

Rosie is Blooming!: Adoptees Thriving after Adoption Dissolution

By Arleta James, PCC

I think there are few topics in adoption that generate as much emotional charge as does the topic of international adoptees being “re-placed” or “re-homed.” That is, a family completes the adoption of a child from a foreign country.



Post-placement,

- the adoptee exhibits negative behaviors which the parents feel intolerable or unsafe,
- the adoptee proves unable to readily attach—to psychologically separate from the birthfamily
- there is a lack of “fit” between the adoptee and adoptive family members
- there were unrealistic expectations or a lack of information pre-adoption
- access to post-adoption services or supports were lacking
- both parents were not equally invested in the adoption process—the draggee/dragger syndrome

So, this first adoptive family dissolves their adoption. The Internet has made it possible for one set of parents to locate another set of parents and transfer legal custody privately—often with little to no guidance for the sending family members or the receiving family members.

1 Arleta James, PCC, ABC of Ohio, 440-230-1960, arletajames@gmail.com, www.arletajames.com, *Welcoming a Brother or Sister by Adoption: From Navigating New Relationships to Building a Loving Family* (Jessica-Kinsley Publishers - <http://www.jkp.com/>, 2013)

A complete list of the factors that contribute to the *dissolution*— reversal of a completed adoption, with parental rights of the adopters terminated, or *disruption*— placements ended before finalization, may be found at *What's Working for Children: A Policy Study of Adoption Stability*, Evan B Donaldson Adoption Institute. www.adoptioninstitute.org

The end result of an adoption dissolution or disruption is obviously—the child with a history of trauma is once again without a place to call home. The adoptive parents and brothers and sisters have their dreams shattered and experience a loss akin to the death of a child and sibling. Parents also feel a sense of failure, as do the professionals involved in the case.

Sometimes there is anger and outrage toward the family from their own friends and family, from some other adoptive families, and even from some adoption professionals. There is a moral outlook that the commitment made is to be honored, no matter what the circumstances. There are others who take the perspective that the only placement that failed is the one we didn't try. There is no callousness intended in this view. Rather, it reflects a philosophy that, in spite of the best efforts, a disruption or dissolution can occur.

We must be cautious about applying our own values to these situations. The bottom line is we must ask ourselves, "What is the impact on the child if he or she stays in a family that truly doesn't want him or her?" Which is more traumatizing—attempting to make the placement work, or helping the family dissolve the adoption in a manner that is healthiest for all involved?

At the [Attachment and Bonding Center of Ohio](#), where I work as a therapist, approximately 25 children have arrived, in recent years, for services with their second adoptive family. These kids are doing well as a group! So, I thought I would report on the progress a child can make when their second home becomes their "forever family!"

Rosie, age 9, arrived for attachment therapy four years ago. She was a bundle of aggressive outbursts—yelling, arguing, hitting, kicking, spitting and being flat out defiant! Rosie came from Eastern Europe. She had spent the first 6 ½ years of her life in two different orphanages. Her first adoptive family sought a new home six months after their arrival back on American soil.

Rosie's now forever family is a two-parent family. Their typically-developing son, age 4, when Rosie joined the family was adopted as an infant. He, like his parents, was shocked by the behavior Rosie displayed. The family applied for services immediately!

Psychological testing—Vineland Adaptive Behavioral Scale—conducted when therapy commenced concluded that in comparison to her chronological age of 7 years, 11 months, Rosie's actual ability to function included,

- The ability to engage in interpersonal relationships—1 year, 1 month—a deficit of 6 years, 10 months!
- The capacity to play—2 years, 9 months—a developmental lag of 5 years, 2 months!
- Knowing how to generate solutions—1 year, 6 months. By peer comparison Rosie's delay in this area was 6 years, 5 months!

- Daily living skills—6 years, 1 month. This area includes items like getting dressed, brushing teeth, completing household chores, etc. In this area, Rosie was almost age equivalent. This area was a strength.
- The ability to take in information—1 year, 11 months—a gap of 6 years. This is no surprise given that Rosie had only about 11 months of experience with the English language.

These delays mean that Rosie is a much “younger” child than her actual age reflects! This is true of many adoptees with a history of trauma—trauma interrupts cognitive, social, emotional and physical development. This phenomenon catches many adopters off guard post-arrival of their new son or daughter. The child “expected” is not the child residing in the family!

In describing Rosie’s parents, they possess a strong work ethic. They are very involved in their children’s lives. They spend much time together as a family. They “say what they mean, and they mean what they say.” Rules are clear. Consequences are provided as needed, and then they move on. They don’t harbor anger toward the disruption their adopted daughter brings to the family. They celebrate “small” steps of progress. They remain focused on a few goals at a time. They accept that building a relationship with Rosie is an ongoing process. This is a mom and dad who have developed realistic expectations. They engaged their son in activities outside of the home. He isn’t reliant on Rosie to be his primary playmate. He has friends with whom he can go on sleepovers at times when Rosie’s emotional dysregulation is particularly heightened. They seek information, and apply recommendations well.

Under their structured and compassionate care, Rosie has blossomed. The violent outbursts are long gone. Stealing has ceased. Academically, she now excels. She sleeps soundly—secure in the knowledge that mom and dad are “keeping me.” Of her first family she stated, “They are a distant memory now. I will always be happy they came and got me, and brought me to America. But, mom and dad are my family. They have done a lot to make me better. They really are the family I belong with.”

Rosie remains in need of ongoing services. She still has social difficulties. Reading body language, facial expressions, comprehending humor vs. sarcasm, etc. lend to problematic peer relationships. She is very competitive. This lends to poor sportsmanship. There are certainly issues with impulsivity and compliance with routine tasks.

Yet, now age 13, she has gained 2 years, 3 months in interpersonal relationships. She is now almost socially and emotionally 6 years old in play skills, and 4 years old in generating solutions—these are gains of 4 and 3 years! Receptive language is creeping along—the improvement is 2 years, 5 months. Personal living skills are now age appropriate. Rosie’s social and emotional age is catching up with her chronological age!

In essence, Rosie is coming to full bloom in her adoptive home—as are many other children from dissolved adoptions. She is but one example of many I could offer! Overall, “re-placements” or “re-homed” children can survive the loss of a first family and thrive the second time around!