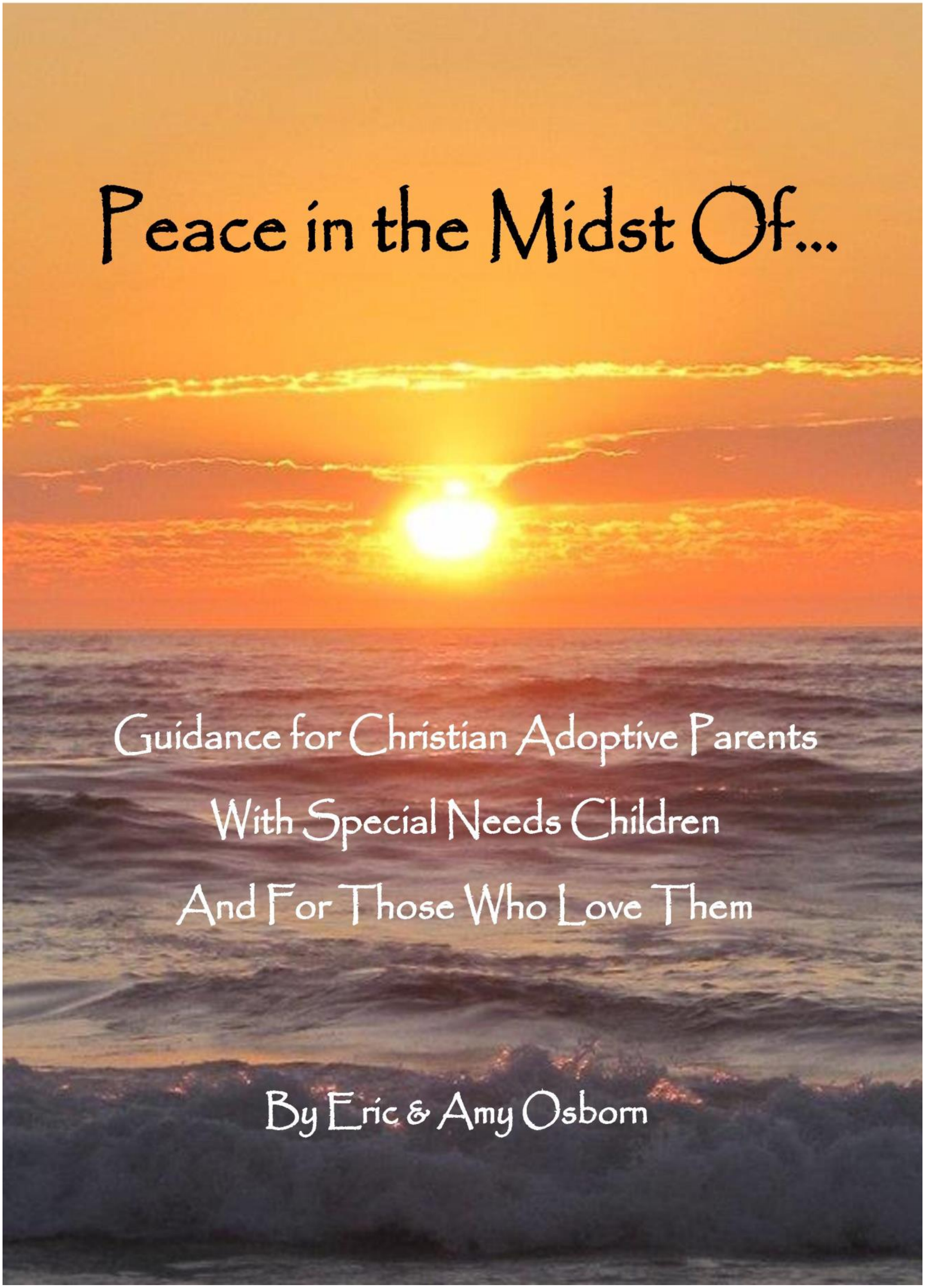

Peace in the Midst Of…

Guidance for Christian Adoptive Parents
With Special Needs Children
And For Those Who Love Them

By Eric & Amy Osborn

"In the Midst Of..."

There are times in our married life when we definitely felt we were outnumbered and outgunned – that it was just us against the world. We felt locked into a seemingly never ending cycle of crisis that was truly wearying to the soul. It is our hope that we can pass on what we have learned and in so doing, encourage others to persevere. We especially have a burden for Christian parents of special needs children. Four of our five children were adopted (they have the same birth mother) and came with unique special needs. In the midst of parenting them, no simple or easy task, we also experienced the tragic death of a child. Quite frankly, as we groped about trying to cope with what seemed like an excessive amount of trauma and loss in our lives, we often found ourselves feeling very much alone. We found that the depth of our trauma made others very uncomfortable and it was extremely difficult to find others who could relate or give counsel to us and our unique situation. We wished for a resource just like the one we are creating and sharing with you now.

Our surname comes with a family motto, "Pax in Bello." Translated it essentially means, "Peace in the midst of Strife." It is our desire to not only be at peace in the midst of the various trials life has for us, ***but to thrive*** in the midst of them. In our efforts to do this we have encountered what seems like a unique set of problems that required us to grow and learn. It is our hope that, in passing on what we have learned, others will have an easier time. This is not meant to be a scholarly book but a sharing of information that we have picked up on the path of our journey that we were very thankful to learn and wish we had learned sooner! We don't pretend to be experts in any field. Some of the information we have learned we have quite forgotten the source but we both remember the information. We have included a bibliography so that, if you wish, you can look things up for yourself. Please do!

We affectionately refer to our family as "The Thundering Horde." Sometimes it really feels like they fit their name well! However, God has shown us in each situation, how to thrive and find peace "in the midst of" each situation. The way was certainly not easy. In fact, some of what we have learned was extremely difficult and painful to go through. But we found, in the end, that God's grace was sufficient for our every need.

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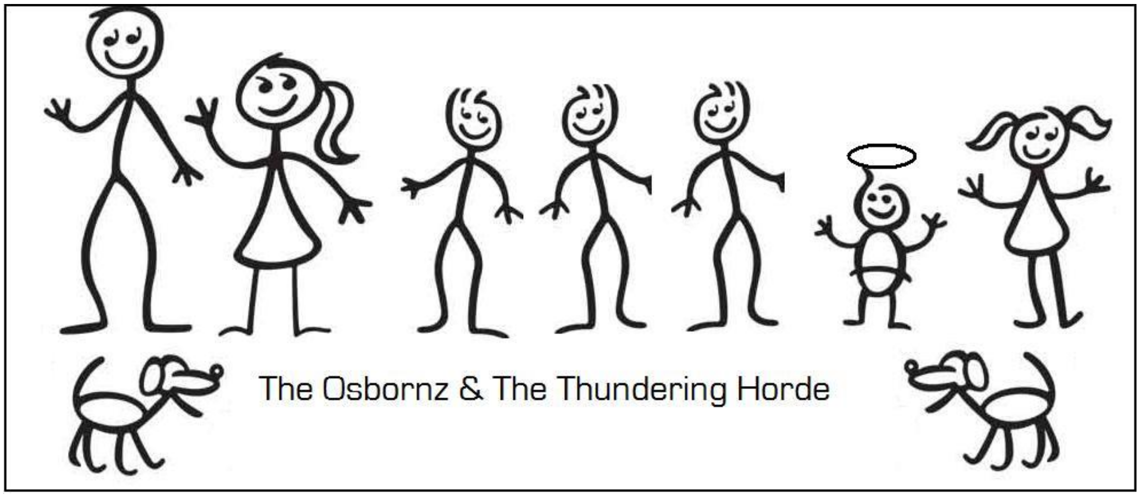

Introducing the Thundering Horde – Clan Osborn

- **Eric** – 52 this year. I am a theologically-trained teacher of 5th graders at a local Christian school. I love astronomy, LOTR and playing with the kids! Like Amy, I am an information gatherer and insist on asking hard and unpopular questions because I really want the answers!

- **Amy –** Amy likes to read and knit. She has been a Christian for many years and loves learning about and seeing the Lord work in lives! She is the Director of Advertising Sales for The Old Schoolhouse Magazine. She IS the anchor that holds the family on course! Her quiet spirit and strong faith provide the perfect balance for Eric's more mercurial spirit.

The Thundering Horde

- **James -** 20 – our oldest. He came to live with us when he was 16 months old and completely turned our lives inside out! He was an athletic and inquisitive lad who loved to do anything active. He has an enormous amount of "physical intelligence" and is extremely coordinated. He is also the one who can brighten the room just by smiling!

- **Jeremy** – 18 – our middle son. He came to us at 3 months old only 6 months after James came to live with us. Wow! He has been so fun to watch grow up. His nicknames for things are the stuff of legends – hilarious ones at that. Always obedient and cautious, Jeremy loves to create things from Legos and he loves movies and Xbox!

- **Jason** – 14 – is described by Amy as "my joy." Jason came to live with us when he was 5 months old. He has a very tender heart for his mother and sister and really works hard to make them happy. He always had a big smile and a peaceful look on his face as a baby. But he was nobody's fool and often refused to do something over again just to show off. No explanation – just a big smile and then he moved on! He is an amazing cook and does stand-up comedy. He is quite the comic!

- **Joshua (Joshie) – 5/29/02 – 2/22/03** - Our surprise! Our only pregnancy that the Lord allowed – and we were blessed to have him for those 8 short months. We are all still grieving his loss. We look forward to getting to know him someday.

- **Christa – aka Sissy** – 7 yrs. old. Christa came to us at 8 months and was an instant hit! Her brothers dote over her and they love having a little sister, even if her "girly ways" are a bit beyond their grasp. She has overcome so many challenges already in her short life! She is ALL girl and loves dresses and pink. What can you do? Her songs and art projects fill our house.

