the person may feel physically ill with headaches or stomachaches.

Eating Disorders

1. How common is it?

5% of people will be affected at some point in their lives. 90% of those diagnosed are female, but men and boys are less likely to seek help.

2. When is it diagnosed?

Eating disorders are usually diagnosed between the ages of 13 and 25. A big change like going to college or starting a new job or school may be a stressor towards developing an eating disorder. A person with an eating disorder will have the best recovery outcome if he or she receives an early diagnosis.

3. What are symptoms?

Eating disorders include anorexia nervosa, bulimia or binge eating. Often a person with an eating disorder will have symptoms of another mental health condition that requires treatment. Whenever possible, it is best to identify and address all conditions at the same time.

Obsessive-Compulsive Disorder (OCD)

1. How common is it?

About 2% of people have obsessive-compulsive disorder.

2. When is it diagnosed?

Symptoms typically begin during childhood, the teenage years or young adulthood, although males often develop them at a younger age than females. The sudden appearance of symptoms in children or older people merits a thorough medical evaluation to ensure that another illness is not causing these symptoms.

3. What are symptoms?

To be diagnosed with OCD, a person must have must have obsessions and/or compulsions that are upsetting and cause difficulty with work, relationships or other parts of life and typically last for at least an hour each day.

Post-Traumatic Stress Disorder (PTSD)

Trauma in young children:

This is the diagnosis that is the most likely to come up for children who have been adopted. Research has found that young children can develop PTSD, and the symptoms are quite different from those of adults.

A long-term, relationally-based treatment such as TBRI (Trust-Based Relational Intervention) associated with Karyn Purvis and Texas Christian University) has shown effectiveness. Play therapy, Eye Movement Desensitization and Reprocessing (EMDR), and other types of therapy may be effective if the traumatic memories can be engaged in developmentally-appropriate methods. Service animals, especially dogs, can help soothe some of the symptoms of PTSD.

1. How common is it?

Studies show that about 15% to 43% of American children go through at least one trauma. Of those children and teens who have had a trauma, up to 15% develop PTSD.

2. When is it diagnosed?

It is considered wise to treat all children for trauma as soon after an event or adoption as possible.

3. What are symptoms?

The fight-or-flight symptoms in young children can include: acting out scary events during playtime, forgetting how/being unable to talk, being excessively clingy with adults or having extreme temper tantrums or overly aggressive behavior.

Reactive Attachment Disorder (RAD)

Reactive attachment disorder is a diagnosis that you may hear from a doctor or psychologist. It has been a common diagnosis associated with adopted children. However, today's research on the brain tends to focus more on the impact trauma has on brain development and what issues arise based on those known and unknown traumatic events in the child's life. We recommend you seek input and services from a trauma-informed therapist.

Schizophrenia

1. How common is it?

About 1% of Americans have schizophrenia.

2. When is it diagnosed?

Although schizophrenia can occur at any age, the average age of onset tends to be in the late teens to the early 20s for men, and the late 20s to early 30s for women. It is uncommon for schizophrenia to be diagnosed in a person younger than 12 or older than 40.

3. What are symptoms?

It can be difficult to diagnose schizophrenia in teens. This is because the first signs can include a change of friends, a drop in grades, sleep problems, and irritability - common and nonspecific adolescent behavior. However, if your child begins having halluci-

nations, hearing voices or having odd ideas that cannot be sustained logically, this is a medical problem that needs to be addressed right away.

Conclusion

If you are living with a child with behaviors that frighten or worry you, it is not a "wait and see" situation. Seek out a comprehensive physical and psychological assessment. Adolescence is a time of great change and it is believed that one out of five children have a diagnosis that can be treated. You would seek help for a physical illness, and it makes sense to seek mental health services as well.

We knew K was going to be delayed. Delays are typical when a child has been raised in an orphanage. Having spent four and a half years in an institution and then one and a half years in a group orphanage, we knew she would be behind a typical developing child. I was fairly confident that with loads of intervention at home and a whole lot of love she would jump in her development and fit right in with the rest of my children at home. Being a homeschooling mom, I knew that I could give her the time and attention she needed to learn.

After being home a few months, she was evaluated by a neurologist. I fought back tears as I watched my then six year old trying to accomplish tasks that any typical 2 year old could do. He diagnosed her with global developmental delays. The doctor wasn't exactly sure what was going on but he did believe that she was born with these delays.

During this time seeking answers, I became overwhelmed with the responsibilities of raising six kids. Homeschooling became a nightmare. I began to realize that I wold need to become a vision teacher, an orientation and mobility specialist, an occupational therapist, a physical therapist, a speech teacher, and a special education teacher along with the responsibilities of being a wife and mother.

Thus began the letting go of my dreams of how I thought our family would function. I enrolled three of our children in public school. Our reasoning was if the other little ones were taken care of at school, I could focus on K.

K would never live independently. Through the process of digging for answers we have had to come to grips with the fact that she is moderately intellectually disabled. I will be shocked if she ever learns to read or solve simple addition facts.

There are days when I want to stomp my feet and throw my hands in the air and say enough. I never wanted to parent a child for the rest of my life. Yes, K has slowed our family down and changed what we can do. And while I fight resentment and frustration, feeling overwhelmed, I am thankful that God has placed this precious child in my life. I, and my family, have been stretched in ways that have made us stronger, more compassionate, and more loving. We, and those who come in contact with K, are blessed by her sweet life.

Flying Words - listening to hear, a poem

The noise, the noise,
The words, the words
They fly all around
But none can be heard
Cause you're working out
What needs to be said
You're stuck in your thoughts
Inside your own head

Instead of focusing
On what I'm trying to convey
You're thinking about
The next thing you'll say

So you don't notice the words
Unsaid and spoken
My body, the message
Signposts of what's broken

I get shut down
Before I'm even open
You're not listening to me
My words might as well be unspoken

You have your ideas,
Your insights, your solutions
You want me to see them
Neutralize my life pollution

But you don't know my problems
No clue of how I tick
Cause you didn't take the time
To listen, to click

We never connected
So I didn't trust
Your interest in me
More weighty than dust

A connection that shows
That you really care
My voice counts for something
For me you're really there

So ask me questions
Open and inquiring
And let me speak
Without judgmental perspiring

Don't interrupt me
Don't frequently interject
I need time to express
To formulate, accept

For the words I speak
Are often news to me
Thoughts deep inside
Desperate to be free

And when there's a moment
An appropriate time
It's time for the magic
The real listening paradigm

Show me you hear me
By repeating, reflecting
Of meaning, of feeling
Empathy infecting

And please I implore
I beg, I plead
Don't issue trite clichés
Like 'I hear you', indeed

Please lose the script
The insincerity reeks
I need proper interaction
The one who finds, the one who seeks

You don't know it all
You don't know me for a start
The way you will find me
Is if I see your heart

I see your heart
By you taking the time
To hear my feelings
Hear my reason, my rhyme

And once you've heard me
I'll be able to hear
The words that come from you
Your insights to be freer

Cause you'll be starting from
The place where I am
Suggestions appropriate
No use of battering rams

The feelings connection
Overcoming the barriers
Together we'll become
The problem-solving harriers

If you don't do this
The 'words' that will fly
F*** off, or ignoring
A chair or a lie

Nothing will change
Nothing'll get better
I'll hunker down some more
Write my 'worthless' confirmation letter

To hear is to care
To care is to know
The truth that's within me
That's the way I will grow

So listen to me
Validate my existence
Then let words fly into my ears
Listening's reciprocity insistence.

http://www.teenagewhisperer.co.uk/flying-words-listening-to-hear/

Thoughts from Two Older Adoptees

We collected additional thoughts and feedback from two adoptees who had interned through CCAI and they offered their experience of their adoption journeys.

