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We Don't Know What We Don't Know: Post Adoption Support of Families Caring for Traumatized Children

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We Don't Know What We Don't Know: Post Adoption Support of Families Caring for Traumatized Children

"There are known knowns. These are things we know that we know. There are known unknowns. That is to say, there are things that we know we don't know. But there are also unknown unknowns. There are things we don't know we don't know." - Donald Rumsfeld

These were words spoken by a man holding the role of Defense Secretary during a very difficult period in American history. They contain a phrase I have learned to appreciate deeply over the span of a twenty plus year career as a pediatric specialist- who also happens to be a mother of five children, three via biology and two via adoption. "There are things we don't know we don't know." Of course this seems obvious. It is a short phrase that communicates tremendous depths of truth. I recall starting a career as a physician and joking with my seasoned physician father about the stress of acquiring the "Big E" or "Experience." The only way to become an experienced physician is by *practicing* medicine. Inexperienced physicians struggle because they do not know what they don't know. Most of our class of doctors in training became practicing pediatricians several years before we became parents. Thus we were called upon to give advice about a subject we had no life experience doing: parenting. My first child was born prematurely, four years into my career. I took a three month leave before returning to work part time. I recall speaking to new parents in my first weeks back making rounds. I had a new appreciation for what these families had been through. From that day on, my first question on meeting new families in the hospital became, "Did you get any sleep last night? I'm so sorry, you must be so tired." Until I became a parent myself, I did not know what I did not know. The same truth applies to adoptive parenthood, especially when adopting children who have experienced serious trauma.

All of us can reflect on our lives and think back to the person we were at one time and how much we have changed. As our stories unfold, we are forced to adapt. For example, the death of a loved one forever marks a "before" and "after" like no other. We are one person before the loss, and afterwards, find we have changed inexorably. A change in life circumstances can create a similar experience, "once there was this and now there is that." Once we were single, now we are married. Once we were childless and now we have children. Parents who have chosen to

adopt children impacted by trauma experience such a transition. Relationships within the immediate as well as extended family and the community, may change irrevocably. Once we were parents, now we are adoptive parents of traumatized children. The child placed within the family is now in a safe and secure situation, but the story has just begun. A traumatized child brings their pain into his or her new family. Parents and siblings may experience significant suffering both from the behaviors of the child and also “secondary trauma” from attempting to help the suffering child heal. This is how I learned “on the front line” about caring for traumatized children. Until I became one of these parents, I had no idea how critical post adoption support is to this work. I didn’t know what I didn’t know.

Let’s imagine for a moment, that a child experiences a severe motor vehicle accident and has a broken leg. The skin may be intact but the bone is still broken and the child cannot walk. This is a physical analogy to what happens to a child who has been removed from a traumatic environment. The events that trigger the removal of the child are called Adverse Childhood Experiences (ACEs). The fracturing created from this severe traumatic environment may be cloaked under a very normal external appearance. To heal well, all fractures need meticulous care. The stages of a healing bone include inflammation (causing swelling, heat, and pain), repair and regrowth and finally, remodeling. If all goes well, the bone heals. It can take anywhere from 4 to 12 weeks before it’s healed. This assumes that no complications occur, such as a portion of the bone dying, or the bone becoming infected while it is healing. The bone needs to rest, in a softly padded, yet unyielding, cast. This is exactly the same physiologic process required to heal a child. Families who are engaged in the process of being the safe environment for the wounded one must be prepared to endure all of these stages while watching carefully for complications or loss of progress. Both soft padding and firm boundaries are required.

What does this look like to the outside world? When a child enters a family from a tragedy involving the loss of their family of origin, there is a process that must occur for this child to heal. Simply being in a safe environment is just the beginning of the process. Each member of the family and of the community is important to recovery. For a broken bone, the acute phase of healing is followed by a period of rehabilitation

depending on the severity of the injury. Walking and running may not be immediately normal compared to uninjured peers. Similarly, following acute healing of some of the physical and emotional wounds left by trauma, children may require a proportional period of extended recovery. Post adoption support in all the circles of care around a child is necessary both to the acute healing process as well as the rehabilitation and support period.