In the Midst of Infertility

We are in the midst of our twenty eighth year as a married couple. That is a long time and yet it really seems like it was just a few years ago that we met and fell in love. I was a youth pastor and Amy worked at a local country club where I would take teens to play racquetball as often as I could. Our first date was on Amy's birthday and we really connected. We spent a little time together almost every day for the next three months. On Columbus Day of that year, I proposed and we were married in May of the next year. It was a large wedding and armed with a lot of helpful pre-marital counseling and the encouragement of our families we started our life together.

It was not long after the wedding before we both started to think about having a family. While we enjoyed the carefree life of being young newlyweds, we felt a growing urge to have a family. After all, that's what is supposed to happen right? As we pursued starting our family we also moved to Portland, Oregon to attend Western Seminary in 1989. Though it was hard work and money was very tight, we both felt that our time in seminary was a time of tremendous learning and growth. We so enjoyed it.

After a time of trying to conceive it was obvious that there was something not right. After we both consulted our doctors, we received the bad news. Amy suffered from a condition known as Polycystic Ovarian Disease (PCOD). She already knew that she rarely ovulated or had a cycle. While some women may be tempted to shout hallelujah, having PCOD meant that it would be very difficult for Amy to conceive. It also meant she was more vulnerable to certain forms of cancer.

We were devastated. Amy especially struggled with infertility. It meant she could not do what most women do all too easily. It was hard to sit by while others had children or even complained of having children. Mother's Day was the worst! It was right and good to celebrate mothers, but that didn't make it feel any better.

We also had to endure the constant barrage of advice from others. "Just relax, if you quit trying it will happen." "You're better off this way, don't look a gift horse in the mouth." Or an endless stream of advice to take this vitamin or that mineral or have sex in this position or that one. Well, you get the picture. Believe me, we tried to avoid those conversations but when people learned we had been married several years (it was nine years before we adopted our first child) they almost always inquired why we had no children. Cheeky really, but that's what happened.

Despite the barrage of advice, we took our time weighing our medical options. We tried hard to walk closely with the Father and be thankful for what we DID have and what we COULD do. As we busied ourselves in service and ministry we found many friends and much needed encouragement. But it was still hard to bear. Something just seemed missing from our lives.

Finally, we began the medical interventions designed to help us conceive. The medications blasted through Amy's body and caused tremendous discomfort, but they didn't work. So, they wanted to step up the effort with a different medication that, they assured us, would almost certainly work. In fact, it could work SO well we could easily end up with triplets or more. This, the doctor somberly told us, was very risky so we should be prepared to "select" the fertilized egg we needed and "discard" the rest. You could have heard a pin drop. We didn't even have to confer together to tell him, "In no way will be playing God and do what amounts to abortion." He was firm that he would not condone the risk of multiple births. We understood his rationale perfectly, however we also knew what we believed. Our response was essentially, "Then we will no longer be your patients and are not interested in any further procedures. Thank you for your efforts." We got up and walked out the door and never looked back. Even after two decades we are both completely sure we did the right thing.

So we closed that door forever (or so we thought). We then decided that we should embrace adopting to start our family. Funny thing is, seven years later in the midst of adopting our third son, I developed type 2 diabetes and was put on a special diet to try to help lower my blood sugars. Amy decided to join me so we could eat together. The diet triggered her system and she conceived. Her doctor (not the same one of course) told her later that if she had come to him asking to conceive that would have been his first prescription not the medication. We started to learn that doctors and health professionals don't always know as much as we think they do. It was a lesson we would learn even more deeply later. In the end, it would teach us to search out our own answers and follow our hearts. No one knows your children like you do. We learned that sometimes you need to trust your instincts just as there are times to ignore them. Nearly three decades "in the midst of" has taught us to know when to do either.

What we wish others knew about living with infertility…

People who do not suffer with infertility rarely seem to understand the depth of mourning that can occur. They just don't get it and often refuse to empathize. They tend to consider our grief as "silly" or "blown out of proportion." Sometimes the things people say to us are staggeringly cruel though they are trying to "help." Certainly infertility isn't in the same category as losing a limb or the death of a loved one, but it is a profound loss. We cannot do something that comes naturally to everyone else. We thought things like:

“Why won’t God let us conceive? Is He angry or displeased with us? Does He think we would be bad parents so He won’t let us have children?”

“I’m incomplete, only half a man (or woman) because I cannot reproduce.”

Every Mother’s Day and Father’s Day just rubs salt in an already open wound. Every baby shower or birth of a child to friends or family brings a fresh wave of longing and loss. We DO NOT want to call attention to our suffering while others are rejoicing. We wish them all the best – after all, we wish we were right alongside of them with our own children. We try NOT to show our grief but we cannot shut out the feelings no matter how hard we try. The passing of years only mellows the edges of our sense of loss, but it cannot take them away. Even adoption doesn’t erase the pain of infertility. It brings children into your life, yes, however your inability to conceive on your own is still there though we definitely felt it lessen as our family grew.

If you are a relative or friend of someone suffering from infertility it can be a real tightrope sometimes, especially when you are pregnant. Many times we learned how uncomfortable someone was even sharing the news with us for fear it would hurt us. Man we hated that! We didn’t want our friends and family to feel that way, but felt blessed that they would be so thoughtful. I’m not so sure there really is an easy way to deal with that situation other than to be sensitive and share the news (but don’t make us the last people to know) and give us the freedom to maybe skip the baby shower but give our gift in private.

In summary, what we wish others would know is that infertility is the kind of loss that triggers true mourning and grieving. Others might think it isn’t such a big deal. But we don’t get to choose what people feel is a profound loss in their life (we’ll discuss grief and loss later). We wish people would be a little more sensitive but we don’t want them to feel like they have to hide things from us either. We will always try to be in a good place so we can genuinely rejoice with those who are rejoicing. Though some days are harder than others.

In the Midst of Adoption

Why we adopted

So, with the effort to have our own biological children set aside we embraced the idea of adoption. It's not like we were ever opposed to it before and there are so many children waiting to be adopted. We learned there are many ways to build a family via adoption. International, private, and via a state foster care system just to name a few. We looked into them all initially, but the only one that made sense to Amy was adopting via foster care. She said,

> *For me, it came back to need. There was, and is, a great need in our country for forever homes for children in foster care. In the U.S.* ***397,122 children*** *are living without permanent families in the foster care system.* ***101,666*** *of these children are eligible for adoption, but nearly 32% of these children will wait over three years in foster care before being adopted. (http://www.ccainstitute.org/index.php?option=com_content&view=category&layout=blog&id=25&Itemid=43) How could I ignore the need of a child who might live in my community?*

Additionally, we knew several people who adopted overseas and it seemed to be a hair raising and expensive experience. As a country preacher on a budget it just didn't appeal to us. Likewise, private adoptions seemed so expensive and there weren't nearly as many children available. So we started the process of adopting via foster care in our state.

Oh the paperwork! There are interviews and paperwork and a home study conducted by a state worker. It's pretty invasive yet I can see why it is necessary to ensure a good home for a precious child. It also forces you to stop and put some thought into how you are going to raise a child. They also help you think about how you want to deal with the whole adoption issue and how you plan to talk with your child about their adoption. We embraced the process whole heartedly and learned as much as we could about the issues of adoption and the process itself.

Inherent issues of adoption.

The core reality of adoption is that one set of parents reproduced and the child is raised by another set of parents who treat them as if they were their own. This naturally creates a sense of profound loss to the biological parents ***and*** the child since infants are aware of their mother's voice and presence *in utero*. So no matter how quickly a child is adopted they have a deep down sense that something happened. You really cannot avoid this no matter how hard you try.

Many parents fear the power biological parents will supposedly have over adopted children. Because birth parents are normally not around and little is known about them, children can fantasize and make them into the "perfect parents" that can solve any problems if they could just be reunited. At least that's what adoptive parents fear will happen. Also, adopted children can and do fantasize what it would be like to be reunited with the woman who gave birth to them. They are naturally curious about where they come from and why they came to live with a new family. Sometimes they can struggle with why they were "given up" in the first place. "Didn't she love me?" they can ask. This can be as benign as some occasional curious questions. Sometimes, especially as the child enters the teen years, it can almost become an obsession. You can understand why adoptive parents might dread this.

Adoptive parents used to handle this by just not telling a child he or she was adopted in the first place. What adoption? They just avoided the whole thing by never talking about it or revealing it to the child despite the fact that they may look nothing like anyone in the family or that everyone in the extended family knows. Eventually, this HUGE lie is exposed and the devastation it causes is horrific. The sense of betrayal is profound. It can literally turn the child's life upside down. We strongly felt that avoiding this potential "fantasy" problem was just not worth it.

So some "experts" swung the pendulum the other way and pushed for open adoptions, where the birth mother is known to the child and interacts with the child in some way. Sometimes this means that they received regular pictures and reports and the child knew the pictures were going to their biological mother. Other times it means regular visits from the biological mother and inclusion in the family's holidays and special times. It's supposed to be more natural and less traumatic for the child and the biological mother.

As we contemplated this; we concluded that not only could this be very hard on the adopted parents and we felt that it would end up being hard on the child as well. Because, after all, it would almost certainly create the "multiple authority" issue and children would quickly learn to play one set of parents off against the other. Who do I really need to respect and obey? That's what we were concerned with. It would just make things very difficult on a day to day basis. We felt it could be very confusing to the child and could end up causing more trauma instead of less. After all, foster parents almost universally tell you that after a parental visit the child is really quite out of sorts and emotional. The loss gets relived over and over again. How is that a good idea if it can be avoided?