While in China, I was 13 years old. I cried and begged for the orphanage director to hurry up and find me a family. I knew I was about to age out of the adoption process. I even wrote a letter to a CCCWA staff member to have her help me out. Months later, I was told that I was offering to be adopted by an American couple. I was excited AND confused. I began to day-dream about the American dream that every Chinese person was talking about. I was sad realizing that I was leaving everything behind. Leaving the place where I had the best memories of my childhood at the orphanage. Leaving my favorite teachers who loved me, leaving my friends who actually are my friends! It was my whole world at that time. But with my special needs, I had been told so many times that my life would be wasted if I chose to stay. So, with all of my thoughts swirling in my head, I went with my adoptive parents two weeks before my 14th birthday.

I literally cried every night when my parents were sleeping and then I cried even more when we arrived to my new home. I assumed that was an experience of culture-shock! With language barriers and my own inability to express my needs/feelings, only added to the frustration I felt with my father. Throughout my whole life, I never was taught to express my feelings. Therefore, my struggle caused a lot of mis-understandings and dreams over the years.

In the first year, my parents asked “What’s wrong?” My answers were always “Nothing”, even when it was “Something”. After a while, they stopped asking. I was my parents’ first adoption and then their first adoption of an older child. They did not know anything about my past experiences. They did not know I was an abused, stubborn, and rebellious child who came from an abusive foster home. They never validated, nor asked about my past. They only knew the stories that I told them as time went on. Seven years into the family, all I felt was rejection. At first, for so many years, I thought that they were rejecting me because of my bad behaviors. I never let them get into the walls I built over the years of surviving my childhood. I blamed myself for so long, looking back at all of my behaviors. I thought I was the one who caused the poor connections. I began to think that I would be happier if I had never been adopted. I thought they would be happier, too.

Then, with the amount of guilt that I felt, I began to change my behavior. I became so obedient and self-reliant. I tried so hard to connect and bond with them. But I only witnessed and experienced their attitude of unfairness and rejection in return. I hid my feelings, as always. I did a lot of self-harm, a lot of time getting lost on the computer so I did not have to think about anything. The guilt feelings ended in my second year of college. I secretly sought out counseling services for myself. I decided to reach out because I knew that I was not going to make it if I am this depressed every day. I was in therapy for about a year. I finally began to understand that it was not my entire fault that I behaved the way that I did. I slowly understood my parent’s lack of knowledge about adoptions and their own limited capacities. So, I have stopped trying so hard to have them love me just as much as they love my brother and sister. I stopped punishing myself for the love I could not receive from them. I love them, which is all that matters now. I often thought that maybe it was a plan that God had. He told them to adopt me only to “rescue” that girl who got stuck in the orphanage. Not to love, not to heal, but to provide for materially.

Now, as I am a young adult, I don't regret them adopting me nor the way I behaved. I had my reasons and they had theirs. We are not close, but not distant, either. I have learned to expect less from this relationship, so I won't be hurt anymore. It seems like it is working for both of us.

~ Sassy , adopted at age 14

Dear CCAI Adoptive Parents,

Before I start with this letter, I would like to say how grateful I am to have all of you be part of CCAI Families. All of you have made a major impact on all of the adopted children even including me. Thank you for loving, supporting, and raising us, the adopted children. We are all grateful that you are part of the adoptees' life! Thank you very much!

Introduction:

All right, now I am ready to introduce myself. My name is Claire. This is my fifth year at Missouri State University (MSU) with a major of Global Studies and minors of Chinese and Child & Family Development. I am doing my Internship at CCAI from January to end of April. Then I am heading back to MSU to graduate. I am looking forward to the day of my graduation!

The reason I am writing this letter is because I want to let you know how much LOVE you are putting into your adoptive child. Adopting an older child is definitely a challenging path you have chosen, but it is also very rewarding. Why is it challenging? It is challenging because of language, culture, medical needs, and lots of emotional and mental involvement. Why is it rewarding? It is rewarding because you will have SO MUCH IMPACT on your adopted child. You are giving your child MORE OPPORTUNITIES to live his/her life and you are giving them so much of your LOVE. You are helping them grow as much as they can. Not only will they become stronger, but you will also become stronger!

I would also like to share some of my adoption experiences with all of you and what I dealt with in the past. The biggest struggle I dealt with was language. I could not understand my parents' language and culture, and they could not understand mine. There was a big solid wall of differences blocking between both us. Somehow all of us have to work together to bring this wall down eventually. We are still working on it, but it is much better than the first couple of years.

It takes lots of time, patience, and love. I am so grateful you are adopting a child or have already adopted your child, either young or older children. Thank you for loving your adopted child as if he/she is your own. Thank you for truly caring and loving them! I hope sharing some of my experiences will relate to you and your children's story.

First Meeting:

I am a Chinese adoptee. I was adopted when I was ten years old on September 4, 2001. That day was so special to me, and I will always treasure it! That day was when I first time got to meet my American family who wanted me (At that time, I felt like I was meeting some superstars!). I remember when my nanny accompanied me to the office where my parents were waiting for me. When the nanny was walking with me, some of the feelings I had included: excitement, anticipation, and nervousness.

When I first stepped into that office, I saw three complete strangers standing there and smiling at me. My dad had dark chocolate brown hair with brown eyes, and he was tall! He looked a little similar to my native people. My mom had dirty blond hair, hazel eyes, and very white skin; she looked completely different from

me. She also wore glasses. My little brother was also with them. He had dirty blond hair and hazel eyes (I think). We were about the same height (now he is much taller than me)!

Even though I did not express how amazed I was to meet them, my heart felt excited and stunned to see these "new" people. They were Americans, and I was actually going to live with them! I also felt nervous because they were new to me. I had never lived with a family before. Our language and culture were opposite, and I did not know how to communicate with them. There was a point when I started to cry. However, my new parents continued to smile at me and tried to cheer me up. They took pictures of me and videoed me. My dad picked me up, put me on his lap, and gave me licorice (I liked it, surprisingly!). They made me feel very comfortable. I felt better from their smiles, physical contact, and food!

Language and Culture:

The first couple of years I lived with my adoptive family were like riding on a very bumpy roller coaster. There were lots of ups and downs. Building connection was the hardest part because of the language barrier. I did not understand my parents' language. They did not understand what I needed/wanted or how I felt. Both sides got frustrated. There were times that I got upset, folded my arms, walked away from them, sat in my room, and did not talk to them. It was hard to express what I wanted because of the language issue.

However, my parents were still very patient and loving to me. They understood how hard it was for me to transition into a completely different culture. They knew that everything in America was new to me. They knew it would take lots of time for me to adjust and get accustomed to a new culture. They knew they had to be patient with me.

Along the way, they learned how to communicate with me. They tried many different ways to unstack the wall of differences, and I tried too. They learned how to explain words for me in order for me to learn and understand their communication. A lot of times, we used nonverbal interactions such as gestures (e.g. eating, brushing teeth, etc.) and facial expressions (e.g. sad, happy). Other times, they used flashcards with pictures. They read lots of books for me. They also bought me Chinese/English dictionary books with pictures. Visual images were a great way for me to learn vocabulary. They found neighbors who spoke Chinese. They found ESL teachers who helped me learn English and its complicated grammar. I read lots of short story books, watched kids' TV shows, and interacted with new friends. Those were some ways for me to improve my second language and learn American culture.

My parents learned to accept differences among my siblings and me. We were all different. Rather than focusing on differences, they found our interests and introduced them to one another. This somehow brought us together as a family. They learned that Chinese culture was still very important to me. They shared my culture with the rest of the family members. We celebrated Chinese New Year. We used chopsticks on special occasions. We made dumplings together. My parents connected me with a Chinese teacher who helped me reconnect to my cultural heritage. They had an interest to understand my culture, and I had an interest in sharing my culture with them.

