

The Rejecting Behaviors of Children in Foster and Adoptive Care

First presented by John Bennett, ACRF. November 8, 2011.

Attachment, Abuse, and Neglect

- Attachment cycle – healthy, then broken (**See Handout**)
- Attachment disorder – what it is (**See checklist handout**)
- Emotional regulation
- Trauma – Neglect & Abuse
- Cortisol – circadian rhythms – dysregulation – effects of long term stress
- What caregivers can do:
 - Establish safety: physical and emotional – actual and perceived.
 - Focus on understanding the behavior – what in his background might lead him to react/act this way?
 - Build a partnership with your child.
 - Encourage communication.
 - Avoid blame.
 - Avoid shaming your child.
 - Seek the help of competent professionals – people who understand and have experience with Adoption and Attachment/Trauma issues.

Grief

- Grief is different in children than in adults; it tends to operate in stops and starts which can make it easier for caregivers to miss.
- Children under six have not completed their identities as separate from their parents.
- If a child loses a parent she was attached to, she will have to grieve this loss. If a child loses a parent she wished to escape from, it will take longer to resolve her grief, because she has ambivalent feelings. Guilt and confusion just complicate the process.
- Children in care often grieve losses other than that of a parent. They grieve:
 - for themselves after they have been maltreated – the image of themselves as undamaged
 - for siblings who were also maltreated
 - If they are placed separately from a sibling, they grieve the loss of the availability and support of that family member.
 - the humiliating descent of an addicted or mental health impaired parent
 - the loss of the familiar: home, personal belongings, routines, foods, friends, school – these losses are multiplied in international adoptions

- Children need help and guidance in grieving. (**Refer to Deborah Gray Handout.**)
- It is important not to pooh-poo children's beliefs such as that the child is the cause of the placement.
- Nevertheless, misconceptions must be cleared up. For instance, children will have a hard time bonding with current parents if they believe they will be returning to previous parents.

Learning and Processing Disabilities

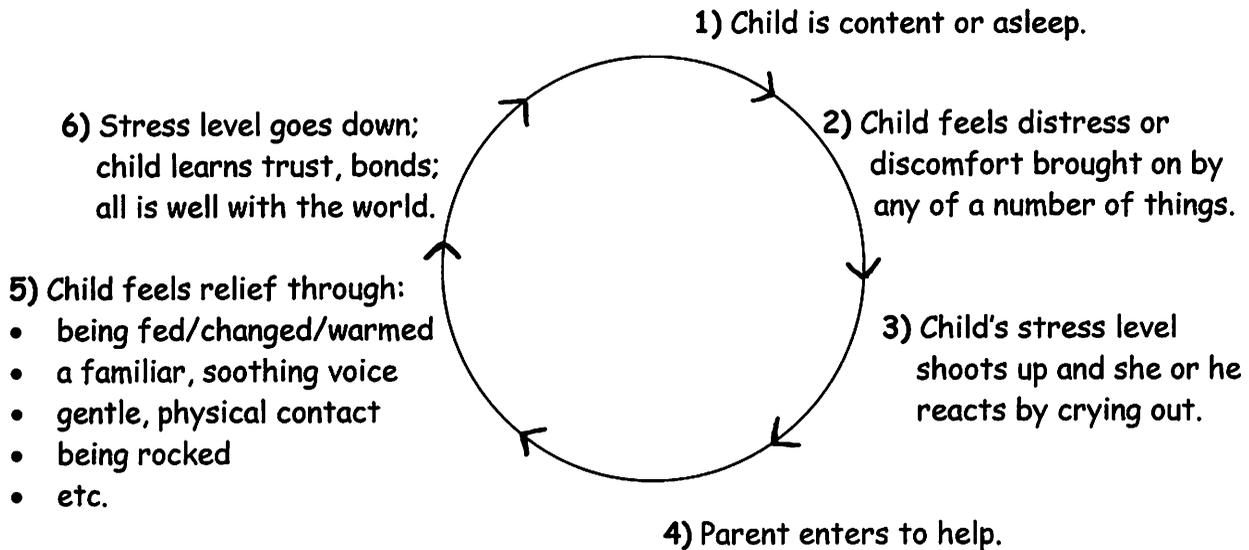
- FASD
- ADHD
- Asperger's
- Etc.

Thoughts and Concepts.... Bruce Perry

"What makes kids get better after trauma is connection to other human beings who are present, patient, kind, and sensitive."

"We are neurologically designed to have and seek out relationships."

Typical Cycle of Attachment Development



Some things that create discomfort

Hunger
 Wet diaper
 Cold
 Frightening sound
 Bad dream
 Gas
 Stuffed up nose

Some things brought on by discomfort

Pain
 Anxiety
 Fear
 A feeling of helplessness
 Rage
 Increased pulse and respiration
 Increased levels of Cortisol

This cycle repeats itself thousands of times in the first year of life.

All human relationships are based on this model. For example:

Marriage: You have needs that you express, and they are either addressed or ignored by your partner. The relationship and the quality of trust are impacted over time based on the pattern of response.

Work: If your needs at work are honored, you will address your work with confidence, enthusiasm and a desire to perform well. But if they are ignored, ridiculed or used against you, you are likely to develop high levels of anxiety, become less truthful, avoid speaking out or being creative, and possibly quit.