In the end, we wanted to do what was best for the child not what was best for adults. We opted for a closed adoption but we would not hide the reality that the child was adopted. Also, due to the contentious nature of many state adoptions where custody has to be legally terminated, it turned out we really didn't have a choice.

Our children each have a Life Book started by their Foster Care mother that gave them some basic information about their birth situation and contained lots of photos. Over the years we added to it and they could always pull it off the shelf and look through it whenever they were curious. We shared the reality of their adoption to them in small and age appropriate ways, sharing it in a positive light and never disparaging their "tummy mommy" as we called her. After all, we didn't know her so we really could not tell her story. We had some basic information about her which we shared when it was appropriate.

The results so far have been that each of our adopted children has been able to process and talk about their adoption without seeming to be overly traumatized by their adoption. They don't seem to fantasize a lot about being reunited. Once or twice one of our sons expressed a desire to meet his biological mother but still seems quite content to be part of our family. They all know that when they are 18 they can legally try to look up their biological parents and that we will help them in any way we can.

So that "problem" hasn't really been much of a problem at all with our four adoptions. Don't get me wrong, we have known adopted children who did not handle it nearly as well as our four. But in our case, the biggest problem by far was dealing with the consequences of the things their birth mother did to them *in utero*. All four children have special needs and deal with challenges in their lives that are far more disruptive than just being adopted. More on that later.

Inherent weaknesses in preparations to adopt.

As we wrestled with the unique difficulties each of our children came into this world with, we learned very quickly that our preparation to be parents to children of trauma (which defines pretty much every child in the state foster and adoptive systems) was extremely inadequate. During our initial Foster/Adoptive Parent Training (20 years ago!), there was some reading and classes to attend, all of which attempted to "school" you on the rigors of foster care and adoption. They focused on potential medical and behavioral problems that are typical for children in the system. Honestly, if you were working with a neurotypical child their training wasn't too off the mark. But since most children in the foster care system have experienced significant trauma in one form or another, we really needed A LOT more specific preparation. Their attempts to compensate for this involved trying to talk frankly about the kinds of behaviors you could expect (but not really how to prevent them). It almost seemed as if they tried to scare you. Amy and I found those portions of training to seem silly or odd. The things they did to deal with problems seemed so unnatural and, well, bureaucratic.

Like many prospective parents deep down we were naïve. We felt that lots of love, structure and consistency would resolve most issues over time. There is the real inherent weakness of preparing parents to raise adoptive children, their own naiveté and "magical thinking." "Our love and Jesus" will turn these kids around. While not entirely untrue of course, it is MUCH harder than that. Much harder.

To be fair, that really isn't the system's fault. They DO try to warn you about the potential problems while not running off badly needed foster and adoptive parents. But in the 1990s they really were still operating in the dark when it came to understanding the effects of trauma and especially alcohol *in utero* in the development of the brain and research on the issue of attachment was still relatively new. These issues have become extremely important for adoptive parents to understand. We know so much more now than we did then. That's not the system's fault either. However, I can tell you that as we were learning about these issues with our children as fast as we could, it was quite irritating to realize that sometimes it seemed we knew more about some of these issues than our case workers and social workers. We'll talk more about that later when we start talking about all we learned "in the midst of" parenting special needs children.

Foster care vs adoption .

When foster parents and adoptive parents get together it is an interesting conversation. Each has similar but differing realities to deal with. Foster parents have to deal with the system much more and frankly, they should be paid their weight in gold. Foster parenting is SUCH a hard calling. We only had a few years of experience in providing foster care though each of our 4 adopted children came to us on a foster care basis with the plan for us to adopt them as soon as the courts would allow it. So in many ways, parents adopting through the state know something of foster care issues, just on a smaller scale.

However, foster parenting has one advantage in that if the family is being harmed in some way by a child, they can request the child be moved to another foster home. It is not as easy as it sounds, nor is it pleasant for anyone involved, but it can be done.

Adoptive parents, like biological parents, do not have that option. They are a "forever family" after the first 6 months or so (I have heard that some states will allow an adoption to be disrupted up to the first two years).

This may not seem like a negative thing, and I am not saying it is, but I can remember in the midst of dealing with daily recurring crisis in our home because of the special needs of one of our children that I realized this difference between foster parenting and adoptive parenting. I felt we had been misled and that our child was much needier than we would have accepted had we known up front. It took several years for us to begin to realize the effects of his *in utero* alcohol and drug exposure and attachment issues from his traumatic birth, early infancy and not becoming attached to a caregiver in foster care before coming to live with us as a toddler.

Before you think me a heartless jerk, you need to know that this was ***one*** area in which we did not make naïve assumptions. We had seen parents with severely handicapped children and though it was inspiring, we honestly felt that as a family in full time ministry this would not be a good idea and that we might just not be able to adequately parent such a child. We told them this very clearly and consistently. We were prepared for some minor issues but didn't feel capable to deal with much more. The sad part is that, at that time, the system couldn't tell that our children were profoundly affected by what had been done to them before they were born.

Why am I saying all this? I suppose it is just to say that if you are pondering whether to foster or adopt (or both), think long and hard about your choice. If you feel up to a long term challenge but feel there is a threshold you are not willing to breach, then perhaps the short term(ish) nature of foster parenting would be best. There is always an escape valve. But if you adopt through the system, be prepared to deal with any problems for life. This really isn't any different than any parent has to be prepared to do. It's just that adopted children are far more likely to have trauma damaged brains that require VERY different parenting. THIS we learned the hard way! Children of trauma (or as one writer puts it "Children from Hard Places") CAN NOT be parented the same as "normal" children. Some things are the same of course, but the differences can be quite profound. They are only now getting a handle on how to better help parents shepherd trauma thinking children. I only wish we knew then what we have learned now! Oh man, do I wish that! More on that to follow.

In the Midst of Raising Special Needs Children

Special needs

“Special Needs” is a generic way for saying that this child requires things that “normal/neurotypical” children generally do not need or do not need in the same way. It may be due to birth defects, medical conditions, mental illness, physical or sexual abuse, neglect, behavioral dysfunction or, quite often, a combination of several of the above (one often leads to or causes another). The bottom line is that parenting such a child will require more involvement from parents than the norm.

But why is this?

According to ongoing and reliable research, there are six risk “factors” that can lead to a child becoming a “child from hard places” (other authors use the term “Children of Trauma”). The presence of even one of these can result in long term challenges (and foster/adoptive children almost always have several of these risk factors). These risk factors are:

- *Stress, anxiety or fear during pregnancy,*
- *Difficult or traumatic labor or birth,*
- *Medical trauma in the child’s first few months,*
- *Abuse, abandonment, neglect, and other forms of trauma*
- *As well as any kind of profound loss.*

Hopefully, it is obvious that the term, “children from hard places,” accurately describes many more children beyond those who were just institutionalized or adopted later. Additionally, it is a long established fact that children who experience adoption or foster care have **all** experienced some degree of loss and are more likely to have to deal with that loss, and the grief and pain that come with it. Trauma turns out to be the real root of so many difficulties. Trauma as defined by the DSM - 5 has the following characteristics:

- An experience which has either the direct threat or perceived threat of death or serious injury and must include the experience of all of the following…
    - Intense fear
    - Helplessness
    - Horror
    - Mental disorganization/agitation

- Trauma is the reason why so many foster/adoptive children react/respond the way they do! It is through NO fault of their own that they come into care...whether they be an infant or an almost aged out teen.

And that is the heart of the situation. Because a child has experienced trauma and loss the child's brain has "adapted" by wiring itself in such a way as to survive the best way the child knows how. This "rewiring" can lead to a variety of problems for them. An inability to trust and attach to their new caregivers sets the stage for tremendous difficulties. Brains that are locked into the "fight, flee or freeze" mode do not always access the higher brain function areas that children need to get along well with the world around them.

With so much seemingly working against these children and those who love them, it may be tempting to feel defeated and believe there is little hope. Many families with such children feel this way. However, as daunting as these realities are, there is SO much hope. Relatively new research shows that brains CAN rewire themselves when the child begins to realize he or she is in a safe and loving environment. When they don't have to live in constant fear and trauma, their brains slowly begin to adapt to their new environment. The process can be agonizingly slow and it takes a heavy toll on the families who are literally giving those precious children a chance for a better life day in and day out. The implications of this are really quite profound.

That is why foster/adoptive families need extra support. We all have to be in it for the long haul. There is no quick and easy fix for these children. But there IS hope! God loves these children. Their welfare concerns Him greatly. We praise God that He made the human mind so pliable. It is these children's hope IF they have families who will stand by them and love them. Coming alongside these families increases their chance of success with these precious, yet challenging to parent children.

Of first importance: trading in your dreams for the reality you need.

All parents start out with such high hopes and expectations of what it is going to be like with their child. They dream so many dreams and have so many expectations of how good family life will be and how blessed everyone will be because this child is a part of their family now. Those rose colored glasses are pretty much stapled in place!

No one wants to be the one to burst someone's dream and your case worker probably isn't going to do so, though he or she will try to inject some alternate possibilities for you to try to consider. Who are they to say your dreams and expectations are wrong? They aren't God nor are they able to foretell the future.

In the case of a special needs adoption you really need to understand what is more than likely going to happen. As I mentioned before, most children coming through state agencies are children of trauma. Many of them going through multiple layers of trauma and its effects. Only now are we starting to understand what this could mean to a child's development. As if they were born in a war zone, these precious children already have "battle scars" and the way they view the world is already changed (usually for the worst).