They learned what to do when I got overwhelmed with homework or when English was too hard for me to learn. They continued to encourage me and say how hard it is to learn a new language, “You are doing a great job, Claire. English is a very hard language to learn. You will get better. Do not dwell on what you cannot do. Focus on what you can do!” My parents continued to help me every day with homework and vocabulary. I remembered how hard it was for me to learn English, and I got really frustrated almost every evening doing my assignments. My parents were VERY PATIENT with me, and they continued to love me for who I am.

Food:

I love American food! Later on, I learned that American food is a fusion cuisine of many countries. The first few weeks of eating American food, I was very excited. I was exposed to many different kinds of awesome food: pizza, hot dogs, hamburgers, spaghetti, tacos, McDonalds, Oreos, etc. All of these new foods opened up my taste buds. I was extremely happy eating so much yummy food!

One night, my parents made plain pasta for my siblings and me. They ate it plainly with Parmesan cheese, but I did not like cheese. I also did not want to eat my pasta plain. I saw a ketchup bottle on the table, so I decided to put some of that on my pasta. It was not just ketchup but green SHREK ketchup (Shrek came out in 2001). My pasta was green. I was satisfied and started eating. I was happy with the taste. My mom looked at me and started to smile. She said "Your teeth and mouth are green." She started to laugh, so I did too.

Right now you are probably thinking, "Ewww...gross Claire!" That was my brother's reaction after he saw me eating pasta with green ketchup. In a way, I did not understand how to eat pasta. I thought it was all right for me to put ketchup in pasta, but later I learned most Americans do not put ketchup in pasta.

My least favorite meal was breakfast. I did not like eating cereal with milk, yogurt, bagels, donuts, etc. The only thing I remembered was eating a banana every morning for the first several months. Bananas were one of the fruits that I did not get enough of while I lived at the orphanage – never got a second round of an entire banana.

I recalled the times that my mom attempted making me some rice porridge for breakfast. She combined rice, water and sugar in a bowl. Then she put it in the microwave. I looked at the porridge when it was done. It did not look like what I had at the orphanage. I ate it anyway. Thank you Mom for giving your best (I know how to make rice porridge now)!

American food that took me awhile to get used to included: milk, cheese, scrambled eggs, celery, and avocado. Overall, I am a food person! :)

School:

Being completely immersed into English schools, I struggled a lot just learning the second language. I came to the U.S. when I was ten, and I was immediately put in a fourth grade classroom. I had to start from scratch: learning the alphabet, writing capital letters, practicing pronunciation, forming short sentences, reading short

stories, understanding grammar rules, and having a basic conversation with teachers and students.

My parents had to constantly remind me that I was not on the same English level as my classmates. I wanted to be on the same level as other students, so I pushed myself to do my best. It was challenging. Many times I felt behind other students (except math). I received a lot of help for literature, history and science classes. In fifth grade, I recall an ESL teacher who sat with me every day for history class. Looking at many foreign words in the history book made me feel frustrated, and I tried to understand what was going on by looking at the pictures. I could not understand though because of the English. I still remember that picture – it was a picture relating to French Revolution.

As I moved up a grade level each year, my English level also improved. However, it was still not on the same level as other students. All of the subjects became harder and challenging. More struggles, more frustration, more assistance, more practice, more resources, and more time. There were many times that I cried because of frustration in learning English, but there were many times that I received encouragement and motivation. In middle school I asked for extra help from my teachers, friends, and my parents. They found a variety of ways to help me understand because I really wanted to understand. Sometimes they had to draw pictures for me to understand certain concepts or words. Other times, they gestures or make up a story. ESL was one of my major resources for improving my English. I went to the ESL classroom almost every day and worked with other students who were also learning English. We worked together to write a WWII journal. We celebrated cultural holidays: Japan, China, and India. I learned a little bit of everything from my international friends.

Getting in high school, I felt a little more confident with my English. However, I still received help on different school subjects from my teachers and parents. High school had helped me to become more independent doing school work without ESL assistants. I told all of my teachers that English was my second language, and I needed a lot of help. They understood my struggle, and they tried their best to help me. My ninth grade teacher really helped me understand The Tale of Two Cities. He gave me some of his notes and vocabulary list. On the last day of school, he gave me a copy of The Tale of Two Cities (his copy) to me. It made me feel so happy.

Writing papers became another struggle, especially in 11th and 12th grade. Everyone has to take senior composition, and I was scared of writing different types of papers (persuasive, argumentative, narrative, etc.). If I wanted my English level to be like other students, then I needed to practice. When my teachers assigned different papers to the class, I asked for extra help. Sometimes, I got tired of always asking for help, but I continued saying to myself, “I want to improve my English and do well in school.” I remembered those times I stayed after school to see my English teacher. He guided me how to write a good paper with strong thesis and topic sentences. He showed me how to research certain topics. I spent a lot of time doing my homework and writing papers. At the end of 12th grade, I finally finished high school. Stresses and frustration of high school were gone…hurray!

Freshman year of college I had to be more independent on my own because my parents were not with me. Luckily, I had a very good high school friend who went to the same college as I did. She helped plug me into different organizations and introduced me to her friends. I tried my best to be active with classes and organizations that were related to my interest: cultures, Chinese, food, God, and many more. After meeting her friends, my social network grew and grew. Thanks to her!

On top of social networking, I had classes to worry about. For the first two years of college, I asked my teachers for a lot of help (just like high school), and I told them English is my second language. Again, they tried their best to help me understand. I made sure to read all of the assignments and write all of the papers. The Missouri State Writing Center (my college) became a big resource for me. That was where I went to ask English professional students to help me proofread my papers (grammar can be confusing for me, still struggling with it!). Not only asking teachers for help, I asked my friends for some help too. They proofread some of my papers and helped me understand some political articles. Almost every night, I spent my time at the school library to do my homework and papers. However, everything became easier in my senior year and super senior year.

Soon enough, I am going to graduate this year!!

Fitting In:

As I got older, my friends changed. I had to move on and meet new friends. Middle school was hard for everyone, not only for me. All of the middle school students were changing physically and trying to find their own niche. There were many different social groups - very popular, accepted, average, neglected, and rejected. I knew for sure I did not want to be a very popular student nor a neglected or rejected student. Somehow, I did my best to feel accepted by other students. I tried to conform into the cool kids groups, but I still did not feel I belonged to any of the groups. Luckily, I met some close friends in middle school. I felt really close to one American friend and a Japanese friend. All of us hung out and ate lunch together. My Japanese friend and I were in the same ESL group. She shared her culture while I shared mine. I was also involved in band and my own church group.

Transitioning from middle school to high school was a challenge. I had to find a new group of friends because I felt most of my old friends were changing. I continued to be in marching band and tennis, but I had a hard time fitting in to these groups. I felt none of them understood me nor did I understand them. I had friends, but I did not feel close with anyone in ninth and tenth grades. When my family and I moved to Missouri from Ohio, things started to change. In my junior year I felt something different about myself, in a good way. That year, I felt happy and connected. That year, I met some Christian friends who really tried to understand me. They really tried to get to know me, and they understood my struggles. At the same time I got a chance to understand them and hear their stories. They also included me and asked me to hang out with them. They helped me feel confident.

With a little bit of confidence, I continued to seek my niche in college. Thanks to one of my good high school/college friends, my network of friends expanded. After that, I pushed myself to find my sense of belonging through groups such as: Asian organizations, Christian organizations, International Student organizations,

Computer Services, Chinese church, etc. Meeting new friends from these organizations, I felt more connections with different kinds of people.

Be Happy and Be Yourself:

From learning a second language to fitting into a group, I struggled a lot in middle school, high school and college. There were times that I felt lost, behind, excluded, frustrated, angry, incapable, weak, confused, and worthless. It was hard to have a complete sense of myself in those years because of the missing pieces of my beginning. I could not find what I was looking for.

