"It's the Same, Only Different"

By Regina Kupecky, LSW and Jacqueline Smigel, LSW

It seems that everyone involved in adoption has a strong and somewhat fixed belief about what is right. The right way to match parents and children...the right way to arrange for visitations...the right time of year to make a placement. The truth is, there are probably as many different "rights" in the adoption world as there are adoption agencies and professionals. We do not know the perfect way in which to facilitate this complex blending of families, and no one can claim that their methodology will ensure a successful outcome. What professionals must do is cooperate and focus on the macro picture: adoption is, in essence, the act of providing a permanent home for a child who has not had one. To highlight this and other pertinent facts, Regina Kupecky, LSW and Jacqueline Smigel, LSW, a therapist from the Attachment and Bonding Center of Ohio, wrote "It's the Same, Only Different."

In the late 1800s, when the Orphan Train rode into town with scores of children in need of families, little or no information was available to the families who took them in. Today, with ready access to the Internet, public libraries in every town, bookstores on every corner, and multiple "special interest" groups continually sponsoring workshops and conferences, adoption information is readily available to anyone who wants it. The amount of information can be overwhelming, leaving many adoptive parents lost.

In a well-meaning effort to help those searching for information, the field has become so specialized that at times we can't see the forest for the trees. For example, there are multiple Internet sites for Reactive Attachment Disorder, all of which focus on different sets of children—American, Eastern European, Russian, and Chinese—as if the causes, symptoms, behaviors, and treatment differ depending on the child's nationality. If we all give up a little of our uniqueness and join hands together, what a powerful force we could be to change the lives of the children we love.

The term "special needs" is one that sends chills down the spine of a potential adoptive parent, because it suggests that the child has a severe intellectual or physical impairment. In truth, the adoption world defines "special needs" as any child who is not an infant, is part of a sibling group, had prenatal exposure to drugs and alcohol, has had multiple caregivers, or who has been the victim of neglect or abuse. In essence, nearly all adopted children, regardless of their place of birth, fit the definition. (However, only American children are eligible for subsidies to help parents with these special needs.)

Among the many assumptions that prospective adoptive parents have are:

- Children adopted internationally do not have special needs. (Based on the definition above, they often do have special needs.)
- Birth parents are a threat to the permanency of adoption. (In our combined 40 years of experience, not one of our placements has been disrupted by a birth parent.)
- Knowing difficult information about birth-parent family history—such as alcohol abuse, drugs, or violence—is damaging to the child. (*Knowing* the history is not what hurts the child—the fact that it happened at all is what causes the damage. Sharing the information can, in fact, be healing.)
- There are no Caucasian children waiting for adoption in America. (In truth, approximately 46 percent of America's waiting children are Caucasian.)

As you can see, these assumptions are not valid, and parents should not make a lifetime commitment based on them. Instead, they should use resources to get good, current information on all types of adoption before making choices for building their family.

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One issue that all adoptees face, regardless of their origin, is that of profound loss. Whether the adoption occurred because of a well thought-out plan made by birth parents, a governmental policy, poverty, death, neglect or abuse, the child has lost an integral part of himself—his birth parents! The loss of birth parents is the universal loss that all adoptees face.

They also experience a myriad of other losses, which can include loss of siblings (birth, foster, orphanage-mates), caretakers (foster parents, orphanage staff, group home/treatment center staff), familiar foods, smells, drinks, toys, clothing, noises, and language. In whatever combination, these losses can be overwhelming for children. Joining forces with other adoptive parents—regardless of the nature of the adoption—gives parents the tools, knowledge, and power to play an active role in helping their children fully grieve their losses and eventually move beyond them.

Protecting ourselves by denying the true issues that the child faces keeps the issues alive and prevents healing. By mere definition of neglect, it is undeniable that children placed in orphanages at birth or at a young age are, in fact, victims of neglect. This is not because the orphanage staff doesn't care for and love the children. Instead, it is because a child's individual needs cannot be met in a group situation.

Out of necessity, children living in orphanages are forced into a routine, without the freedom to respond to physical and emotional cues relating to hunger, discomfort, bathrooming, pain, thirst, or a desire to be nurtured. The result is a pseudo-independence that mirrors the self-parenting label attached to neglected children in America.

A 3-year-old adopted from the American foster care system who is overly independent, refuses help, or won't ask parents for anything is easily and quickly identified as having a problem. The same behaviors in an internationally adopted child are often lauded as signs of intelligence and self-sufficiency. Part of the solution is that parents must care for the child in a way that helps her begin to heal from past neglect and learn to trust her new parents.

This is done most effectively by using activities such as rocking, bottle feeding, singing, playing with baby toys, eye contact, and massage. This is vital to overcome the consequences of chronic neglect— no matter where it happened. There is sometimes resistance to regression and "babying" children who are not chronologically babies, but rest assured that college applications do not ask students when they gave up the bottle, stopped singing lullabies, or gave up sleeping with a teddy bear. After all, when stressed, most of us long to be nurtured and taken care of, and adoption creates stress for both child and parent.

Like the issues of loss, attachment, and neglect that were previously discussed, other adoption issues—such as identity, control, loyalty, rejection, fear of abandonment, feeling different, self-esteem, and trust—are the same for adoptees regardless of the circumstances surrounding their adoption. Some children will negotiate these issues with ease, while others will need professional help to heal.

Viewing your child's needs and issues from a narrow focus of her country of birth or ethnic origin may rob the family of opportunities for growth and healing. We can all learn from one another and from the lessons of the past. Reinventing the wheel each time a new country opens up to adoption trivializes that which has been learned by adoptive families over the years.

The challenge for adoptive parents is to learn as much as possible from each other, and, in turn, to share their experiences and knowledge with others. For example, domestic special needs agencies often require pre-placement classes to prepare parents for adoption-related issues. This is not to slow down the process but is in response to feedback from previous adopting families about the importance of having this knowledge base before the child was placed in their home.

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Regina Kupecky, LSW, Attachment and Bonding Center of Ohio, 12608 State Road, Suite 1, Cleveland, OH 44133, 440-230-1960, <u>www.abcofohio.net</u> Those adopting children from other countries are not often required to attend such classes but could expand their readiness for special needs children (as defined earlier) by doing so voluntarily. Knowledge is power, and arming yourself with the power to help your child develop into a healthy person can never be wasted. After all, adoptive parents of children from the United States, South America, China, Romania, Korea, Russia, Guatemala or anywhere else are all in the same boat. Isn't it time we started rowing together?