Some have said that nearly every adopted child has some form of attachment problem, at least at first. If you are lucky, and you catch it quick enough you might be able to help the child attach to his or her new caregivers (you). But the reality is that more than half will suffer some sort of attachment disorder. I suppose it is possible that those who say all or most adoptive children have an attachment problem are overstating their figures. Although, I would have to agree that the majority of children *in the system* have some form of attachment issues. We'll talk more about attachment disorders later but suffice it to say that a full blown attachment disorder is, in my opinion, the worst *possible* thing for a parent to deal with. It has to at least be a tie with severe medical issues for the sheer amount of daily effort it requires. Some people's temperament is more suitable for this kind of daily battle. Those who, by nature, tend to be patient and even tempered have an advantage for sure. Fortunately, those are characteristics that can be improved upon and learned (with effort). And you are going to need tons of patience.

All of this is to say that it is very likely that adoptive parents will watch their dreams go up in smoke and have their expectations shattered. This loss can be devastating and can cause severe problems. Really. Many people do not take such disappointment lightly. They fight to keep their expectations and when they finally come crashing down around their ears it can cause significant grief and loss. But I think it has to happen.

Amy and I were no different. We had dreams, expectations and even a strategy chosen to help us have a family that would be blessed by God and a harmonious place for children to be launched into adulthood happy and healthy. We believed that loving structure and motivation, coupled with accountability, would be the keys to success in raising children. We read many of the experts of the day, especially in Christian circles. We read books like; Dare to Discipline, The Strong Willed Child, Shepherding a Child's Heart, and many others. However, none of those experts really knew or understood just how different the traumatized brain works in a child. Instead of nothing but good fruit from our efforts, we got mixed fruit at best. Some was healthy and some was smelly and …well, not what it should be.

So, like all determined parents – we tried harder. And harder. And harder. Then we got really frustrated and determined. And tried harder still. We just couldn't believe our philosophy and strategy were to blame. We just had to find the right key and wham! We would fix everything.

For instance, we were taught that it was vital for a child to learn how to quickly obey parental directives. So we set about trying to teach them that. When they would not do so, we were taught to give them consequences that would help them see the error of their choice and choose to cooperate. For years, we tried to find the right kind of consequences to accomplish this. However, current research absolutely shows that children of trauma are not able to think this way. It requires logical thinking that they just cannot produce easily or not at all. Most consequences actually make things worse! The standard practice of using time outs or sending a child to their room or depriving them of privileges actually reinforces their view that the world is a terrible place where they are not in control. This does not mean you don't correct children of trauma, but you do it very differently. You bring them closer and work on building trust and gain their cooperation through power sharing and compromise. If done consistently, this prevents many power struggles. It takes much longer than just telling them what to do and giving them a time out when they disobey.

Before we learned this critical fact, I can remember the day when we realized that our oldest child's early trauma had altered his mental processes so profoundly that, coupled with an attachment disorder he seemed to be suffering from, he made "the perfect storm to parent" as one counselor put it. There was no way to reverse the damage, there was no quick fix, no magic pill, nothing. Someone had turned out the lights and we sat there groping about in the darkness for what to do. If there was anything to do.

I realize now, it had to be that way. Our son needed our understanding not our dreams. He needed us to parent him in a very different sort of way or things were only going to get uglier and uglier. WE needed to be the ones to change the way WE thought and behaved in order to parent our dear special needs child. So, because we truly loved our son, we began the process of changing our expectations to be closer to what reality required. We learned to let go of our parenting "dreams" and "shoulds." I cannot tell you it was easy because it was not. We still find them creeping back into our minds from time to time. We had to learn to do things that were counter intuitive sometimes. We had to do things that friends and family didn't really understand or agree with, which made it tremendously harder. Sometimes it really felt like it was us versus the rest of the world.

> "The world is indeed full of peril and in it there are many dark places.
>
> But still there is much that is fair. And though in all lands, love is now mingled with grief, it still grows, perhaps, the greater."
>
> J.R.R. Tolkien

But I have to tell you that it brought tremendous relief to our souls to do so. We had been trying SO hard for SO long. Now we knew the truth. Yes, it was a somewhat bitter truth to deal with but truth is better than fiction in the child rearing arena, and that made all the difference.

Our relationship with our son improved dramatically though his issues did not go away. He hasn't really changed all that much though he is not as defiant anymore because we are not always battling with him to try to accomplish our "shoulds." It is still hard being his parent but we wouldn't go back to our old ways for anything in the world.

Once we learned the truth and began to understand its implications we were able to change how we thought and behaved towards each of our children. Not knowing what was going on was a special kind of hell. For me, personally, just getting some kind of diagnosis that made sense out of what we were dealing with made all the difference. More on that later.

Trauma and brain development in a child

In the 80s and 90s there was a lot of focus on the kinds of damage caused by the birth mother abusing drugs while pregnant. I can remember reading some pretty alarming things being circulated by medical and psychiatric professionals. Today most "experts" consider this information to have been a bit overblown and a little off the mark. Several decades of sound research has made huge strides in understanding how various traumas effect fetal and infant brain development.

As I mentioned earlier, trauma is a good way of describing the real perpetrator. Yes, it is a bit of an umbrella term but it is a unifying concept that can keep you from getting lost in all the psychiatric gobbledygook. A traumatized brain that has developed dysfunctional coping skills and ways of thinking explains a lot more than all the labels thrown about (ADHD, Bipolar, Oppositional Defiant, Anxiety Disorder, RAD, FAS, FASD, just to name a few). Trauma appears to be a huge part of the actual ***cause*** of many of the problems. So what do they mean by trauma?

Again, trauma to the brain, as I understand it, is caused by many things including the mother's use of alcohol or drugs, or exposure to violence, high anxiety or fear during pregnancy (anxiety and fear produce cortisol which will pass through the placental barrier and flood the baby's body too) as well as the infant/child being neglected, unwanted, or abused after being born. Infants who are very ill or separated from their mothers for lengthy periods of time (due to illness or incarceration for example) are also traumatized in ways that can rewire the brain. That is the real problem. The results of this rewiring is what causes many of the above "symptoms" and acronym diagnoses.

It would seem that proper brain development in the first 2-3 years (including 9 months in the womb) requires the things that we have all known about for centuries. Mothers need good nutrition, plenty of rest, and a calm and stress free environment (as much as possible anyway). There is a natural bonding that takes place for most expectant mothers as they grow to love the child inside them and eagerly anticipate the birth. Inside the womb, amazingly, the child perceives this somehow. He or she learns to recognize the sound of his mother's voice and can certainly feel her loving touch. Human beings are born needing to connect with their mother and be able to trust her care. They learn very quickly that when they hurt or have a need they can cry and their loving caregiver fixes things and loves on them.

Much or all of this optimal environment and care is missing for many children coming from hard places. Crisis or unwanted pregnancies, substance abuse, mental illness and victimization at the hands of abusers creates a very different environment. The brain does what it does best, adapts to deal with this hostile environment.

Under "normal" circumstances, a child's brain develops pretty much along predictable lines with some slight changes due to genetics. However, if children experience these various kinds of trauma their brains will overdevelop the survival portions of the brain, at the expense of the higher brain functions. One researcher refers to the survival portions of the brain as the "lower brain" and the higher cognitive functions as the "upper brain." Trauma is handled by the lower brain. It stays vigilant and aware in case of danger. When danger is perceived it chooses whether to fight, freeze or flee. The lower brain doesn't access things like reason, moral decisions, self-regulation and self-control. You know, all the things that help us live in society and get along with others. Ouch!

The good news is that, to a certain extent, the brain of a child – even through adolescence – can actually "rewire" itself if the child is removed from the constant trauma. The term "neuroplasticity" is how they describe it, and that gives hope to adoptive parents! If a child is removed from constant trauma and their adoptive parents understand what is happening they can keep from constantly triggering the trauma response and help the child develop their "upper brain." It takes patience and some know how but it can happen! We found this very exciting and are eagerly devouring anything we can get our hands on about this process. The last page has a bibliography we hope you will take advantage of. How we wish we had been able to access some of this material 20 years ago!

Fetal alcohol brain damage

Many children from hard places suffer from the effects of alcohol they were exposed to *in utero*. Here is an excerpt of some material regarding the effects of alcohol on the developing brain that I have used to talk to teachers in the past that explains things pretty well and succinctly. You can find the whole presentation written by Carolyn Washburn, MS at: http://www.docstoc.com/docs/74063825/Fetal-Alcohol-. I think it informs people on the issue very well.

> **What is Fetal Alcohol Syndrome?**
> *Fetal Alcohol Syndrome (FAS) is a pattern of malformations and disabilities resulting from a pregnant woman drinking heavily during her pregnancy. FAS will not occur if the father was drinking heavily or if the pregnant woman was drinking a very small amount of alcohol on rare occasions. Heavy drinking on a consistent basis or binge drinking on an occasional basis can produce FAS. Fetal Alcohol Syndrome is currently the leading cause of mental retardation in the United States.*
> **What is Fetal Alcohol Effects?**
> *Fetal Alcohol Effects (FAE) is a condition where children are born with less dramatic physical defects but with many of the same behavioral and psychosocial characteristics as those with FAS. FAE is often thought of as lower on a continuum than FAS, but this is not correct. Many individuals with FAE, while looking quite normal, have significant deficits in their intellectual, behavioral, and social abilities which prevent them from leading normal lives. There is a continuum of effects that can result from maternal prenatal consumption of alcohol.*
> **FAS is characterized by a triad of symptoms:**
> **1. Central Nervous System Involvement:** *The central nervous system is composed of the brain and spinal cord. Damage to this area must be demonstrated; i.e., mental retardation, severe learning disabilities, etc.*
> **2. Prenatal and Postnatal Growth Retardation**: *The baby is born weighing less than it should. The baby does not gain as much weight as it should once it is born.*
> **3. *Characteristic Facial Patterns:*** *There are characteristic dysmorphic features which appear due to prenatal alcohol insult or exposure.*
> Often, but not always, the eyes appear to be widely spaced; the nose is often short and upturned; the philtrum (area between the bottom of the nose and upper lip) is elongated and flat; the upper lip is thin; and the ears might be low-set and rotated to the back of the head. In addition, the teeth of individuals with FAS are often

misshapen and misplaced. It is common for orthodontia to be necessary. In addition to those with FAS are those individuals who appear normal but who have FASD.