There are times that I have the desire to know my unknown birthplace and biological parents. However, I do not have the desire to search for them because I do not want to waste my time on something that I cannot find or have. It is impossible to find those pieces. I have to let that go and move on. I am happy where I am at right now. My life feels full because of God, my family, and friends. I have more blessings and opportunities than those times living at the orphanage.

Everyone has struggles which make each individual stronger. Your son or daughter will struggle too, but their struggles will build them into a strong person. Each day, I learn a little bit more about myself. Each year, I grow stronger, happier and more confident. Year by year, it is getting better to see a clear image of myself even though there are some missing pieces.

Here are some of the ways that have helped me to be happy and be myself as an adoptee:

1. Tell myself, "I CAN DO IT!"
2. Pray to God for strength and courage.
3. Find encouraging quotes to help me stay strong and motivated.
4. Always ask for help.
5. Take one day/thing at a time.
6. Do not worry about tomorrow, for tomorrow will worry about itself - Matthew 6:34
7. It is all right to be the last person, take my time!
8. Be grateful and appreciate where I am at and what I have...remember how I arrived here where I am at right now.
9. Do not dwell on one thing too much...life moves on!
10. Go out to the world, explore many places and try something new each day.
11. Be CONFIDENT and do not let anything bring me down.
12. If I fail, then get back up and do it again!
13. Everyone has a unique and different story to share, and everyone is different, not only me.
14. Smile as much as I can even when life is hard.
15. Believe in myself and love myself! Focus on my strength and improve my weaknesses.
16. There is always someone who loves me!
17. It takes lots of time, just be patient. I will get there.

18. Give my best effort in everything...do my best!

19. Lots of living, laughing, and loving.

20. DO NOT EVER GIVE UP!

Thank You Adoptive Parents:

Being an adoptee can be hard sometimes, and I really want to say thank you for understanding our struggles. Thank you for adopting us, the adoptees. At the same time, I understand how much time, energy and investment it takes for all of you to adopt us. You took all of your time to collect paperwork, set up interviews, find resources, write many checks, and wait until the day you meet us. The adoption process is complex and challenging, and I do not know where you got the courage and bravery to travel across the world, just to adopt us, the adoptees. Is it love that gives you courage? I bet it is lots of LOVE! Not only the adoptees have a great story to share, but all of you have your own great unique story to keep and share. You have accomplished a lot: adopting us and then raising us as your own child. Thank you very much!

My own adoptive Dad and Mom, thank you for all of your love and support. Both of you have raised me into an awesome young adult who graduated in May 2015. I am very excited to see both of you at my graduation. Thank you for helping me accomplish my goals and supporting me "writing my college" chapter. I am looking forward to my next chapter and having both of you continue to be my support system! I love both of you very much!

Love,

Claire Godwin

Conclusion

Older children need strong, permanent commitments from their adoptive families. An older child may have longed to be adopted, to be in and part of a family, but maybe they had given up hope or thought it would be a family from their country, not a family from far away. They will need a family who is ready and willing to learn, to grow and to be flexible. A family who will search for resources to help both parents and child find a healthy place to relate and interact with one another.

The work of healing and raising an older adopted child can be very costly emotionally and financially, but we believe the cost can be well worth it. It might just look very different and in fact, families often become more of a "therapeutic parent" to their child, which will require learning new skill sets.

Every parent considering older child adoption needs to read, talk with other parents, discuss with professionals, and read some more. Learn all you can about attachment, brain development, trauma, and some of the techniques to help a child heal. Some adoptive parents of older children may deal with developmental delays and challenges. For children coming from orphanages, the gaps will be great. Parents will need to work on these child development gaps with at-home activities (such as yoga, mindfulness, sensory regulation, etc.), tutors, and physical, occupational, or other therapists and specialists.

Some older adopted children slide into their new lives with little difficulty. These children joyously participate in their new family's activities and quickly learn the rules. They bond strongly, showing positive interactions with other family members. However, many older children, due to a combination of biological, emotional, and neurological issues, present challenges to their parents that may be lifelong.

Educate yourself. Be committed. Maintain hope. Build a strong support network among family, friends, professionals, faith or other support community, and social media outlets of other families who have adopted older children. With these building blocks and tools in hand, parents can successfully face down the ugly and the tougher aspects of older child adoption, fully appreciate the good, and love their older adopted child with all of their heart.

Preparation is crucial, in order to first choose wisely and then live fully.

"A hundred years from now, it will not matter what my bank account was, the sort of house I lived in, or the kind of car I drove, but the world may be different because I was important in the life of a child." Forest E. Witcraft

"I took the road less traveled by, and that has made all the difference." Robert Frost

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Additional Resources

Wheel of Awareness – Dan Siegel
www.drdansiegel.com/resources/wheel_of_awareness/

Exploring Relationships and Reflection in the Cultivation of Well-Being – Dan Siegel

www.youtube.com/watch?v=LiyaSr5aeho

Time In: Reflection, Relationships and Resilience at the Heart of Internal Education – Dan Siegel

www.youtube.com/watch?v=CVYd1W4iAm0

National Child Traumatic Stress Network
www.nctsn.org

Recognizing Authority

Adopting the Hurt Child – Gregory Keck

How Do I Find the Right Professional to Help Us? - Karyn Purvis and Michael Monroe

www.empoweredtoconnect.org/how-do-i-find-the-right-professional-to-help-us/

The Impact of Trauma on the Developing Child (Webinar) - Gizane Indart

www.denvercac.org/events/impact-trauma-developing-child-free-webinar-dr-gizane-indart-psyd

Parenting from the Inside Out – Dan Siegel and Mary Hartzell

Parenting the Hurt Child: Helping Adoptive Families Heal and Grow – Gregory Keck and Regina Kupecky

Raising Adopted Children – Lois Ruskai Melina

What Survival Looks Like for Me - Helen Townsend
www.innerworldwork.co.uk/wp-content/uploads/2017/04/What-survival-looks-like...-for-me-2.pdf

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Adopting an Older Child

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Older Child Resources

What are Evidence-Based and Research-Based Treatments?

Dear CCAI Family,

We are excited about your interest and serious consideration of adopting an older child! At this time we would like to introduce you to our older child program at CCAI designed to support your family. At CCAI, we are well aware of the additional considerations, rewards, and challenges that older child adoptions can present. Our program is aimed to provide additional support and resources to families who adopt older children. Along with this packet, we've included our eBook, *Toolkit for Adopting an Older Child*. This packet on adopting includes a fact sheet on the adoption an older child, as well as a resource list to further learn about the unique factors with older child adoptions. You should have conversations with your family and social worker about how an older child would fit into your family. We would encourage you to begin your process by reading our book, as well as *The Connected Child* by Dr. Karyn Purvis, Dr. David Cross, and Wendy Lyons Sunshine (book not included). We also request you view CCAI's summary presentation of the book *Parenting from the Inside Out* by Daniel Siegel & Mary Hartzell (book not included). Instructions for accessing this online class through CCAI's parent training website can be found in next section of this packet, Fact Sheet: Adopting an Older Child.

Should you choose to accept a match of a child age 5 or older or have a home study approved for a child age 5 or older, we would require you to return our older child questionnaire and social worker and adoptive family affirmation of understanding for older child adoption forms to CCAI before you finalize your home study. If you are matched with an older child, your family will be connected with a clinical staff member who will support you both before and after you adopt, and can also be a link to your home study agency if your social worker needs any additional information regarding your unique adoption journey. Additionally, if you want to speak with a family that has adopted an older child in the past, we would be happy to provide a reference for you.

Please feel free to contact us with any questions or concerns you may have as you consider adopting an older child.

