Psychotherapy with Young Adopted and Pre-adoptive Children with Histories of Early Deprivation, Abuse and Disrupted Caretaking

Cynthia Monahon Psy.D.
cynmn@comcast.net
Heterogeneous population

What generalizations are possible?
I have a Mother. Why would I want to find my birthmother?

12 yr. old boy adopted from central America
I would often imagine walking down the street in Korea and finding my Mother and Father – always they would turn out to be royalty in the fanciest dress

9 yr. old girl whose parents never spoke to her about her adoption
But *why* did they hurt me? Don’t you know?

26 yr. old girl adopted at age 2 after near fatal physical abuse; this question was first asked in therapy at age 4 and intermittently through her childhood. At age 26, she sent this same question to her childhood therapist by email.
I hate my birthmother. I never want to see her again.

- 6 yr. old girl in preadoptive care following severe neglect & physical abuse
“She couldn’t take care of me but she still loves me and I get to see her every month”

6 yr. old girl adopted from foster care
How are young adopted children portrayed?
What if you pooped in the potty...
but no one cheered?

Treating Issues of Attachment, Abuse or Neglect
Therapists see skewed sample of children

- high % of serious early abuse, neglect, and multiple caretakers/experiences of loss

  or

- prolonged experience of international institutional care following unknown early experiences in infancy with birth family
COMPLEX TRAUMA

• “MULTIPLE TRAUMATIC EVENTS THAT OCCUR WITHIN THE CAREGIVING SYSTEM”

• NCTSN WHITE PAPER, 2003
SYMPTOMS OF COMPLEX TRAUMA & MULTIPLE VICTIMIZATION

• alterations in personality of child

• use of more seriously maladaptive defenses: dissociation, denial, psychic numbing, identification with the aggressor, turning against the self.

• deficits in self-regulation: experience of intense rage, fearfulness, and pervasive sadness with poor self-soothing capacity
MULTIPLE VICTIMIZATION

- Negativity bias
- Harsh, perfectionistic expectations of self and others
- Avoidance of inner states/self-awareness
- Profound sense of inner badness
- Self-regulatory problems pervade
- Extraordinary need for control

(Rossman & Rosenberg, 1998)
Pervasiveness of Traumatic Impact

- in the child's major guiding assumptions and beliefs (attributions)
- in the child's physiological and sensory memory
- In the child’s relational stance and expectations
- in the child's affective memories and states
I AM STUCK IN
A BUBBLE ON A WET
MOUNTAIN AND THE
MOUNTAIN IS GETTING
BLOWN UP
TREATMENT PLANNING

• Must be individualized to child and family
• Treatment will target strengthening relationship between child and parent
  • Sometimes this will begin with developing the child’s capacity for relationship
• Prioritize support and engagement of parents
• Building in on-going access to psycho-education for parents and critical caretakers
• Need to include/work with all parts of child’s world as needed
Questions needing answers:

• What interventions will yield best outcomes?
• Child’s need for protected play therapy to process experience?
• Child’s need to protect adoptive parent from hostility and sorrow?
• Need for parent-child psychotherapy focused on interaction and relationship?
• Are there behaviors which threaten the viability/integrity of the adoption at the time of referral?
• Need for psychoeducation? Child development and adoption?
Decision-making in treatment planning

• Dyadic parent-child treatment?
• Individual treatment for child with on-going parent consultation?
• Need for therapeutic consultation in recovery environment? (daycare, school, extended family?)
PARENTS & CARETAKERS AS CRITICAL RESOURCES

• Healing from trauma/early adversity for children is largely a relational and interpersonal process
• Will occur primarily in family and community
• Need to assess, support, and nurture parents and caretakers as primary response – not afterthought
• Individual treatment of child can be an important component of healing but seldom the sole determining factor (1 hr vs 168 hrs/wk)
SUPPORTING PARENTS AND CARETAKERS

• Greatest threat to healing relationship is failure of empathy for the child
• Child’s behavior can repeatedly put parental empathy at risk
• Treatment needs to prioritize restoration of parental empathy for the child, over and over
  • Undoing responses of personalization and punitive rejection
  • Finding the “re-set” with a child, over and over
  • Fostering development of a detective stance for parents toward behavior
  • fortify through anticipatory guidance
WORK WITH PARENTS

• Spirit of collaborative teaming
• Phone, email, and in-person: whatever works
• Teaching through situations and psychoeducation
• Predicting/normalizing child’s intermittent developmental focus on adoptive issues/questions
• Encouraging inclusion of adoption narrative from the beginning
  • Positivity around birth parents, taking advantage of every natural opportunity
• Teaching skills as needed; giving parents language
WORK WITH PARENTS 2