Fetal alcohol exposure has lifelong consequences.

Fetal Alcohol Syndrome and Fetal Alcohol Effects do not go away. Once the brain is damaged, it is permanent*. Most of the damage that occurs in the brain is a result of the brain tissue not moving and growing where it should, resulting in areas of the brain which are not developed at all or are underdeveloped.* ***Neuronal connections that should have been made are simply not there. Since brain tissue does not regenerate, this damage to the brain is permanent, especially if the tissue did not form initially. It doesn't ever get better.***

The child is very much aware that something is "different" about him or her. A great deal of the time they simply think they are dumb. The overwhelming majority of these parents do an outstanding job of working with and loving their affected child. Many of these children are in adoptive or long-term foster care settings.

Physical, cognitive, and social deficits associated with FAS:

- Low birth weight
- Failure to thrive (eat and grow well)
- An exaggerated startle response
- Poor wake and sleep patterns
- *Hyperactivity, distractibility and attention deficits*
- *Impulsiveness*
- *Temper tantrums*
- *Lying and stealing are common behaviors*
- *Poor social skills*
- *Poor abstracting abilities*

BOTTOM LINES FOR FAS & FAE/FASD:

- *Child's brain is permanently damaged.* ***It does NOT get better****.*
- *Only in their 20s and 30s* ***IF*** *they have developed some good life habits CAN they do reasonably well – but that is NOT a given at all.*
- ***They require MUCH more hands on parenting, monitoring and guidance****. Parents must function like a 2nd brain sometimes to prevent the child's impulsivity and poor decision making skills from harming themselves.*
- *The passing of years does NOT insure growth in self-governance and self-control.*
- *There is no real test to determine this unless the brain damage is severe enough to show up on a CAT scan (full blown FAS). Often it does not (FAE or FASD).*

PARENTS OF SUCH A CHILD NEED:

- *Emotional support and understanding from family, friends and the community*
- *A network of people who get FASD so they can get new ideas and not be judged*
- *Respite, frequent!!*

So, while it is true that some of the effects of trauma can be overcome with time and know how, some effects of early abuse cannot. In the last decade there has been a lot of good work done and many parent support groups created for children suffering from the effects of fetal alcohol exposure, because it really is heart breaking.

Experts seem to feel that this is an even bigger problem than fetal exposure to drugs because alcohol directly retards brain development. In some cases of heavy maternal use of alcohol, the child's brain is actually smaller than normal and often the frontal lobe (where all those necessary executive functions are generated that help us live in society) is reduced in size and does not function properly.

Whether or not things are so severe ***the brutal truth is that prenatal alcohol exposure causes permanent brain damage.*** The brain cannot do much "rewiring" because it is damaged and "parts are missing" so to speak. **This child will require more extensive parenting than most**. He or she will need to trust and cooperate with a parent and later a trusted friend or sibling to be a kind of "second brain" to help them see the consequences of their intended actions before it is too late.

The parent of a child with fetal alcohol damage has to constantly sweep their environment clear of any "land mines" that will potentially (or certainly) cause their child to make poor choices and suffer from the consequences, because children with this type of impairment do not learn from their mistakes the way neurotypical children do. They will make the same ones over and over and over again no matter how painful the consequences are. They will ***say*** they won't do it again and really mean it. However, their impulse control is so poor they will if given the opportunity. Count on it.

When you're raising a child with fetal alcohol brain damage you have to remember the adage "***Change the environment not the behavior***" to effectively parent. How counterintuitive! Parents do this for very small children but then expect older children to learn from consequences and make increasingly better choices. It really doesn't work that way for FAS or FASD children. Since their behavior stems from brain damage you cannot change their behavior the way "normal" children can be influenced, you can only prevent it. You have to head the problem off at the pass, so to speak, so the unwanted situation is avoided altogether. That takes a lot of effort day in and day out.

When you're raising a child with fetal alcohol brain damage you have to remember the adage "***Change the environment not the behavior***" to effectively parent.

That is not to say there is no hope! Because realizing this and adjusting your parenting accordingly really makes a difference. It brought us a lot of relief from the anxiety of wondering if we were doing the right thing. You might not see much change in your child's behavior but you will experience fewer "episodes" and problems because you stay ahead of the child and prevent their occurrence. **Research seems to indicate that if the "second brain" concept is utilized and if the child is guided into a highly structured lifestyle, the force of habit can help them stay on track.** This force of habit might not kick in until they are 25-35 but some parents do report this happening, and that is more hopeful news!

Maybe now you can see that it takes longer to successfully launch such a child into adulthood than most parents are prepared for. It's not that most parents wouldn't do it for their child, it is just not what is normally expected. So it can put a strain on the family as they wrestle with bringing their expectations in line with the reality of the situation. I know, I live there right now!

Attachment

Our oldest child was afflicted with FASD in the womb and the circumstances of his birth and early life were traumatic enough to cause him to form what is referred to as an attachment disorder like I mentioned before. Here is some more material I have used with teachers to help them understand what is going on (http://www.center4familydevelop.com/helpteachrad.htm). By the way, the old term "RAD" (Reactive Attachment Disorder) is now being replaced with a more general term, "Attachment Disorder" as research shows there are several varieties of attachment problems that the term Reactive Attachment Disorder doesn't adequately address.

Attachment Disorder

(a.k.a. Reactive Attachment Disorder or RAD)

If a parent has given you this to read, you are teaching a child with Reactive Attachment Disorder. The family of this child has apparently decided to share this information with you. That sharing is a big step for this family and one you have to treat gently and with the respect it deserves. This family has been through traumas you cannot even imagine. I will describe a few of them here below so that you get the "flavor" and perhaps even begin to understand why this child's parents sometimes seem so harsh or harried or even depressed.

Reactive Attachment Disorder (RAD) is most common in foster and adopted children but can be found in many other so-called "normal" families as well due to divorce, illness or separations. ***RAD happens when a child is not properly nurtured in the first few months and years of life. The child, left to cry in hunger, pain or need for cuddling, learns that adults will not help him or her. Children born of drug or alcohol addicted parents learn even in the womb that things do not feel good and are not safe for them. In severe cases, where the child was an abuse or violence victim, the child learns adults are hurtful and cannot be trusted. The RAD child therefore develops habits of dealing with the world in a way she believes will keep her safe. He manipulates in order to control a world he literally thinks will kill him if he does not control it.*** *Without therapy RAD kids never develop the attachments to another human being which teach them to trust, accept discipline, develop cause and effect thinking, self-control and responsibility for their own actions.*

RAD children are often involved in the Juvenile Justice System as they get older. Left untreated, such children can maim, kill and torture without conscience or feeling. They can start fires, kill pets and terrorize their families. They feel no remorse, have no conscience and see no relation between their actions and what happens as a result because they never connected with or relied upon another human being in trust their entire lives.

What you will see as a teacher is a child who is, initially, surprisingly charming to you. A few months into what you thought was a working relationship the child is suddenly openly defiant, moody, angry and difficult to handle; there is no way to predict what will happen from day to day. You may observe that:

- *the child eats as if he hasn't been properly fed and is suspected of stealing other children's snacks or lunch items*
- *the child does not seem to make or keep friends*
- *the child seems able to play one-on-one for short periods, but cannot really function well in groups*
- *the child is often a bully on the playground*
- *although RAD kids typically have above average intelligence they often do not perform well in school due to lack of problem solving and analytical thinking skills*

- *They often test poorly – often deliberately.*

Organizational abilities are limited and monitoring is resented. There is no sense of conscience for their actions, even if someone else is hurt. They may express an offhand or even seemingly sincere "sorry", but will likely do the same thing again tomorrow.

These kids thrive on having made you lose it. They are not motivated by self or parental pride, normal reward and punishment systems simply do not work; kindness, sympathy or concern only exacerbate their poor behaviors – you are simply a sucker to be exploited.

They will deliberately omit parts of assignments even when writing their names just so that they are in control of the assignment, not you. They destroy toys, clothing, bedding, pillows, and family memorabilia then feign complete innocence even when the shredded materials are lying at their feet. They will blame parents or siblings or others for missing or incomplete homework, missing items of clothing, lost lunch bags, etc. RAD kids sometimes feign fear of parents when in a public place simply for the reactions it elicits from other adults. They are masters at triangulating parents and teachers with any number of half or completely false stories. They destroy school bags, lose supplies, steal food, sneak sweets, break zippers on coats, tear clothing, and eat so as to disgust those around them (open mouth chewing, food smeared over face).

They often inflict self-injuries, pick at scabs until they bleed, seek attention for non-existent/miniscule injuries, and yet will seek to avoid adults when they have real injuries or genuine pain. RAD kids can walk around in significant physical pain from real injuries and will minimize the injury until it is detected, at which point they may be able to exploit the delay occasioned by their own failure to complain appropriately. They will not wipe a running nose or cover a mouth to sneeze or conversely will overreact or exaggerate a cough or mild illness. They accept no responsibility for their actions and do not have any sense of why everyone can get so aggravated with them. They often have scrapes, bumps, bruises and will claim abuse by an adult in order to obtain attention and seem to be "accident prone".

