

Adoptive Families

Do We Need a Therapist? How to Decide—and How to Find One

We want our children to grow up to lead healthy, happy lives. But sometimes even the best parenting can't overcome the issues a child and his family faces. Most children's difficulties can be chalked up to normal childhood development, rather than to problems stemming from adoption. But if you've tried different parenting and discipline methods and your family's difficulties persist, bringing in a professional for you and your child can give you the tools you need to parent him successfully.



Before going the therapy route...

There are no hard and fast rules for when to find professional help. Before you do, consider these options:

- **Your child's behavior may well be normal for his developmental stage.** Read up on child development. (See "Recommended Reading" on the next page.)
- **Consider the family situation.** Is there a change in the household (conflict, new siblings, divorce, move) that may be prompting the behavior?
- **Seek out parenting classes or advice from a parenting expert.**
- **Make sure your child knows that it's easy to talk about adoption.** "Throw out pebbles," advises adoption therapist Holly van Gulden, "and see where the ripples go." Watch an adoption-themed movie or read adoption books together. Show your interest in talking about adoption and your availability to address any concerns.
- **Make sure your child has a chance to interact with other adopted kids.** Join a support group, attend a workshop, or take part in summer camps.
- **Join a support group yourself.** Look for community or online groups that can offer support and guidance. (Find support group meetings and other adoption events at adoptivefamilies.com/calendar.)

Is this normal?

Behaviors that are typical at one developmental stage (i.e., tantrums in a toddler) may be problematic in other phases. Although all parents are frustrated on occasion, in general, parenting your child should be enjoyable. If your frustration or anger is persistent, refer to this chart for further guidance.

BEHAVIOR	STAGE/AGE WHEN TYPICAL	STAGE/AGE WHEN PROBLEMATIC
Lying	3-6 years	Consistently at ages 3-6, frequently at older ages
Stealing	3-5 years	When excessive or at older ages
Lack of bowel and bladder control	Infant, toddler; occasional nighttime bed-wetting until late elementary	Older elementary; excessive; thought to be "deliberate" during the day
Compulsive, repetitive behavior	0-18 months and again at 3-4 years	At older ages, or if excessive
Physical aggression (temper tantrums)	11 months to 4 years	At older ages, or if excessive or violent
Fire starting	4-8 years	At older ages
Lack of remorse	Preschoolers; occasionally at 4-8 years; (true remorse not possible until mid-elementary)	At older ages

Consider professional help if your child demonstrates:

- Inconsolable, persistent crying
- Chronic worry
- Being made fun of at school
- Significant change in temperament, personality
- Persistent malaise or apathy
- Risk-taking behaviors
- Dramatic drop in school performance
- Suicidal thoughts
- Difficulty sustaining relationships

START YOUR SEARCH

You're looking for someone who neither overemphasizes the effects of adoption, nor ignores its influence. The ideal therapist should have knowledge of and experience with adoption, and should encourage you to take an integral role in your child's treatment. So, where do you start looking?

- **USE LOCAL ADOPTION RESOURCES.** Start with referrals from your adoption agency, lawyer, or parent support group. Some states have post-adoption offices that offer referrals. Contact your local mental health association for referral to therapists who have indicated an interest in adoption.
- **DON'T LIMIT YOURSELF TO PSYCHIATRISTS AND PSYCHOLOGISTS.** Clinical social workers, family therapists, and licensed counselors may also be able to effectively treat an adoptee.

Interview Prospective Therapists

Once you've compiled a list of therapists, arrange interviews. Prepare questions to ask; look for the attributes you would expect of any professional working with your family. "You should not feel uncomfortable or condescended to," says Anu Sharma, a Minneapolis adoption psychologist. "The therapist should answer your questions with respect. Trust your instincts—expect kindness, courtesy, and acceptance."

HERE ARE OUR EXPERT-RECOMMENDED QUESTIONS:

■ **What is your experience with adoption?** "Ask how many years, how many children, what types of adoptions," says Debbie Riley, head of the Center for Adoption Support and Education, a specialized post-adoption support organization in Maryland. "Ask the therapist what issues he believes may affect adoptees and can be helped by therapy."

■ **Are you comfortable talking about adoption?** Does she appear to know how children think about adoption at different developmental levels? Does what she says about adopted children make sense and sound right to you? Does she generalize excessively, especially about the negative impact of adoption? "Adoption should be viewed as an emotionally important event that is different for each child," says Sharma. The therapist should have a balanced view.

■ **What do you need to know about our family?** Parents are critical to a child's treatment and should be included in the plan. Ask the prospective therapist what he thinks he will need to know. Riley says these questions must include what led the parents to adopt; how they talk about adoption in the family; and what role they think adoption plays in the child's behavior. "If he doesn't know what to ask, then this is the wrong person," says Riley.