- Assess your emotional availability for case
- Invest heavily in the alliance
- Offer coaching to the at-home healer
- Encourage parent to keep log, actively observe child
- Respect parent’s need to control and make a difference to her/his child
- Collaborative stance
Break down treatment into steps

• Frame the tasks for “this period” of the work
• Maintain focus on “now” to avoid overwhelming sense of distance to travel
• Interventions to spare: remind parents of other interventions to try if needed down the road
• Celebrate every small gain with parent along the way
The Binds of good Intentions

• “I just want her to a have a clean slate” (explains plan for no discussion, no looking back to allow 4 year old a chance to thrive)

• “We are color-blind in our family. Why would we talk about skin color with a preschooler?”

• “Her mother nearly killed her. She’s lost her right to be talked about.” about 5 year old with enduring injuries from final episode of abuse.
Maximizing understanding of Child

• Long internal life of chronic trauma and abandonment
• Living with memory triggers
• Predictable cyclicity of child’s working through issues of abuse, neglect, adoption
• Acceptance for a child’s “psychic homelessness”
• Child’s sense of “difference” with peers & community based on history, country of origin, race
Enduring wound of maternal loss
Understanding critical, but not enough

- Initiating conversation about adoption with positive language
- Telling the truth (can omit parts of narrative and add as child ages)
- Accepting child’s anger and pain without joining or judging
- Letting the child be in charge of telling/not telling her story

Telling the truth to your adopted or foster child
- Betsy Keefer & Jayne Schooler, 2000
P.L.A.C.E.

• Dan Hughes on attachment parenting and therapy
• Playful
• Loving
• Accepting
• Curious
• Empathic

http://danielahughes.homestead.com
Recurrent work with parents

- Fostering reconnection following rupture in parent-child relationship
  - Fragility in parent-child relationship makes this critical
  - Every behavioral challenge, however normal developmentally, is opportunity for the relationship to suffer.

- Helping sort out normal developmental ups and downs from adoption or trauma-related disruptions

- Restoring empathy for the child’s experience and perspective
Helping parents try on new perspectives

• That adoption involves inevitable wounds for children
• “psychological homelessness” as a factor in identity development
• That in many ways “adoption is bittersweet” S. Soon Keum Cox
EMPATHY IS NOT ENOUGH

• Psychoeducation is necessary
• Parent needs to become expert on impact of trauma and predictable behaviors/sequelae
• Parents need to think like psychological detectives, linking reactions to triggers
NEED FOR CHILD MANAGEMENT SKILLS?

• Avoid cycle of small child management problems leading to parent-child crises
• Withdraws from child
• Becomes verbally critical & punitive

Parent feels powerless

Child feels powerless

• Withdraws from child
• Becomes verbally critical & punitive

Child in emotional danger

• Lashes out, increased aggression
• Child turns against herself

Small, transient behaviors put parent-child attachment at risk
Worth the time investment

Incredible Years (Carolyn Webster-Stratton) provides a good model for high structure, low affect responses to problem behavior

Having parents read a book will not work

Only appears simple
ADULT CHILDREN of PERFECT PARENTS
Meeting 7:30 Tonight
INDIVIDUAL CHILD TREATMENT

- Therapists use the modalities they know best; can vary widely

- Need to establish fit between child’s needs, therapist’s skills, and tx model

- Play therapy with children 8 and younger (and some older children)

- Not effective with all children

- Requires the safety of a trusting alliance with therapist which can take between 1 hour and 2 years

- Ideally, play therapy begins after home environment has been stabilized
Play Therapy

• contributes to stabilization of child
• provides safety through displacement of conflict in play/art
• child is given control of the narrative in play; therapist follows
• play allows painful memory to be experienced in “tolerable doses”
• therapist monitors child’s capacity to tolerate her own play
• therapist listens for distorted understanding and corrects
• Enhances expressivity, relational connection, & resilience
• Increases child’s sense of control and agency
“I took my child for treatment once and all they did was play”

• YES!!!!!

• The curative role of humor and playfulness for children

• Therapist is intently present, involved, playful

• Lightening the intensity and seriousness of child’s internal experience

• Particularly hard for parents to understand when child is having major behavioral difficulties at home/school.
No Swimming
MONSTERS FORGET IT!

WE CAN BEAT YOU!
ENCOURAGE SELF CARE

• Never stop asking how the parent is taking care of her or himself
• Refer for individual treatment support if needed
• Consider depression dangerous and a high-priority target for intervention
• Include yourself