Sincerely,

Your Older Child Support Team

CCAI ADOPTION SERVICES

Fact Sheet: Adopting an Older Child
Are you considering adopting a child age 5 or older?

A child who is 5 years old or older when you meet him or her is considered an "older child."

The life stories of older children qualified for international adoption can vary depending on the country of origin.

- A child from China can be up to 13 years old, may have medical needs and has probably lived in an orphanage or foster care setting for some years.
- A child could have been orphaned or relinquished somewhat recently, or could have been in an orphanage since early childhood.
- A child from Eastern Europe can be up to 16 years old and could have been removed from the biological family very young, or rather recently.

Advice & Insight from Families Who Have Adopted Older Children

Q: What kinds of families do well with these kids?

A: Experienced, committed and prepared families! We have had parents of older children, parents of step-children or blended families, and parents of multiple adopted children do very well.

> "I told my child, 'If he burns down the garage, he is still ours! If he hurts the dog, he is still ours!'"

Q: Is language a barrier?

A: Generally, no. There are good translation programs for phones and computers for the initial stage. Most larger cities have counselors who can work in languages other than English, and the children learn English remarkably quickly, especially with the support of ESL (English as a Second Language) classes at school. According to families' feedback, it usually takes about six months for an older child to pick up a new language, and about a year for him or her to speak English rather fluently.

> "We were able to find people who could translate for us, or at least have conversations with our child over the phone."

Q: What about school?

A: We recommend that older children begin going to school fairly soon after coming home, because they benefit from the structure and peer interaction. In terms of their previous schooling, the children can vary a lot. We have seen the whole range, from well-educated children to those who have had limited or no formal classes.

> "We adopted a child who was 11 years old and had never been in a classroom. We had to work very closely with our child's school. We started her out with short days and needed an ILP (Individual Learning Plan), ESL (English as a Second Language), the school social worker and extra tutoring. "

Even those families who homeschool will need to have good support and tutors. A boy adopted from China at the age of 13 described his academic situation this way: "I was like a frog sitting at the bottom of a well."

It should be noted that children who are not legally adopted before they enter the U.S.A. (such as those adopted from Latvia or Philippines) will not be allowed to attend public school until the adoption is finalized.

Q: I am considering hosting an older child before deciding about adoption. Will this give me enough information to be confident to adopt?

A: "Hosting is like dating, and adoption is like marriage."

> "The information I got about my child during the hosting period was good. I would say that what we saw during the hosting period was the tip of the iceberg."

It is important to remember that people will try to be on their best behavior during a short stay. It is natural for a child who has a significant history of harm (including possible sexual abuse) to wait for months or years before trusting enough to bring that into the open. A family who adopts a child they have hosted needs to be committed to the child no matter what!

Q: What about birth order?

A: The rule of thumb is to preserve the birth order of your current children and not bring an older child into the family. In fact, we highly discourage families from bringing an older child into a home that has children younger than the adoptee. If there is anyone in the family who is vulnerable, adopt only younger and smaller than that person. The exceptions to that rule who have done well have been very aware of all the potential risks, including physical and sexual abuse.

> "We knew our new daughter would have to go with an older sister until we knew her better. We could not have her share a room with a younger child."

Q: Will an older child be able to attach?

A: Yes, given time. But it looks very different than the adoption of a younger child.

> "My boy is all over the map – clingy and baby-like one moment, and independent and adult-like the next."

Many of these children have loved and been loved, and some of them may have been abused physically and emotionally. They need time to grieve their losses and pain and adjust to their new circumstances. A few have not known love, and it will be a long road for them and their families.

Q: How hard is it, really?

A: Pretty hard.

> "Our motivation was to provide a future to a child. We had very low expectations that we would get much back for quite a while, and we knew her needs would have to come first."

> "Anyone over 13 is not coming into the family as a child. That is a young adult who will decide to become part of the family on his terms. Sort of like a son-in-law – loving, respectful, but no history of being your baby."

> "I know that when people see our family out and about, it looks easy. But we work very hard and use a lot of outside support."

Q: What kind of resources will be needed?

A: Any family waiting for an older child should begin interviewing counselors and should look for a counselor who speaks the child's original language. Interviewing several families who have adopted older kids internationally can be helpful and realistic preparation. Those who have "been there and done that" can also provide ongoing support/consultation after your older child gets home and when situations appear.

A family who lives far from city resources like hospitals, therapists and well-equipped schools will find that it is hard to manage the driving and time that will be required. Good insurance is a must.

Q: How do we access CCAI's presentation on the book *Parenting from the Inside Out*?

A: CCAI is very excited to be offering a summary of the book *Parenting From the Inside Out*, by Dan Siegel and Mary Hartzel. This book offers an approach to parenting that is inspired by scientific findings that indicate the best predictor of a child's security of attachment to a caregiver is the degree to which the adult has made sense of his/her own childhood experiences.

To view the presentation, please follow the instructions below:

1. Go to www.parenttraining.org
2. Click "Login" located in the upper right hand corner
3. If you have a CCAI log in, then enter your CCAI username (**primary email**) and password (**Address ID**); if you do not have a CCAI log in, that is okay, because you do not need to log in to access this class.
4. On the sign in screen, you will click on "Parenting From the Inside Out" in the menu on the left hand side of the screen. The presentation should automatically begin.
5. On the very last slide, click where indicated to verify that you completed the presentation.
6. You will be brought to another screen where you will need to enter your name and the date. Enter your information and click "Submit".
7. An email verifying your completion of the presentation will be automatically sent to the Parent Training Team.

If you have any questions, please do not hesitate to contact the parent training coordinator at training@ccaifamily.org.

CCAI ADOPTION SERVICES

It takes a special family to open their doors to an older child. All adoption journeys have their share of joys, challenges, struggles, and triumphs, and the adoption of an older child is no different. The best adoptive parent isn't one with the most experience, expertise, or the best resources. The best adoptive parent is one who is willing and prepared. That is why we are so thankful for YOU! You are willing not only to consider taking in one of these precious children, but also to take the necessary but difficult first look into what challenges may lay ahead.

Please read the book *Toolkit for Adopting an Older Child* (by CCAI), *The Connected Child* (by Karyn Purvis and David Cross), and view the CCAI presentation summary of *Parenting frome the Inside Out* (by Daniel Siegel & Mary Hartzell) (instructions located on the previous page in the section titled Fact Sheet: Adopting an Older Child), and consider these questions. Should you be matched with an older child, CCAI will require this questionnaire to be returned to our office. We don't expect you to have everything figured out at this point, but in your journey to adopt an older child you are beginning the process of learning and planning ahead.

Please feel free to type your responses into this form or use a separate sheet of paper, sign the last page of this questionnaire, and send it to us at postadoption@ccaifamily.org, and if you haven't already, please share a copy of this with your home study social worker to discuss as part of your home study process.

1. How have you come to the decision to consider adopting an older child?

2. What is your previous adoption experience?

3. Have you known anyone who has adopted an older child? If so, what was the experience that you have witnessed? If you need a reference of such a family, just let us know and we can give you a name or two.

4. Do you have other children in the home? If so, what are their ages?

5. Will the placement of your adopted child change the birth order of the other children in your home? How might this impact your other children?

    a) If so, have you discussed with your other children what changes the adoption will bring?

    b) Have you discussed this with your social worker? If not, please be sure to do so.

6. Have you considered the emotional implications that bringing an older child into the home will have on the current children in your home? What resources, support and plans do you have to respond to the potential triggers that adoption of an older child into your home may have on your other children?

7. How are you prepared to bring home a child that is chronologically older, but academically, developmentally, socially, and/or emotionally much younger?