The Family Circle:

The immediate family members are the first circle of post adoption support. They function as the first layer of healing. Both softness and firmness are needed, that is, both nurture and structure. Adoptive parents are constantly looking for ways to ensure their new child feels secure. A soft, protective “cocooning” of the child within the safety of the family is critical. Simultaneously, parents must keep him or her in a highly structured, organized and predictable environment. This allows for the child to gradually rest, knowing that the inconsistencies of their previous environment have given way to orderly, predictable days.

The family initially must change priorities significantly to focus on this process. Kind friends and extended family may propose many invitations and celebrations during this cocooning period. However, these are best deferred for a time. This may mean families say no to vacations and special family functions and to participation in previous activities. To the extended circle of family and friends, this shift in priorities can be painful. Families of a newborn are not expected to enter society immediately following birth. Similarly, this initial newborn-like period for an older child needs to be guarded carefully. It is important to emphasize that this cocooning is not forever, as children adjust they will be able to accommodate to a busier social calendar. However depending on the degree of previous trauma, this recovery time may vary. This shift in priorities can cause disappointed expectations and conflict with extended family members. This is a painful consequence often experienced by the adoptive family. Post adoption supporters need to help families recognize and respond appropriately to expectations during this initial cocooning phase.

Following the initial cocooning period, the child settles into the family and begins to feel safe. Next, they typically begin to test the limits of

the parents to see if these new parents will be trustworthy. Depending on the child's chronological age, this may include throwing tantrums in the younger age groups, to running away and other dangerous behaviors in older children. This is an extremely frustrating period of time for everyone. One of the most important things to recognize in caring for traumatized children is that their development has been inconsistent. An environment of emotional or physical abuse or neglect is not conducive to nurturing tender hearts and minds. This may include the loss of development of intellectual abilities, self-regulation skills and communication skills. Thus a child with a chronological age of 14 may have traits of a much younger child. For instance, imagine a 14 year old who struggles to read on a fifth grade level, sucks her thumb when she is hurt and throws things when she is angry even after two years in a secure environment. Her "placement age" is her number of years in a permanent home. Thinking of her as a two year old now makes her behaviors and abilities more understandable. Therefore, all behavior needs to be handled thoughtfully with a keen understanding of this "developmental hijacking" that the child has experienced.

Parents may be encouraged by well-meaning supporters to use increasingly punitive consequences or even physical punishments to deal with difficult behaviors. This is absolutely counterproductive and must be firmly resisted by the family. Losing one's family of origin is one of life's harshest lesson which traumatized children have already learned. Punitive measures are therefore of no value. Natural consequences are much more helpful. Natural consequences are ones that teach the child to learn from his or her actions. They are designed to directly relate to the behavior, not to shame the child and to be proportional to the offense. Post adoption supporters need to be aware of these principles and support families in responding calmly and thoughtfully to limit testing by children. Post adoption supporters should also be careful not to rescue the child from natural consequences and to support the adoptive parents. Offering families respite time is a more constructive way to give parents needed energy for providing loving consistency as limit testing often becomes physically and emotionally draining for the new family unit. At times children will test limits to the point of physical or emotional harm to

themselves or others in the family or community. This requires help from an experienced mental health professional and may involve the child and family with law enforcement.