They are in a constant battle for control of their environment and seek that control however they can, even in totally meaningless situations. *If they are in control they feel safe. If they are loved and protected by an adult they are convinced they are going to die because they never learned to trust adults, adult judgment or to develop any of what you know as normal feelings of acceptance, safety and warmth. They have one pace – theirs. No amount of "hurry up everyone is waiting on you" will work – they must be in control and you have just told them they are.*

You can begin to understand what this child's parents must face on a daily basis. The parents are often tense, involved in control battles for their parental role every

> *minute they are with the child. They adopted the child thinking love would cure anything that had happened to her before the adoption.* ***They have only recently learned that normal parenting will not work with this child; that much of what they have tried to do for years simply fed into the child's dysfunction****. They are frightened, sad, stressed and lonely. Many feel unmerited guilt for their perceived "failure" with this child. The mothers often bear the brunt of the child's actions and the child is often clever enough to make certain none of it occurs in front of the father. Hence they even triangulate the parents – because it puts them in control of the situation, which makes them feel safer.*

Yeah, pretty sobering. Now you know why I feel this is one of the worst possible things to deal with as a parent. We are so thankful that our son did not exhibit all of these symptoms though he did exhibit many (thankfully not the worst). The emotional roller coaster we were forced to live with day in and day out took the same harsh toll on us as described above**. An important thing to note is that children with attachment disorder normally do NOT exhibit their symptoms with other adults.** Only their caregivers, primarily the mother. They can behave deceptively well for others. Even teachers do not really experience their wrath unless they are very strict and controlling. Then a battle will ensue for sure.

But, there is good news!

First, the earlier you bring the baby into your home the better. The sooner they get out of the kind of environment that is causing the lack of attachment rewiring of the brain the easier it will be for you to undo it. A baby's brain is SO changeable. ***Reattachment to a new caregiver is possible if you start early enough***. Our oldest child was 16 months old when he came to live with us. He suffered the effects of drugs and alcohol *in utero* in addition to a stressful pregnancy and having to detox as a newborn from methamphetamines in his system. He went to a medical foster home with a lot of kids in their care and we suspect that he just didn't get enough immediate attention (though he received excellent and loving care). So by 16 months he had already learned that the world was a harsh place and no one was able to help him but himself. He was a bubbly, happy toddler who was very active and very willful, and he seemed to stay that way until his adolescence when all hell broke loose.

Our other adopted children came to us much earlier (3 months, 5 months and 8 months). And though they share the same birth mother and were all born with the same type of drug and alcohol exposure issues, we believe that having them earlier might have spared us from their developing an attachment problem. Each has their own set of issues, but only the oldest has exhibited a full blown attachment disorder.

Second, there is a therapeutic approach to encourage “reattachment” when a child is no longer an infant. I am told it is very intense, expensive and takes about 30 days. However, once a child reaches adolescence I have been told by a therapist who does this kind of therapy that its effectiveness diminishes rapidly.

For older children there is also Equine Therapy where they typically stay at an intense therapy oriented residential setting that teaches them how to care for and ride horses. As they learn to care for the horse they learn to care for something other than themselves (maybe for the first time). That and being away from the daily battle with their parents, often has a good effect on the child. Equine therapists report a decent amount of success with their approach. However, the cost can be prohibitive and out of the reach of the average family. It was for us.

The last way to deal with attachment disorder has been practiced by parents for millennia. Since the child’s rage is centered on his mother/caregivers, change the caregivers for a while. Ask a relative or very close family friend who is aware of the situation, and that you trust, to have the child live with them for a time. It is absolutely essential that you find someone who will not undermine your role as parents and who truly understands children of trauma. This would not be appropriate for a very young child. It is especially helpful for adolescents. Since the new caregiver is not their mother they will not direct their rage against them and will likely be quite cooperative as long as the new caregiver can give them some space and not make too many demands or treat the child harshly. This is not respite care or a weekend away. This can take quite a while.

This has to be carefully weighed because it is possible the child will see this as rejection and confirmation that he or she cannot rely on anyone (in essence feeding the attachment disorder). But sometimes the "costs" of having them remain in the home are far worse than slightly strengthening their lack of attachment. Additionally, sometimes the lack of daily battle allows them to "put their fists down" and have a chance to see things differently. It can certainly help their "upper brain" to reboot since they are not in a constant "lower brain" state of mind. Upon returning to your home, there will be a diminishing of symptoms at least for some time. This is really a last ditch effort not your first or second choice.

When we did this with our oldest son he was 17 and had just finished high school. He went to live with some friends of the family and when that was over he came home for a time before moving in with his grandmother for another period of time. But each time he came back to our home, even to live for a period of months, he was so much easier to get along with. He was more respectful and courteous. It really made a difference. I wish we could have done it a year or two earlier. It might have spared everyone a lot of anguish as those were two really bad years!

What they don't know will hurt you – dealing with "The System"

Well, I have a lot to say here but Amy cautions me not to sound like a "grumpy old man" so I will try to be concise and share the core lessons we have learned regarding the "helping agencies," a.k.a. "The System."

We have encountered social workers, case workers, counselors, doctors and therapists who were passionate about their work and were helpful and supportive. They were a blessing that kept us from drowning on many occasions. We wish there had been a lot more of them! However we were frequently disappointed and felt abandoned by the system. Here is why in my opinion.

First, the majority of our adoptions took place in a time where they were still very much in the dark about issues regarding "children from hard places" or children with traumatized brains.

They also knew very little about the pervasive and devastating effects of fetal alcohol exposure. Our society's understanding of Autism was also still quite primitive (our second son is on the autism spectrum). As we struggled to find good ways to deal with issues and problems we often found no one who knew anything that was helpful. To say that was frustrating is a massive understatement. As a problem solving oriented person it caused me no end of frustration.

Second, there are those workers and supposed professionals in the system who are 2 parts bureaucrat and 1 part practitioner. We found them to be somewhat incompetent at best and they tended to work strict business hours (turning into a pumpkin or something promptly at 5 p.m. M-F). I especially hated the weekends, when so many crises would occur because none of the "helpers" we counted on were available. You could go to the emergency room (and we did so many times) but they are even slower and are not really trained to deal with mental health issues. You will sit there for 6-8 hours before some kind of health care practitioner on call would finally arrive. By then the crisis is past and they shrug their shoulders and send you home. One week we went through this maddening cycle three nights **in a row**.

When we did receive services, they pretty much limited themselves to two approaches; talk therapy and medication. As we started uncovering information ourselves, we realized just how incompetent these methodologies really were for children of trauma. Two of our children absolutely would not benefit from either according to the research at the time – even the current Diagnostic and Statistical Manual of Mental Disorders (DSM) said so. Yet they kept doing the same useless things month after month – for years. When questioned about this and when I showed them why I was confident that what they were doing was a waste of time, more than one person just shrugged their shoulders and declared, "Well, it's all we can do." I think my final retort was, "So I have cancer and your entire treatment consists of giving me a couple aspirin each day. Since that does nothing for the real problem that cannot be considered "doing something" but it might amount to malpractice and possibly insurance fraud." You can imagine the temperature dropping twenty degrees in the room with the icy glare I got. Yeah, I know that wasn't very polite of me. But they climb in their Lexus and go home promptly at five each night with trips on the weekend while we were besieged in our home 24/7. Most importantly, I wasn't wrong.

Let's face it, the system is pretty broken and woefully inadequate. They need to clean house badly and completely revisit our values, goals and strategy as a society on how we want to deal with mental illness, massive parental dysfunction, and the children they create in the midst of their chaos. Because we aren't doing so hot right now and haven't been doing well for some time. Throwing money at the problem only seems to waste more money. Why should we trust a bureaucrat to spend money wisely anyway? We need some fundamental changes. The kind of change that many people might be uncomfortable with, but would they still feel that way if they had any first-hand knowledge of the carnage that is our current foster care and mental health care system? I wonder.

The bottom line and my counsel to you is this; **do not just wait for the "experts" to help you**. You might get some help and you might not, and while you wait, another day…another week…another month…another year passes. Your child needs better than this! God gave them YOU to parent them. Isaiah 41:10 encourages us, "*Do not fear, for I am with you; Do not anxiously look about you, for I am your God. I will strengthen you, surely I will help you, Surely I will uphold you with My righteous right hand.*" God will not abandon you and He will guide you as you move forward on your own.

Do the research yourself. We can be thankful for the internet after all! Read everything you can get your hands on or have your spouse do it as you take care of your special needs child. Never blindly trust, give informed consent. I am not saying you can do everything as good as a professional. But when you are faced with incompetency, YOU be the competent one, and stand your ground. Be the squeaky wheel they cannot ignore. Go over their head, get help from city and county officials or even state and federal representatives if you have to. That will stir things up for sure, though I cannot promise it will bring you the answers or help you need.

Proceed prayerfully and with the assistance of supportive family and friends (leave the others out of the loop) along with a **support group** to bounce ideas around with. Look for solutions on your own, you might be amazed at what can happen. It may seem impossible but we worship a God who specializes in doing the impossible. With all honesty, you must also be prepared for the suffering and sacrifice that may be required along the way. Not all things are fixed this side of Heaven. It is a truth we don't like to hear, but as you know, I think truth is better than fiction.

Dealing with "Normals"

I think it is so sad that something has to be said in this area but we have found that the comments, criticism and judgment of others who parent more "normal/neurotypical" children are often the source of much confusion, guilt, shame and frustration. It's easy to see why it so easily afflicts because they are using ideas, philosophies and expectations we ourselves once embraced. The methodologies work for them because their children are neurotypical. Ours are not.

Having a number of people question what you are doing (or not doing) starts to make you question yourself. Was I wrong to depart from more traditional/normal ways of parenting? I am someone prone to "Buyer's Remorse" so this is a huge struggle for me. I have to keep looking at the research and more importantly, look at the progress we are making that we were NOT making doing it the other way. Honestly, it is probably most prudent to be very careful who you trust with your struggles. Few people are really "safe" to talk to. You don't want to have your children's issues gossiped about the community, giving your children a bad reputation.