■ **What experience do you have in dealing with situations like ours?** For children in open adoptions, Riley says to look for an appreciation of openness. Has he ever worked with a family involved in a birth parent search? Has he ever included a child's birth family as part of treatment? If yours is a multiracial family, it is important that the therapist have some experience working with people of many cultures. "He must appreciate differences, and understand how differences are experienced by a child or young adult," says Sharma. Adolescent boys may benefit from working with a male therapist.

■ **How does your practice work?** Ask about the practical details, such as who covers the practice when the therapist is not available, appointment times, fees, and insurance coverage.

Help a Good Therapist Learn About Adoption

- Direct him to websites and information about workshops and conferences.
- Suggest that he consult with recognized adoption-therapy experts.
- Work with your parent support group to provide training for local therapists and counselors.
- Share adoption literature.

Recommended Reading

> *Ages and Stages: A Parent's Guide to Normal Development*, by Charles E. Schaefer and Theresa Foy DiGeronimo (Wiley)

> *The Yale Child Study Center Guide to Understanding Your Child: Healthy Development from Birth to Adolescence*, by Linda C. Mayes, M.D., and Donald J. Cohen, M.D. (Little, Brown)

> *Being Adopted: The Lifelong Search for Self*, by David Brodzinsky, Ph.D., et al. (Anchor)

> *Beneath the Mask: Understanding Adopted Teens*, by Debbie Riley and John Meeks, M.D. (C.A.S.E. Publications)

> *Raising Adopted Children: Practical, Reassuring Advice for Every Adoptive Parent*, by Lois Melina (HarperCollins)

Looking for Help

Finding the right therapist for my daughter was a test of my confidence and endurance. **BY VERONICA CHASE***

One of the worst feelings I have ever had was that I might be failing as a parent. My newly adopted four-year-old, Kara, was angry and sad, and I didn't know how to handle the challenges she was throwing my way. I realized one day that I was in over my head, and that I needed professional help—in particular, a therapist. I never imagined I'd have to try so many avenues before I found the right one.

At the start of my hunt, my social worker referred me to Dr. Bennett, a local expert who worked with many adoptive families. It quickly became clear, however, that he was intent on blaming “adoption issues” for everything—even problems common to preschoolers, like tantrums and night terrors. Kara had issues that were related to her adoption and her time without parents, but Dr. Bennett seemed to find problems where none existed, and offered dire diagnoses. For example, he said my child didn't know how to read faces. So I bought a book of baby faces and tested her—Kara could differentiate between sad, happy, angry, and tired. Was I in denial, or had I found a therapist who went too far?

I next consulted Dr. Morgan, a child therapist who had no expertise in adoption, but who had a thriving general practice. Dr. Morgan's technique was strictly behavioral: She observed us and I explained Kara's problems at home. Dr. Morgan thought that Kara was a perfectly normal four-year-old who was simply testing limits, so she handed me a parenting book and recommended “time-outs” and other behavior-modification techniques. This was a refreshing change from Dr. Bennett, but I suspected that Dr. Morgan was missing a lot of what my daughter was going through. Surely her years in an orphanage, the

abruptness of her transition to a family, and the newness of everything in her life were affecting her behavior. I concluded that Dr. Morgan was not a good match for us.

I hoped that the third time would be the charm. Having heard a great deal about attachment therapy, I went to a group that specialized in attachment issues. The treatment plan they

ing which I would physically restrain my child until she cried, wet her pants, and fell asleep, “forcing” her to bond with me. When I voiced concerns about using such techniques, I was told that if I did not follow through with them, Kara would never properly attach. Frightened and frustrated, I left this appointment feeling completely alone.

In another attempt to understand my daughter's difficulties, I took her to a sensory integration therapist. She felt Kara's problems were not primarily related to sensory integration, and referred me to Dr. Katz, a child therapist. Dr. Katz was intent on forming a genuine connection with my child and understanding her world. This took quite a bit of time—she spent hours just playing with my child and narrating her activities as she played. At times, I wondered if this could actually help Kara—but it truly did.

In our adult-only sessions, Dr. Katz helped me understand—and parent—my child. She gave me strategies for aiding Kara's emotional development and adjustment to her new life: I learned to stay near her during tantrums, rather than isolate her via a time-out; to help her find words to express the feelings she was having; and to connect with her physically and emotionally even if she resisted. The therapist gave me discipline tools that work for children who don't understand consequences and whose emotions overwhelm their sense of logic.

Kara met with Dr. Katz weekly for more than a year and I met regularly with her, as well. We now have her as a resource when we need extra support. Today, I have a daughter who's blossoming, thanks to Dr. Katz—and I know I did the right thing by persevering until I found the right fit. **11**

*NAMES HAVE BEEN CHANGED



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recommended was nothing short of alarming. Less than an hour into our first—and only—visit, the therapist recommended “holding therapy.” She ordered me to take away Kara's precious blanket, declaring that my daughter would never bond with me if I allowed her to have it. She urged me to set up a series of appointments dur-