

# Adoption Trauma



Let's be clear . . . for the infant, child or teen, adoption is a traumatic experience. The trauma of forever losing one's maternal and paternal family tree, lineage, cultural identity, genetic mirroring, relationships, siblings and other connections will be experienced and felt throughout the entirety of the child's life. These losses to the child are traumatic, overwhelming and will linger across the entire life span. Through every stage of development, as the child's understanding of adoption grows, the well of loss and pain deepens.

At the same time, adoption is the solution to a crisis for a child stuck in the foster care system. Approximately one in five children currently in foster care has been there more than five years. Imagine spending your childhood in a series of rotating homes.

Each new home brings a new culture, caregivers, rules, schools, siblings, friends and other connections, and with each subsequent move the child learns to trust less and defend more.

It has been a part of our culture's narrative to put a positive spin on adoption and wrap it in a nice bow. We say things like "aren't you lucky to have been adopted" and "you should be grateful to have such wonderful parents." Of course we need parents and families who are willing to open their hearts and homes to vulnerable children in crisis. But do we need to continue to minimize the trauma and losses it creates for the child? When adoption is framed from the perspective of the parents and professionals, the tendency is to present adoption as the solution to a problem. And while this may make

us professionals and parents feel better — it has done little to assist us in recognizing the lifelong effects of adoption trauma and loss on the children, youth and adults who have experienced adoption.

We cannot heal what we cannot acknowledge.

Traumatic losses are experienced and felt most deeply by the adopted youth during adolescence. Even for those children who were adopted as infants, adolescence is a time when we act impulsively, think abstractly, wonder who we are, where we came from, experiment with different identities and feel deeply. It is this stage of development when the core issues of adoption surface in an often powerful and profound way for the adoptee. Feelings of abandon-

ment, rejection, grief and shame can at times be overwhelming and without healthy coping strategies the youth can easily go into crisis. This may be why disruption rates for foster youth ages 12-17 are 25 percent. Currently, while adopted youth make up 2.5 percent of the general child population in the U.S., they make up 30.5 percent of current residents in residential treatment programs, according to a 2016 article in "Residential Treatment for Children and Youth."

Families built through adoption, foster care and kinship care have unique needs and challenges throughout each developmental phase of their family's life cycle. This includes acknowledging the adoption trauma and assisting their child through the grief and loss process at various developmental stages. It is important to note that during adolescence the youth may not have the social-emotional skills, language and/or self-awareness to articulate their pain and distress. In fact, they may work hard to avoid and minimize the feelings associated with their adoption. Grief and loss can easily mask as anger, opposition and agitation. Today, the majority of adoptions finalized across the country are adoptions from the foster care system. This significant increase during the past two decades of foster care adoptions has meant that the majority of adoptions are no longer private infant adoptions and during the same timeframe that the number of intercountry adoptions has rapidly declined. The average age of the systems' waiting children is 6.2 years. For the courageous parents who are willing to open their hearts and homes to our community's most vulnerable children and youth, they both need and deserve the specialized mental health services that will assist them in successfully parenting a child with complex adoption trauma. The challenges of adopting a child with a history of neglect, trauma and/or multiple attachment disruptions can overwhelm even the healthiest of family systems.

The serious shortage of adoption competent therapists that fully understand and appreciate these complex issues frequently leads to families feeling isolated, frustrated and hopeless. Too often, adoptive parents seeking mental health support for their child find that clinical providers do not understand the unique complexities associated with their life experiences and/or often intervene in ways that are unhelpful and that sometimes even compound their problems, according to research by Dr. David Brodzinsky and Susan Livingston Smith. More evidence-based practices are needed which address the nature of complex trauma as well as attachment and identity issues and other co-existing developmental challenges confronting these children.

#### **HEALING ADOPTION TRAUMA**

We cannot heal what we cannot acknowledge. Professionals and parents must work together to do a better job in acknowledging adoption trauma. It starts with us. The explicit and implicit messages we send to children about adoption need to change. Let's begin by acknowledging that we have no idea what it feels like to be adopted. And first and foremost, our job is to be a great learner. Children have much to teach us about adoption. When we actively listen and attune with their "need states" we will learn a great deal about what they are struggling with and what they need from us. Hint for parents, try listening from your heart . . . we hear differently when we listen from our heart. Listen to understand. Remembering that children are not typically self-aware and do not have the words to articulate what they are feeling and why they are feeling it.

The grown-ups must work together to facilitate the healing process which includes skill building with social emotional skill competencies. If we expect children to share their internal subjective experiences about adoption trauma and losses we have to ensure that we have given them the language and

tools they need to express their feelings and needs through each stage of development.

A family systems, attachment-based and trauma-informed orientation allows clinicians to engage the entire family system in the treatment process. Adoptive parents have additional parenting tasks at each stage of development. They are parenting a more complex child. The underlying belief in this model is that the family system is the healing mechanism for the child. Healing occurs within and through the context of a healing relationship. For children who have suffered adoption trauma . . . trusting and depending on new caregivers does not come easily. Adoption and permanency creates issues related to attachment, abandonment, grief/loss, identity formation and trust that will be experienced and processed through each developmental stage. Healing adoption trauma is a process and a journey. It is best done in the context of healing, loving relationships. ❁

---

**ABOUT THE AUTHOR:** Allison Davis Maxon, LMFT, is a clinician, educator and advocate specializing in adoption/permanency, attachment and trauma. She is passionate about creating systems of care that are permanency-competent and strength-based. She has 25 years of experience in the fields of child welfare, trauma and mental health and is currently the chief operating officer of the National Center on Adoption and Permanency. Allison is co-author and master trainer of Kinship Center's "ACT: An Adoption and Permanency Curriculum for Child Welfare and Mental Health Professionals," co-author and master trainer of "Pathways to Permanence: Parenting the Child of Loss and Trauma," and creator of "10 Things Your Child Needs Every Day," a DVD with tools to assist parents/caregivers to strengthen their attachment relationship with their child. You can learn more at [www.allisondavismaxon.com](http://www.allisondavismaxon.com) or contact Allison at [amaxon@ncap-us.org](mailto:amaxon@ncap-us.org) or 949-939-9016.