I am a highly verbal person – off the charts. When I am in pain or frustrated it would be easier to keep a volcano from erupting than to keep me quiet. It is really a personal weakness. I do NOT take feeling alone and isolated very well. I instinctively reach out to connect with others. Who knows, maybe they can offer me some perspective or something to relieve the situation. I know that is silly, but there you are. As a result I have walked into some big ole' bear traps even when talking to people I should be safe to confide in (like ministers and counselors). I know it says "faithful are the wounds of a friend" but I don't think this is what the Lord had in mind. Bad counsel based on a lack of understanding that is forcefully pushed on you is most distressing.

I would suggest you be prepared ahead of time on how you will ignore or deflect the arrows that will come from those who mean well and those who judge you and think you are a fool. It helps to have 2 or 3 statements memorized so you can use them quickly in the moment. Some that we have come up with are:

- *"Oh yes, with a neurotypical child that would be exactly what I would do. Alas, my child is not neurotypical and that requires me to approach things differently."* (IF it seems appropriate you can share some research with them.)
- *"Just because my child looks normal on the outside doesn't mean he is on the inside. I wonder how your counsel would change if he were a Downs child?"* (This works well when folks urge you to practice "tough love" which, again, isn't a bad concept unless you have a non neurotypical child. Of course, if you have a Downs child you probably will get a lot more understanding which is nice!)
- *"Surely you don't think we haven't already tried that and many, many other ideas like it? We don't wait for problems to go away we work hard to solve them."* (No, we are not lazy or stupid parents!)

There are lots of others you can derive for specific circumstances you get into. Bottom line, be prepared ahead of time how you want to respond so that you aren't left speechless or you don't retort in anger. Stick with the script!

How the church can REALLY help

I am sad to say that if you are a church going person, you probably will have to use the above ideas just as much with fellow church members. In my opinion it hurts more to be judged or attacked by fellow Christians because we have a biblical right to expect more support, charity and, grace from God's people than the world at large. When that doesn't happen it always catches us by surprise.

Many churches want to be pro-family. Well, that is as it should be! However, we have noticed that if you are outside the typical family "model" the church often doesn't know what to do with you and will usually not try to adapt to include you. They expect you to conform to their program etc. They fail to understand how hard we are having to adapt to everything all over the place, and we have to do it yet again to be a part of our church family?

A better approach has come to light recently that we are excited about. It comes from All In Orphan Care. Focus on the Family has recently developed a similar ministry approach that utilizes the research and methodology of the Texas Christian University's excellent Trust Based Relational Intervention (TBRI) methodology for daily parenting tasks. This is sound research that has developed practical and real ways to parent "children from hard places." The graphic below shows an excellent ministry model churches can utilize.

Used with permission of All In Orphan Care.

We are eager to see every church that is willing, to minister as it says in **James 1:27**, "*Pure and undefiled religion in the sight of our God and Father is this: to visit orphans and widows in their distress...*"

While not every adoptive or foster family will want or need every item in the graphic above, they DO need regular support and encouragement. They need to not be isolated and feel alone. The church should at least be able to help with that! There are so many new ministries now trying to help foster and adoptive families that are also trying to seriously help and equip churches to do the work that they, alone, did for centuries before the Nanny State made it seem unnecessary. As an adoptive parent I can testify - it is still needed!

Surviving and thriving with special needs children – a summary

- God dearly loves your precious child and has entrusted them to your care. He will help you love them, parent them, and prepare them for the future He has prepared for them. You **can** rely on Him.
- All children with special needs require MUCH more hands on parenting, monitoring and guidance.
- Parenting special needs children requires patience, understanding of their special needs, and a lot of love. Don't take their behavior or challenges personally. They are doing the best they can.
- Resist the urge to compare yourself, your parenting, and your children with neurotypical children and other families (even those with special needs children).
- Typical or traditional parenting techniques will not work well, if at all. Your special needs child requires you to love them "*in the way they should go*" not according to some popular parenting philosophy.
- To be successful and thrive over the long haul, your family will require emotional support and understanding from family and friends. You cannot do this alone. As soon as possible, develop a network of people who are aware of the unique needs of children from hard places. Become part of a post adoptive support group so that you can get new ideas and not be judged (even online groups will help!).
- Utilize friends, family and other people who understand children from hard places to provide small and larger periods of respite. You will need time to regroup, recharge and brainstorm new ideas with your spouse.
- Always be prepared to help educate others about the realities of adopting children with special needs. Have a short "speech" ready to go or some literature at hand.
- **May God be with you so that you thrive and find "Peace in the Midst Of" raising your child!**

In the Midst of Grief and Loss

Our story

Our journey through grief and loss really began 27 years ago when we faced the devastation of infertility. We also had to face grievous loss again as we realized that our adopted children were going to require a very different kind of family life than we had dreamed about and eagerly desired and prepared for. But the darkest valley was yet to come.

In 2002, during the adoption process of our third son Jason, Amy began to feel ill. Because of her PCOD, she began to be afraid that she might have developed some kind of ovarian or uterine cancer because the sensations that something was amiss came from there. We had brought Jason home only recently and we had three children under the age of 7 running around the house.

She went to the doctor who examined her and gave her the astonishing news. She was pregnant! We were both elated at the news. Now we would have a biological child to add to our family. The scourge of infertility was over! We threw ourselves into the preparations for a new baby. We usually only had one baby at a time so we needed another crib etc.

It was a difficult pregnancy and Amy was bedridden for the last month or so. In the little rural community we were living in it was extremely hard to find help for the children and our families were several hundred miles away. But God was good and our son, Joshua Bruce Osborn was born on May 29th 2002 in Coos Bay Oregon. He was healthy though a couple weeks premature.

A few months after his birth, we moved our not so little family to California to be near our extended family and especially the children's grandparents. It was hard for Eric to find work as the California economy had recently taken a dive due to the "Dot.com Bubble" bursting. But with the help of family we muddled along.

In January of 2003 Joshua seemed ill and had trouble breathing. Eric, as a life-long asthmatic, recognized the symptoms of asthma and we took him to the doctor right away. Both Amy and Eric had a history of asthma in their extended family as well. We felt Joshua was likely going to be an asthmatic and that we should be prepared for that. The doctor considered this but didn't want to jump to conclusions since at 7 months, she said, a baby's lungs are so small that they can exhibit asthma like symptoms for lots of reasons. They treated him for the asthma and it helped.

A month later, on a Friday, Joshua exhibited breathing problems again. Eric and Amy both took him to the doctor. There, they gave him two breathing treatments and tried to get him to take some prednisone because a chest x-ray revealed he was developing a respiratory illness called RSV. As is typical for children having breathing problems, he could not keep the prednisone syrup down and kept spitting it up. The breathing treatments only helped a little. The doctor then sent us home with the prednisone and urged us to give him small amounts at a time until we could get the full dosage in and to give him nebulizer treatments. "If things get worse, call me," she said. (We later learned that the protocol for dealing with RSV in an asthmatic infant would have been immediate hospitalization, especially after not responding well to the nebulizer treatments and not being able to keep down the prednisone.)

Trusting our doctor, we took him home and did as she prescribed. It was a very hard night and he did not sleep at all and we had to take turns rocking him and trying to console him and giving him breathing treatments. It wasn't worse but it wasn't better either.

At 5 a.m. we noticed his lips had little color and we took him to the Emergency Room. They checked his vitals and whisked him inside. People came running from all over the place. His blood oxygen levels were too low was all they told us. They intubated him but apparently he fought it in some way. A helicopter from Sacramento was on its way to take him to a larger hospital with a special unit for babies. As we waited they tried to regulate his heartbeat to sync it to the rhythm of the machine when his blood pressure crashed and his heart stopped. CPR did not resuscitate him and he died that morning on February 22nd, 2003. He was only eight months old. He had been ill for only 22 hours. Thursday he was a healthy baby learning to crawl. Saturday he was gone.

It was like walking in a nightmare. We called our families and the shock of Joshua's death was like a lightning strike. Amy was numb and sat motionless. I noticed, with irritation, that most of the ER staff had vanished. After waiting for a while I called the mortuary and made the arrangements myself. A nurse took out most of the tubes and wrapped him in a blanket so that we could hold him and say good-bye. I can tell you without a doubt that I howled in anguish and a part of me died that morning. Both of us are no longer the same people we were before. The children stumbled into the room, confused and horrified. Our oldest held him and said a tender good-bye. The others were just too little and were afraid of the room. I don't blame them one bit.

So we went home with an empty car seat. In the next few days I stayed strong and greeted people and dealt with the funeral arrangements. As a former minister I knew exactly what to do and I did it, but I did notice that I did an awful lot of it alone. No one from the hospital ever came by (we found out later that they normally do intensive follow up after the death of a patient). They actually made it harder to pay the bill all at once so we wouldn't have to keep getting small bills in the mail week after week. The pastors of our church and Grammy Merrily's church came several times. Churches definitely know what to do when death occurs in their midst, and they did a good job of it for sure. They were a blessing and God used them very well. But after the funeral the real journey began.

What is grief?

We have come to understand that grief is best understood as the thoughts and feelings we experience from a deep loss that is profound enough for us to feel changed in ways **we do not want**. Thus we are overwhelmed and refuse to initially accept the new reality of our future life. We cling to what was lost and resist losing it.

It used to be quite popular to talk about stages of grief that most people go through on their grief journey. It was thought to be a fairly linear process, though its creator, Elizabeth Kubler Ross denied that. The idea most took away was that healthy progress meant that you were experiencing and moving through all of the stages one at a time until you came to the end and, apparently, life resumes a more or less normal state. The stages were first listed by Elizabeth Kubler Ross in her 1969 book, On Death and Dying as; **denial & isolation, anger, depression, bargaining and finally acceptance** (DADBA). It was considered unhealthy for someone to jump over a stage or get stuck in one and not be moving forward. Imagine all the suffering grief stricken people would go through wondering if they were "doing it right." Thankfully, this rigid approach has been discredited (I know our experience didn't fit the mold either) though some of what it teaches can be helpful. Here is what we have discovered in our grief journey.

