

PLACEMENT STRATEGIES

Crisis and Coping

The Adopted Child's Experience

- Ruptured relationships and separation from all that is comfortable and known
- New people to get to know and new routines and rules to learn
- Strangers who have been given authority over them, without their approval
- Stigma associated with being an “adopted kid” or role confusion – am I daughter or granddaughter? Is she mom or grandma? (Sellick and Thoburn, 1996)
- Struggles with “ambiguous loss” - the physical absence but psychological presence of a loved one (Nacac, 2009)
- Internal conflict about being a permanent member of any new family creates challenges of “divided loyalty” (Child Welfare Information Gateway, 2012)
- Struggle to feel safe (NCTSN – Complex Trauma: Facts for Caregivers, 2014)

The Age of the Child Impacts Their Response to Their Adoptive Placement

- *Young children* who have been severely abused or neglected may not have learned to appropriately attach (Furnivall, 2016). In addition, they do not have the language to identify their feelings or express their needs.
- *School age children* may have histories of multiple placements and may even have had a disrupted adoptive placement. They may not trust and may not want to develop a relationship, expecting the placement to end. In addition, their past traumas may have delayed their development, (A Family for Every Child, 2017).
- *Adolescents* are separating from adults and trying to determine their own identities, leading to difficult for them to form attachments in this stage. They may have fear of being rejected or fear of the future as an adult (NRCPFC, 2008). “...When teens experience overwhelming emotional input, they can’t explain later what they were thinking. They weren’t thinking as much as they were feeling,” (Sather & Shelat, n.d.). It may be difficult for children to see and respond to the adoptive placement in a logical way.

Crisis and Trauma

- To survive a traumatic experience or crisis, the body releases emergency stress hormones, like adrenaline and cortisol that cause the body to go into fight, flight, or freeze mode. This threat response system reacts instinctively, bypassing the thinking brain. We need this threat response system to keep us safe (Center for the Developing Child, 2014).

- The problem arises when the system is stuck in the “on” position and there is a constant flow of stress hormones through the body. This is known as *toxic stress* (Center for the Developing Child, 2014).
- Toxic stress causes the child to be on constant alert and to perceive innocuous events as threatening. Therefore, a child with toxic stress is more likely to perceive the adoptive placement as threatening (Center for the Developing Child, 2014).
- Children with toxic stress may be dealing with overwhelming emotions such as fear, confusion, anger, and sadness. You can think of these overwhelming emotions like an “invisible suitcase” that they bring with them to the adoptive placement (Wilgocki & Van Den Brandt, 2007).

COPING

Children and adolescents who have been exposed to traumatic events may engage in behaviors that seem odd or unwanted. These behaviors are often responses to trauma triggers.

- *Young children* - Excessive temper tantrums, regressive behaviors, nightmares/trouble sleeping, irritability, sadness, anxiety, startle easily, cry excessively, withdrawn, demand attention (Nctsn, n.d.).
- *School age children* - Regressive behavior, worry, sleep problems, stomach & headaches, clinging, general worries, anxiety, loss of interest in usual activities, anger and aggression, difficulty concentrating, school issues (American Counseling Assoc).
- *Adolescents* - Withdrawn, risk taking behavior, accident prone, shortened sense of the future, difficulty concentrating, school issues, general worries/anxiety, suicidal ideation, sleep issues, depression, rebellious behavior, eating issues, change in relationship patterns, self-focused behavior (American Counseling Association, 2011).

It is the role of the assessor to help the adoptive parents to learn trauma informed parenting techniques to decrease trauma related responses and teach the child more effective coping skills.