8. What are your plans regarding language and communication in the first few months?

9. What might an older child's thoughts and feelings be about adoption?

10. What behaviors might the child use to express their trauma, loss, grief, and loss of control with the adoption?

11. How do you feel attachment will look in the adoption of an older child?

12. What do you think it means to "truly meet the child where he/she is at?"

13. Where is your adopted child's bedroom located? How close in proximity is it to the parents' bedroom?

14. Will your adopted child have his/her own bedroom or will he/she be sharing a room? If sharing a room, who will your adopted child be sharing a bedroom with and what is the age of the other child? Your older adopted child should have his/her own bedroom or else share a bedroom with an older sibling of the same sex; an older adopted child should never share a bedroom with a younger sibling or a sibling of the opposite sex.

15. How have you prepared for the possibility of prior sexual abuse, trauma, acting out, or sexualized behaviors with an older child?

16. How will you react if your adopted child sexually acts out, even against one of your other children?

    a) Will you be able to fully accept and love your adopted child?

    b) Will you be willing to meet all of your children's needs by helping your adopted child with the treatment he/she needs to heal as well as the other children in your home?

17. What safety plan would you develop to protect the children already in your home as well as your adopted child if the adopted child has concerning behaviors?

18. If you are pursuing the adoption of a hosted child, are there any behaviors that occurred during hosting that have caused any concerns for you?

19. Who are your support people when you return home? See page 107 of the *Toolkit for Adopting an Older Child* book for some recommendations. Please be as detailed and thoughtful as possible.

    a) Consider who lives nearby that can take your child or children for a respite (a few hours or a few days), if needed.

    b) Who can provide meals, laundry, and transportation for your other children, if needed.

    c) Who else will be caring or providing supervision to your child?

d) How will you educate your support "team" about your child's needs and appropriate responses to those needs?

e) How will you educate your support "team" about potential behavioral challenges including aggressive or sexualized behaviors that your child may exhibit?

20. What are your work and outside activity commitments? Please describe.

a) How flexible can you be in those early weeks and months of an adoption?

b) How much time can you take off work when you adopt?

c) Does anyone travel for work and if so, how often?

21. How have you prepared financially for any possible additional expenses related to your adoption – such as, dental work, therapy, hospital visits, out of home care, in home care, translation services, additional tutoring, etc.?

22. Who is your therapist? Please list the name and number.

a) Have you had an introductory meeting yet? If not, please schedule one as soon as you can.

b) Is your schedule flexible enough to work with such a professional on a long term basis?

c) How far is it to their office? A family who lives far from city resources like hospitals, therapists and well-equipped schools will find that it is hard to manage the driving and time that will be required. Good insurance is a must.

23. After having considered all of the questions above, is there any foreseeable situation that would cause you to consider dissolution/relinquishment?

Thank you for your willingness to consider these topics and questions. We recognize many of these questions may raise additional questions for you as you consider your adoption, and many of the discussions in the book *Toolkit for Adopting an Older Child, The Connected Child*, and in CCAI's presentation summary of *Parenting from the Inside Out* may raise concerns for you regarding an adoption of an older child. Please feel free to contact our Older Child Support Team or your Older Child Support Staff Member with any questions or concerns that you may have, or if you would like to talk more about what you have read.

Your older child support staff will be assigned to you once you have been matched with a child over the age of 5.

____
Child Being Adopted (If Known)

I acknowledge that I have read:

Toolkit for Adopting an Older Child
The Connected Child

And that I have either viewed CCAI's presentation summary of *Parenting from the Inside Out* or read the book.

______________________	______________________	______________
Print Name	Signature	Date
______________________	______________________	______________
Print Name	Signature	Date

Please list additional Books/Articles/DVD's you have reviewed in preparation of adopting an older child:

This form is required prior to acceptance of a referral. Please initial where indicated to affirm that you have read and understood this information; then sign and notarize this document. Make a copy for your records and return the signed and notarized original to CCAI.

This acknowledgement was created to ensure high-quality child placement services and a mutual understanding between CCAI and ___________________________________, hereafter referred to as the Adoptive Family, who are adoptive applicants considering adoption of an "older child" (defined as a child who is anticipated to be **age 5 or older at the time of placement**).

The Adoptive Family understands and acknowledges the following:

- Older children are coming from an institutionalized and/or foster care setting with a partially or completely unknown history of prior placement(s), behavior, medical treatment(s), trauma, and/or exposure to emotional, physical, substance, and/or sexual abuse.
  Adoptive Family Initials _____ _____

- CCAI provides to the adoptive family all available information from the child's original adoption file, as well as any additional/updated information that may become available in future. If/when additional material becomes known to CCAI, it will be promptly disclosed to the Adoptive Family so that it can be reviewed, allowing for possible re-evaluation of participation in the proposed adoption placement, as the adoption process is completely voluntary and is not final until registration of the adoption finalization occurs in the country.
  Adoptive Family Initials _____ _____

- Not all information will be known to CCAI or ascertainable by CCAI, thus risks may exist, both known and unknown, that may affect the future health, social and/or emotional development of the child, as well as the current members of the Adoptive Family's household.
  Adoptive Family Initials _____ _____

- Depending on the country of origin and a child's age at the time of adoption, the adoptive child him/herself may be asked to consent to his/her own adoption in order for the adoption to be finalized. The Adoptive Family acknowledges that an older child, who may initially have given consent to the adoption, often does so without a clear understanding of the lifelong decision that is being made, potentially resulting in fear and panic as realization occurs, before travel or while the family is in country for the adoption process. As such there is a financial and emotional risk to the Adoptive Family if at any point in the process the child refuses to be adopted.
  Adoptive Family Initials _____ _____

- An older child who has spent his/her life in an institutionalized setting may have no sense of the concept of "family" and what it means to share and live together harmoniously. They will not be aware of the Adoptive Family's expectations surrounding values and ethics (such as why cheating, stealing, manipulating and lying are wrong, or why homework and chores need to be completed) and may struggle with recognizing the parent as an authority figure. Power struggles may emerge as a coping mechanism, setting adoptive parents against one another and presenting challenges to the marriage.
  Adoptive Family Initials _____ _____

- An older child coming home from another country experiences profound losses. Older children who have experienced multiple losses or placements may expect their Adoptive Family to desert them and act in ways that appear to provoke rejection.

  Adoptive Family Initials _____ _____

- Children exhibit grief in different ways. Grieving has no timeline and may occur throughout a child's development.

  Adoptive Family Initials _____ _____

- Whereas younger adoptees can often be placated with toys, play, and food, despite a lack of native language ability by the Adoptive Family, the same may not be true of older adoptees. Therefore, inability of the Adoptive Family to have at least some native language ability, either in the form of basic instructions and reassurances or at least the assistance of an electronic translator, may result in a child reacting negatively, including running away, refusal to communicate, excessive crying, and/or acting out with the Adoptive Family.

  Adoptive Family Initials _____ _____

- In spite of older chronological age, because of long-term institutionalization, there is significant risk the adoptive child will have social/emotional skills equivalent to that of a far younger child, requiring the Adoptive Family to parent accordingly, and often requiring outside assistance from counselors, therapists, and other medical professionals.

  Adoptive Family Initials _____ _____

- Children should be monitored for self-preservation and safety skills until these can be evaluated or taught. Children who have experienced loss, rejection, or abuse may exhibit rage reactions including temper tantrums, defiance, distrust of authority, withdrawal, rejection, and/or fascination with gore and violence. In the extreme, children may engage in fire setting behaviors or other property damage, attempt to run away, exhibit aggression or violence towards themselves (such as cutting, other self-harm, or even attempts at suicide) and/or exhibit aggression or violence towards other people, animals, or objects.

  Adoptive Family Initials _____ _____

- Children who have been sexually abused and/or witnessed sexual behaviors may exhibit sexually provocative or aggressive behaviors. In an orphanage, a child may have had free/unsupervised access to Internet pornography or adult films, and as such may have engaged in sexual experimentation with peers. Without formal sex education, children may learn through experimentation and imitating what they see in pornographic images. For their own safety and the safety of others, older children should be supervised around other children, particularly those who are younger or vulnerable.