The limit testing period is a particularly vulnerable time for the relationship between the adoptive parents. Repeated loss of primary caregivers may lead older children to attempt to form unhealthy relationships with one parent, frequently the one who is not the primary caregiver in the home. Children may consciously or unconsciously behave in such a way as to divide the parents or to disrupt the role of one parent or a sibling. Children may have significant conflict with a sibling close to them in age or of the same gender. Children may undermine relationships between siblings or between parents and extended family members. Some of these behaviors are seen in children raised by biological parents but may be severe and quite difficult to navigate in traumatized children. Parents need to recognize the origin of these behavior patterns and manage them with consistency. This continues to provide needed security for the child challenging the family roles as well as for other children in the home. Providing consistency can be as simple as establishing places at the dinner table, assigning where to hang one's towel in the bathroom or dividing household chores predictably. This consistency ensures each family member is safe within his or her role. When post-adoption supporters identify conflict between the parents, siblings, or extended family and the new child, this possibility of role disruption should be explored and professional help sought as needed to restore order. The cost of not addressing this will bring pain to all family members involved and is the reason for disrupted adoptions in severe circumstances.

Finally, as the child meets members of the more extended family and community, it is important to consider his or her story and how it should be guarded by the family. Privacy is a vital consideration. Just as opening up a broken leg to watch the bone heal would certainly not aid in the process, so the inquisitiveness of others does not need to be satisfied. Healing is best done within the soft wrap and the careful casting of the nuclear family and needed professionals. The nature of the injury along with the graphic details of the trauma do not need to be repeated and sensationalized to others. The child's story belongs to them and them alone and should be sealed by careful parents against curiosity. Post adoption supporters need to know to respect these boundaries.

The Community Circle:

A family lives within a community and the community is the support structure around families during times of celebration as well as trouble. Some practical ways communities can provide post adoption support include all the routine communal care that the family of a newborn is often given. Meals, gift cards for needed items such as clothing, shoes, or other necessities are much appreciated. Extravagant gestures are not helpful and should be avoided. Gifts should not overwhelm the new family member and should be consistent with the lifestyle and values of the family in which the child is being raised. With adoptive parenthood comes expansion of the necessary time and attention required for the general tasks of parenthood. Community participation is essential to the well-being of any family. However, newly adoptive parents need to consider carefully where to focus their energies as the child and family bond. Adoptive parents cannot care for a newly adopted child and also take on significant volunteer roles at the same time. Post adoption supporters may be called upon to help adoptive parents adjust their previous commitments. The first year or two following adoption is a time to relinquish many community responsibilities such as those in school, sports or religious organizations. Some families may find that relocation from previous neighborhoods, schools, places of worship or other community organizations helps to remove the child and family from constant observation. New family members may sincerely appreciate a fresh start in an environment where “everyone” does not know they are new family members, taking some of the adaptation pressure off of them. Post adoption supporters can help families recognize this need to focus on integrating the child, knowing that parents will have much to share with the community in the coming years.

Removing a cast after a fracture is healed is not the end of the healing process of a limb. Intensive physical therapy may then be needed for a child to run and walk as well as uninjured peers. Traumatized children often need a time of rehabilitation following the intensive healing period even after months or years of consistent and supportive care. This is where remembering a child’s “placement age” is helpful in understanding the extended amount of time needed to completely heal. Recovery and rehabilitation encompass academic, physical, and

emotional well-being. School is the first place where children learn to apply the healthy family relationship skills they have learned to community relationships. Teachers play vital roles in the healing process of the child as they learn these skills. Children may readily adapt to a school environment or it may be challenging for them. By understanding the impact of trauma on development and on educational achievements, teachers can partner with parents to be significant healers. Addressing challenging behavioral issues together with parents may be a vital role of educators. Teachers may identify a need for an individualized education plan and will help prepare one with other educational professionals if needed. Children who are English Language Learners may also have learning differences that are not explained by language acquisition deficits alone. Listening to a parent who has spent abundant time with a child outside of the classroom may be very helpful to teachers. Assessment of academic progress should occur at regular intervals and interventions planned to accommodate delays.