What happens when a parent's needs are not met - when you smile at a child, but he or she does not smile back; when you try to soothe a child, but the child will not be soothed; when a child resists cuddling; when a child never says, "thank you;" when a child demands rather than asks for things?

Foster Cline's Checklist for Symptoms of Attachment Disorder

- Superficially engaging and charming behavior
- Lack of eye contact on parental terms
- Indiscriminate affection with strangers
- Lack of affection (cuddliness) on parents' terms
- Destructiveness to self, others and material things
- Cruelty to animals
- Stealing
- Lying about the obvious (crazy lying)
- Lack of impulse controls (hyperactive-type behavior)
- Learning lags
- Absence of conscience
- Lack of cause and effect thinking
- Abnormal eating patterns
- Poor peer relations
- Preoccupation with fire
- Persistent nonsense questions and incessant chatter
- Inappropriate demands and clingy behavior
- Abnormal speech pattern

Grief Support – Modified from Deborah Gray et al.

You can support your child's grieving process by providing the following:

- Information about the loss, including a narrative with:
 - How it began
 - How it progressed
 - Details: Who; When; Where; What were the scariest parts?
 - How it concluded
- Assistance in reality testing (Most children want to deny certain things.)
- Assistance in talking about their feelings
- An environment where they feel able to express painful and conflicting thoughts, feelings, and fantasies
- Permission and encouragement to share their feelings about the person (or thing) lost to them
- Help in determining what part they played in the loss (Young children are so egocentric that they are almost always stuck here.)
- The presence of a competent adult, whom they trust, supporting their mourning – someone who is available, patient, kind and sensitive

A stable and consistent environment

Grief Handout from Building Families

Lessons a child learns:

1. Strangers can come at anytime and take me away. Are they going to hurt me? Where are we going? Are you going to “drop me off?” This can cause a lot of fear and anxiety.
2. Where do I really belong? I am part of this family, but I don’t look like them. I have a birth family; what about them? Where do I belong?
3. How come I changed families, homes, schools? Why is my birth family no longer my family? Why is my name no longer good enough?
4. Issues of trust: Who will tell the truth? Adults have hurt, and lied to me in the past. They can’t care or protect me.
5. Self blame: This is reinforced by conditional placements where the child has to leave because of his or her behavior. The child may also believe that “If my mom didn’t love me, no one will, and I won’t let them. I am unlovable.”

1. Name the feelings: We may need to help the child identify his or her feelings associated with the loss. It may be sadness, anger, fear, anxiety, etc.

- Anger
- Self blame
- Sadness
- Irritability
- Physical symptoms
- Stress / Anxiety
- Fear
- Hurt
- Rejection
- Feeling unsafe
- Insecurity
- Feeling unlovable

2. Claim the losses: Help the child list and understand how much he or she has lost in the adoptive process. There are many exercises that can help you do this.

3. Tame the grief: There are many ways to help the children process their grief. Parents have to be intentional and take the initiative with the child, providing many activities to help them move through the grieving process.

Claim the losses through healing words:

- It takes time for hurt to heal. It will get better; give yourself more time. You have been through a lot.
- I know you are angry; let’s figure out a way to get your anger out without getting into trouble.
- I know you are missing your birth family, and sometimes that makes it hard for you to concentrate.
- I am sorry you’re missing your birth mom; would you like to write her a note? What would you like to tell her?

Avoid these hurtful statements:

- “Well, if your birth mom didn’t give you up, then we wouldn’t have you.”
- “It was God’s plan for you to be our son/daughter.”
- “Let go of the past and move on.”
- “You are special because you were chosen.”
- “Look at all the good things you have.” ... i.e. count your blessings.

FASD Bullet Points

- Many kids in foster care are there because their parents used drugs or alcohol.
- It has a number of names FAS; FAE; ARND; FASD, but here, we'll call it FASD.
- FASD is irreversible neurological impairment caused by prenatal exposure to alcohol.
- It is the most commonly occurring, preventable birth defect in this country.
- It is frequently accompanied by sensory processing difficulties (see below).
- Some kids with FASD have identifiable facial characteristics; most do not.
- Some kids with FASD are quite bright, but process things differently and have certain gaps – they might be good in school and charming but have difficulty reading certain social cues and have a poor concept of cause and effect.
- Primary Characteristics – they **might** display **one or more** of the following:
 - Memory problems, confabulation (can look like lying)
 - Difficulty storing and retrieving information (right brain/left brain)
 - Inconsistent performance – could do it yesterday, but can't do it today
 - Slow thinking or auditory pace (may get only every third word in a conversation)
 - Immaturity - may act younger than chronological age
 - Impulsivity
 - Inability to predict outcomes or understand consequences
 - Poor judgment
 - Tendency to be easily influenced and led
 - Inability to generalize
 - Sensory processing problems – over sensitivity to touch or temperature; inability to screen out stimulus, which can look like an attention deficit
- Secondary Characteristics – what are they? They can develop from a poor fit between a person and his or her environment.
- Secondary Characteristics – children might display one or more of the following:
 - Tantrums, irritability, frustration, anger, aggression
 - Rigidity, inflexibility, argumentativeness
 - Poor self concept, feelings of failure, low self-esteem
 - Avoidance, withdrawal, shutting down
 - Self-aggrandizement, attempts to look good, preposterous claims
 - Drug and alcohol abuse
 - Trouble with the law
 - Mental health problems (depression, suicidal tendencies)
- Problems often emerge or increase in intensity in adolescence.