  Adoptive Family Initials _____ _____

- Due to varying conditions within orphanages and foster care homes, it is highly likely that an older child adoptee will come to the Adoptive Family with behaviors that are inappropriate, and possibly dangerous, to themselves and others, so that it is incumbent upon the Adoptive Family to carefully monitor the adoptive child as well as any other children in the home, for as long as necessary to ensure the safety of all parties.

  Adoptive Family Initials _____ _____

- The financial costs associated with the Adoptive Family's Adoption Application, home study, immigration approval, and dossier, including any updates to the foregoing, are the Adoptive Family's voluntary investments into the adoption process and are not refundable, should at any time in the adoption process the Adoptive Family or the potential adoptive child decide to discontinue the adoption plan.

Adoptive Family Initials _____ _____

By signing below, the Adoptive Family is specifically evidencing full understanding of the risks involved with an older child adoption as outlined above and is willing to risk time, money, and emotions associated with the process of adoption of an older child, both pre-adoption and post-adoption.

______________________	______________________	________________
Applicant Name	Applicant Signature	Date
______________________	______________________	________________
Applicant Name	Applicant Signature	Date

This document has been subscribed and affirmed before me in the County of ________________
State of __________________ this _____ day of _______________, 20____.

(Notary's Signature)_______________________
My Commission Expires: _____/_____/20___

Note: This is a three-page document. This document is not valid unless each item is initialed and the form is signed, notarized, and returned to CCAI. Any changes to this document will automatically void this agreement.

CCAI ADOPTION SERVICES

Social Worker & Adoptive Family
Affirmation of Understanding for Older Child Adoption

Name of Adoptive Family: ____

Name of Home Study Social Worker: ____

The home study process is a key milestone in the adoption journey for adoptive parents to start their preparation and education regarding parenting issues involved in international adoption, especially in relation to the pursuit of an older child (an older child is the referral request of a child who will be age 5 or older at the time of placement). This document should be returned to CCAI with the home study.

By signing this Parent and Social Worker Affirmation statement, the social worker and the home study agency certifies that these older child specific issues have been discussed and that relevant training has been satisfactorily completed as part of the home study process.

Social worker and each parent, please initial each section and sign full affirmation at the end of this document.

- Older children are coming from an institutionalized or foster care setting with a partially or completely unknown history of prior placements, behavior, medications, trauma, and/or abuse.
    - Father ____ Mother____ SW____

- A child with an early history of inconsistent and disrupted relationships with caregivers may have difficulty attaching to adoptive parents. Older children may have a range of attachment and bonding issues, including the fear of being away from parents, clinginess, indiscriminate affection with strangers, and fear or avoidance of intimacy. Power struggles may emerge as a coping mechanism, setting adoptive parents against one another and presenting challenges to the marriage.
    - Father ____ Mother____ SW____

- Children who have experienced trauma may exhibit behaviors including dissociation, depression, learned helplessness, hyper vigilance, nightmares, sleep disorders, and fear of sleeping alone.
    - Father ____ Mother____ SW____

- Children who have experienced a lack of stimulation, permanency, and educational opportunities may have issues with developmental delay, sensory integration, speech and language disorders, learning disorders, hyperactivity, lack of concentration and self-stimulating behaviors such as head banging and rocking. Older adopted children are likely to need immediate special education services through Early Intervention or the local school system.
    - Father ____ Mother____ SW____

- Children who have experienced loss, rejection or abuse may exhibit rage reactions including temper tantrums, defiance, distrust of authority, withdrawal, rejection, or fascination with gore and violence. In the extreme, children may engage in fire setting behaviors or other property damage, attempt to run away, exhibit aggression or violence towards themselves (such as cutting, other self-harm, or even attempts at suicide) and/or exhibit aggression or violence towards other people, animals, or objects.
    - Father ____ Mother____ SW____

- Children who have been sexually abused and/or witnessed sexual behaviors may exhibit sexually provocative or aggressive behaviors. In an orphanage a child may have had free/unsupervised

access to Internet pornography or adult films, and as such may have engaged in sexual experimentation with peers. Without formal sex education, children may learn through experimentation and imitating what they see in pornographic images. For their own safety and the safety of others, older children should be supervised around other children, particularly those who are younger or vulnerable.

- Father ____ Mother____ SW____

- Older children may exhibit regressed behaviors including bedwetting, soiling, or acting like a child younger than their chronological age.
  - Father ____ Mother____ SW____

- A child coming home from another country experiences profound losses. Older children who have experienced multiple losses or placements may expect their adoptive family to desert them and act in ways that appear to provoke rejection. Children exhibit grief in different ways. Grieving has no timeline and may occur throughout a child's development.
  - Father ____ Mother____ SW____

- An older child who has spent his/her life in an institutionalized setting may have no sense of the concept of "family" and what it means to share and live together harmoniously. They will not be aware of the adoptive family's expectations surrounding values and ethics (such as why cheating, stealing, and lying are wrong, or why homework and chores need to be completed) and may struggle with recognizing the parent as an authority figure.
  - Father ____ Mother____ SW____

- Children should be monitored for self-preservation and safety skills until these can be evaluated or taught.
  - Father ____ Mother____ SW____

- Many of today's older children are coming from vastly improved orphanage conditions or may have been spoiled in a foster care placement, leading to a sense of entitlement and materialism. It is important to recognize these children are not being "rescued" from a lack of material possessions. In fact, children may have established social media accounts and lines of communication with their peers and with adults in their country of origin. It is important for the adoptive family to educate themselves on internet safety and develop clear yet flexible expectations surrounding a child's use of electronic devices and social media and communication with contacts in their country of origin.
  - Father ____ Mother____ SW____

- It is also still possible to see children who have experienced deprivation, who may exhibit hoarding behaviors and abnormal eating patterns including gorging of food.
  - Father ____ Mother____ SW____

- In most cases, adoptive parents do not speak their child's first language. The family's early adjustment is complicated by an inability to communicate with one another. Although most older children learn a functional amount of English quickly, they are likely to continue to have gaps in understanding and in their ability to express themselves, which may affect their relationships with family and peers and their performance in school.
  - Father ____ Mother____ SW____

- Older children living in orphanages may have daily lives filled with structure, predictability and routine, or, conversely, may have extended periods with little to no supervision. The stimulation and constant activity common in most American households and communities may be overwhelming to

them and they may exhibit this behaviorally by withdrawing or acting out when exposed to new people and situations or when expected to transition rapidly from one environment to another.

- Father ____ Mother____ SW____

- During the initial adjustment, parents do not always immediately bond with their older adopted child, who already has a personality and a range of behaviors. The child may not meet the parents' expectations and may seem very different from the description the parents received from the orphanage or foster parents.
  - Father ____ Mother____ SW____

- Families may also experience a "honeymoon period," usually lasting about the first six months, where all may appear to be progression smoothly and positively. Once a child begins to feel more secure in his/her surroundings, problematic behaviors may begin to appear.
  - Father ____ Mother____ SW____

- The adoptive parents have read "The Connected Child" by Karyn Purvis, David Cross and Wendy Lyons Sunshine in an effort to begin their education on the trauma adopted children may experience and how that may affect their attachment and bonding process with their child.
  - Father ____ Mother____ SW____

- The adoptive parents have read "Parenting from the Inside Out" by Daniel Siegel and Mary Hartzell in an effort to best understand how their personal history may influence their attachment process with their child.
  - Father ____ Mother____ SW____

- The adoptive family has read the Older Child Toolkit and understands that preparing for the placement of an older child to join their home is ongoing and vital to the success of their family.
  - Father ____ Mother____ SW____

- The adoptive family has completed CCAI's Older Child Questionnaire and reviewed their answers with this worker.
  - Father ____ Mother____ SW____

I hereby affirm that the ____________________family has received counseling and education on each of the above adoption issues and have been advised of the risks related to international adoption and post-institutional children.