A pediatrician who consistently cares for the family and child is a critical part of post adoption support. A “medical home” is the term for this stable relationship with the physician the family chooses. Having a medical home is a vital part of supporting children recovering from abuse and neglect. Pediatricians screen for vision, hearing, speech and language deficits, provide appropriate immunizations, identify and correct nutritional deficiencies and refer to needed specialists. Pediatricians identify conditions such as autism spectrum disorder and refer children to community resources for early intervention and therapies. They are the first line of care for children’s behavioral health needs. Ongoing screening for attention issues, adjustment issues, and other needs should prompt appropriate referrals and follow up by the family’s pediatrician.

One of the biggest challenges faced by adoptive parents is the access to mental health professionals who are experienced in childhood trauma and neglect. Children who have experienced severe or repetitive childhood trauma often suffer from some degree of insecurity. The insecure child is inconsistent with behaviors when within the family compared to behaviors when outside the home. Insecurity and fear can lead to behaviors that are simply an irritation to the family to behaviors that are illegal and dangerous to themselves as well as others. Consistent support rather than criticism of families is needed when dealing with

children who have undergone severe trauma and exhibit these characteristics. Extreme examples of this may include children who are eventually diagnosed with serious psychiatric illness, develop substance abuse disorders, become trafficked or enter the juvenile justice system. Parents caring for children with these challenges especially need non-judgmental support. Therapists well trained in childhood neglect and trauma are familiar with these problems and are of vital importance to families and youth in such troublesome situations. Ongoing research continues to reveal associations between adverse childhood experiences (ACEs) and poor mental and physical health outcomes. These are just a few examples of the post adoption support needed from community professionals in education and healthcare to aid the ongoing rehabilitation of a child following trauma and neglect. Unfortunately, finding such professionals can be extremely difficult, especially for families in rural areas.

Wider Circles of System Supports:

This association between poor mental and physical health outcomes and ACEs supports the development of programs and policies to support severely neglected and abused children. We should reimburse primary care doctors appropriately for providing mental health care. This permits the doctors time to provide this care well. We need to attract trainees to go into mental health professions. There should be *enough* child psychiatrists. We should require insurance companies to cover *effective* prescription medications for mental health issues, not simply the cheapest generic option. Our children's hospitals should offer inpatient and outpatient psychiatric treatment for any child who has endured maltreatment. Policies within the child welfare system to minimize ongoing trauma to children are essential. Sometimes parental rights *do* need to be terminated so the children can become adopted into a stable family before they have been in foster care for years. Communities need medical homes for foster care children so we can help them start to heal before they exit care. We need to learn more about the lasting effects of ACEs and how to reduce them. And if we want to prevent ACEs in the first place, maybe we need to be better neighbors.

Educational decisions are especially challenging for families with children with severe learning disabilities. Allowing direct payments from taxpayer funds to private schools equipped to handle serious learning differences gives meaningful school options to families. Community programs to provide job training experiences for teenagers with intellectual or developmental disabilities are needed as well. Vocational training programs are especially vital for youth with developmental and educational differences. Once graduated from high school, young people who have experienced childhood trauma may not be adequately prepared for the rigors of college and may follow non- traditional paths. Again, it is imperative to recognize the effect that abuse and neglect can still have on a young adult's development and to adjust parental and societal expectations accordingly. There are many ways to attain career satisfaction. Our emphasis should be on encouraging the young person to continue to develop his or her full potential.

The work of post adoptive supporters in all circles around the child is needed to help heal these children who have endured such painful circumstances. Children are our future community members. By investing in their recovery from adverse childhood experiences, we can help to provide the community with the talents and gifts that these children possess. In turn, contributing to society and using one's talents brings meaning and value to an individual. This is part of healing. Epigenetics suggests that by aiding those who have experienced trauma, we may decrease the chances of passing the genetic impacts of trauma on to future children. Hopefully we are learning daily what we need to know to help ensure healing opportunities are provided to all of our children. Most importantly, we need to *remember* that we don't know what we don't know so that we can constantly learn to improve our practices. Because as both a physician and a mom, I can tell you that nothing replaces the joy of seeing a child heal.

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