____

Social Worker/Home Study Agency Representative Signature Date

We/I, ____________________________________hereby affirm that we/I have received counseling and education on each of the above adoption issues and have been advised of the risks related to international adoption and post-institutional children.

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Adoptive Parent Signature Date

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Adoptive Parent Signature Date

The following are the top 7 resources we would recommend to families considering adopting an older child. These resources provide additional information, support, and training for families preparing to adopt.

1. Trust Based Relational Intervention®, produced by Texas Christian University: http://www.child.tcu.edu/. Of their resources, we recommend:
    a. *The Connected Child* by Karyn Purvis, Ph.D. and David Cross, Ph.D.
    b. Trust Based Parenting (DVD)
    c. Link to Intro to TBRI https://www.youtube.com/watch?v=T43zJDgTNPA
    d. Link to Intro to TBRI for Teens: https://www.youtube.com/watch?v=l2sRKTiyGyI
2. *Adopting the Hurt Child* by Gregory Keck, Ph.D. and Regina M. Kupecky, LSW.
3. *Welcoming a New Brother or Sister through Adoption*, Arleta James, forward by Gregory C Keck, Ph,D.
4. *Attachment Focused Parenting* by Daniel Hughes, Ph.D.
5. *The Boy Who Was Raised as a Dog* by Bruce D. Perry, M.D., Ph.D. and Maia Szalavitz
6. *How We Love Our Kids* by Milan and Kay Yerkovich
7. *Wounded Children, Healing Homes* by Jayne Schooler, Betsy Keefer Smalley, Timothy Callahan

Here are some additional resources for you to add to your knowledge and preparation for a journey of a lifetime.

- Adoptivefamilies.com – search older child
- Older Child Support Group Online
  http://www.adoptivefamiliescircle.com/groups/group/Older_Child_Adoption1/
- FaceBook Group for Connected Parenting Only (private group; have to be using a connected parenting approach): Parenting with Connection is the name of the FaceBook group
- TBRI DVD's, including TBRI for teens http://child.tcu.edu/store/other-resources/
- The Teenage Whisperer http://www.teenagewhisperer.co.uk/
- Myths of Older Child Adoption
  http://ourownkids.com/myths-about-older-child-adoption/
  http://www.capbook.org/files/chapt8adoption.pdf
- Older Child Websites: http://empoweredtoconnect.org/topics/older-children/
- Other Good Websites:
  The National Child Traumatic Stress Network: http://www.nctsn.org/

- http://parentingmojo.com/parent-coaching/

- ALP Courses:

  Adopting the Older Child http://www.adoptionlearningpartners.org/catalog/courses/adopting-the-older-child.cfm

  Discipline and the Adopted Child http://www.adoptionlearningpartners.org/catalog/courses/aint-misbehavin-discipline-and-the-older-child.cfm

  Tough Starts Series: http://www.adoptionlearningpartners.org/catalog/courses/tough-starts-brain-development-matters.cfm

  We're Home! Now What? http://www.adoptionlearningpartners.org/catalog/courses/were-home-now-what-school-aged-children.cfm

- Older Child Books:
  Our Own: Adopting and Parenting the Older Child By Trish Maskew

  Adopting the Older Child by Claudia Jewett Jarrett

  Parenting the Hurt Child or *Parenting Adopted Adolescents* by Gregory Keck

  Parenting your Adopted Older Child by Brenda McCreight

  Attaching in Adoption by Deborah Gray

  Twenty Things Adopted Kids Wish Their Adoptive Parents Knew by Sherrie Eldridge

  The Whole Brained Child by Daniel Siegel

  Brainstorm: The Power and Purpose of the Teenage Brain by Daniel Siegel

  The Out of Sync Child by Carol Kranowitz

  Growing an In-Sync Child by Carol Kranowitz

  The Out of Sync Child Has Fun by Carol Kranowitz

  The Out-of-Sync Child Grows Up: Coping with Sensory Processing Disorder in the Adolescent and Young Adult Years by Carol Kranowitz

  From Fear to Love by Bryan Post

  I Love You Rituals by Becky Bailey

  Good Pictures, Bad Pictures by Kristen A. Jensen

  I Said No by Zack and Kimberly King

This following article is from Denver Children Advocacy Center (DCAC)

What are Evidence-based and Research-based Treatments?

Evidence-based practices not only integrate the best available scientific information, but also allow the therapist to individualize the interventions with a sensitivity to the personality and cultural characteristics of the child and his or her family. All staff in DCAC's Child and Adolescent Assessment and Treatment Program are master's level prepared therapists, either with licensure or supervised by licensed clinical supervisors. All DCAC therapists participate in ongoing training for the effective delivery of evidence-based treatments including:

- **Eye Movement Desensitization and Reprocessing (EMDR)** is a therapeutic technique, using bilateral stimulation that allows individuals who have been exposed to disturbing, and possibly traumatizing events to activate the nervous system's natural mechanisms for processing the memories. The individual does not forget the experience, but is able to integrate it so it can be recalled instead of being re-experienced.

- **Trauma-Focused Cognitive Behavioral therapy** - a components-based approach to working with children and adolescents that integrates trauma-sensitive interventions, cognitive behavioral principles of gradual exposure, integrating attachment, development and family based models in order to address symptoms of post-traumatic stress disorder, depression and anxiety associated with exposure to overwhelming life events.

- **Alternatives for Families** - **Cognitive Behavioral Therapy (AF-CBT)** is an intervention for families who struggle to manage anger, conflict and aggression. The interventions increase use of positive coping, self-control, effective disciplinary strategies and constructive family problem solving and communication.

- **Child–Parent Psychotherapy (CPP)** is a relationship-based treatment for parents and young children, which aims to help restore normal developmental functioning in the wake of domestic violence and trauma. CPP concentrates on restoring the attachment relationships that are negatively affected by violence, establishing a sense of safety and trust within the parent–child relationship.

DCAC also employs new and promising approaches where research indicates the intervention has a positive impact, but there is not yet a conclusive body of evidence. Effective research-based treatments at DCAC include:

- **Neurosequential Model of Therapeutics (NMT)** is a developmentally sensitive, neuro-biologically informed approach to organizing clinical information and structuring interventions. Using detailed social developmental histories along with assessment of current functioning, the clinical staff create individualized developmentally targeted treatment plans that will integrate the use of sensory, relational and cognitive interventions

- **Play Therapy** – a therapeutic approach for young children in which the therapist uses toys, art supplies, sand trays, games and physical activities to communicate with the child in their language, which is play. Because younger children and many older traumatized youth have limited capacity to effectively communicate in words, the play allows the client to symbolically communicate internal experiences and to master anxiety producing memories.

- **Animal Assisted Therapy (AAT)** is a goal-directed intervention in which an animal that meets specific criteria is an integral part of the treatment process. AAT is provided by a health/human service professional with specialized expertise, and within the scope of practice of his/her profession. AAT is designed to promote improvement in human physical, social, emotional, and/or cognitive functioning (cognitive functioning refers to thinking and intellectual skills).

- **Adjunct therapeutic groups (Yoga and Mindfulness training)** emerging research has indicated indicated that helping clients with the management of painful body sensations, emotional dysregulation, dissociation and the disruption on the client's developing sense of self prior to engaging in trauma processing improves clinical outcomes.

Denver Children's Advocacy Center is committed to being a "Center of Excellence," providing the best research-based interventions, focused on reducing our client's suffering and facilitating their healing and recovery.