Primary realities of grief and those who are grieving

Everybody grieves differently - do NOT try to make them grieve a certain way. Everybody is unique and put together differently. Not everyone starts with the same sense of loss though you might all experience the same tragedy. We ought to know enough about humanity to know that there is almost never a "one size fits all" kind of recipe for anything as complex as grief.

Though the stages of grief are good handles to try to describe what grieving is like, they are not linear at all nor do you move in an orderly fashion from one to the next. Grief is a fairly chaotic process for most. You might jump over one "stage" only to jump back to it later when something triggers a fresh wave of grieving feelings. Because, bottom line, **it takes as long as it takes.** Rushing people or having them move too quickly often derails healthy grieving

The hard truth of grief - acceptance is required

We initially resist this catastrophic change because we DO NOT WANT IT, but it happened, and you cannot wind the clock of life backwards nor can wishful thinking recreate reality. Your world and you are NOT the same anymore. It makes so much sense why we resist this! What keeps us from accepting can sometimes be that we feel so altered. We feel changed in ways we do not desire and it makes us feel un-whole, damaged. I used to think of it as having a huge invisible hole in my heart that never seemed to go away. I used to lament the fact that I felt so maimed. That was the best word I could describe what I felt like. It was as if I had been mauled by some horrific beast and left half dead with a limb missing. I once wrote:

> *I feel so used up, worn out, damaged beyond repair. I feel like Frodo after saving the Shire only to be haunted by past failures and injuries so badly he can't enjoy living in this world anymore. Alas, he found solace in the uttermost West with the elves. But that is a fairy tale and there is no place to go to find the kind of deep healing I need.* ***I need to be un-maimed not just temporarily repaired.*** *That requires a miracle.*
>
> *I know that others have lost loved ones and suffered much in this world too. But that does not comfort me. It only deepens my sorrow knowing that so many are maimed as I feel I am. We may pretend to be whole and even find a way to deceive ourselves and others with a "prosthetic limb." But we are NOT whole.*
>
> *We have survived something that is SO wrong. We were not made to die but to live. Death is a usurper who invades and wrongfully steals away those we love. There is no comfort for that. Pretending it is natural and "the cycle of life" doesn't make it the truth, nor does it lessen the severity of the injury to those left behind. Death is nothing but a thieving unnatural monster to those who remain behind. It maims us and leaves us to slowly suffer with our wounds.*
>
> *And if we turn to God, He can stop the bleeding and teach us to live again. But on this side of the Veil we are always a little crippled, a little less than what we were, a little more ... damaged.*
>
> *That's why people hold you at arm's length. You are damaged goods. You remind them of a truth they fear, find unpleasant and don't really understand. I don't begrudge them that. Let them live on whole w/out knowing the monsters. I was once that way myself.*
>
> *But still, it is so very lonely. I am learning that as we turn the page (or are forced to turn the page) on each chapter of our life, it is both exciting and sorrowful. We gain the new and lose so much in the exchange. I understand this and realize you can't go backwards and have things be the way they were. It is gone forever.*
>
> *I think it is about feeling so ruined. So much less than what I once was. This too will pass, I suppose. But I think I will still feel diminished. I think I will always be maimed. Is there any healing left for me?"*

Face it - you ARE maimed and changed forever. **You will NEVER be the same *but that doesn't have to mean you will always be miserable.*** I have found tremendous strength in acknowledging that reality.

God will more than meet us in our weakness and sorrow. He does not erase the past but holds us tight as, together, we walk through the vale of shadow and tears. As the fires of the forge burn away what is not precious in the ore, so we are burned and marred, but in the end prove more precious despite it. There is that miracle I was looking for.

You will NEVER be the same *but that doesn't have to mean you will always be miserable.*

The inescapable reality we have found is that only acceptance and trust in the goodness and wisdom of our loving Creator truly resolves grief *(truly integrates the past w/ the new and often undesired future)***.**

It is a journey with a crooked path for sure. So many things will set off a fresh round of raw grieving and you often go back to the beginning or have set backs - *but we found that it is easier to navigate back*. I used to think my feelings were like a bottomless well with a flimsy wooden lid. Sometimes, to my surprise, it was as if something broke that lid apart and all of the sorrow came gushing out. Anytime we saw someone in pain or suffering, or drove by a hospital or even just got really weary and tired….the well would be breached for a time. However, God was always faithful to help us find our way back out of the well. In time, I found it wasn't actually bottomless though it took 10 years to feel that way. But I have to confess, I still cry when I watch certain kinds of scenes in a movie now. Good thing theaters are dark!

What happens if you DON'T grieve

Explosion! We NEED to grieve. After all, our life as we used to know it, really has been destroyed and we need to put the pieces together in whatever new fashion it will be and live on. If you try to hold on to the old life it will be as vain as trying to hold on to a section of water in a river so it can't move downstream. Kind of pointless and exhausting to try, but sometimes that's what we do. When we sense that failure we can react in all kinds of bad ways (anger, despair, bitterness…). People suffering grief and loss must eventually reach the point that they face the truth and accept what is now and trust God knows what He is doing in our lives. I used to say, "God has never done me any harm and I don't believe He is going to start now." Believe in His goodness and wisdom. Only in Him will you find lasting rest for your weary and maimed soul. Anything else is only temporary.

It is at this point that many people refuse to trust God. They find their loss so intense they refuse to see His goodness or His wisdom and especially, His love. How that breaks His heart. He sees a child He loves so dearly and in so much pain lashing out at Him, but He can take it, after all. It wouldn't be the first time people have shaken their fist at Him.

You see, God knows how we are made. He knows how weak we can be. He knows how handicapped we are not being able to see Him and cling to him physically. In 1 Kings 19 we see that even the prophet Elijah pouted and whined after the show down with the prophets of Baal (where God was victorious through Elijah in chapter 18). Ever notice God doesn't rebuke Elijah? He lets him sleep and has angels bring him food. God was so gentle with Elijah, and I know that is still the way He is with us today.

Let's face it, God has big shoulders and knows better than to take everything we say while suffering to heart. What a loving God He is! I remember saying to Him that I just wanted to crawl into that chasm I could feel in my heart and never come out. I could almost hear His voice gently say, "Not today child, go inside and love your family." This repeated for several days and then I found I didn't need to say it anymore. He never once rebuked me or chided me for saying what was in my heart truthfully. He just drew me close and loved me. It was what I needed for sure. He is like that.

Critical time for a marriage

Many times marriages fall apart after the death of a child. As I said before, grief rests on the fact that we do not want this new reality and miss what or who once was. One spouse often tries to deal with this by blaming the other as if, somehow, by assigning blame it will make things better. Of course, it does nothing of the kind and only makes things worse. The spouse who is blamed is devastated that the one they love would make such an accusation. Because Amy and I were both involved with the short process of Joshua's illness, thoughts of one blaming the other were ridiculous. We never once considered such a thing. We stayed a tight unit – married couple against the world so to speak.

Another cause of marital distress after such a loss is due to the differing styles of grieving. We all assume our way of expressing love, devotion and grief for those we have lost is the right way. So when those ways are at odds it can cause a lot of intense friction. Amy and I really did have very different ways of handling our grief. Thankfully, my ministerial training prepared me for the reality of different ways of expressing grief. That made a huge difference, although there was still a little friction. We had to keep reminding ourselves and each other that we all are unique in how we express grief. It has continued to really help us.

Last of all, I think sometimes the reason why marriages fail after such a loss is due to the nature of grief. I mentioned that part of me died that morning and that we both feel that we are not the same people we once were. Sometimes one spouse will really feel altered to the point that they just want to be alone. They may want to move to another house or another community altogether to get away from the constant reminders of that horrible loss and their spouse refuses to do so (maybe due to their own grieving process). If they don't work these issues out it could certainly lead to a break in their marriage, especially if their marriage had been fragile before the loss.

However, Amy and I had a strong marriage and were both well prepared to deal with problems by talking things out and seeking help when necessary. We are both thankful that we didn't need to cope with divorce or separation in addition to the loss of our child.

How to make it worse for those who are grieving

In general: talk! People can be SO clueless. They feel the need to try to bring comfort but mistakenly think they can say something that will help. Most of the time there is nothing you can say that will truly make someone grieving feel better, and even then, timing is everything!

Don't try to manage their grief or force them to grieve "well" - a cookie cutter approach will only make them feel worse (or guilty).

It's OK to say something cheerful after a while. They need some light after all. But be careful and it probably isn't a good idea to force humor on them. A little goes a long way. Giving a distraction is OK but be careful and thoughtful.

Please don't use platitudes or theologize and try to help them determine why it happened? You will rarely ever know the truth and the grief-stricken really couldn't accept the truth anyway. God isn't obligated to tell us why (and doesn't do so because He knows it will not comfort). I remember someone asking us at the funeral of our son, "What do you think God is trying to teach you through this?" Wow. I think I mumbled something like, "I dunno but I'll be sure to tell you when I do." Honestly, rather than feel angry about such a ham handed comment I felt sorry for the person who obviously felt they needed to say SOMETHING. See what I mean?

A good rule of thumb for what to say to those who are grieving is, “If you don't know what to say - don't.” Just **be there** for them **and look for something practical to do for them** so they don’t have to worry about doing that. Also, don't encourage them to make big changes in life. They might lean in that direction anyway and sometimes it is just running away from the loss and pain. You can’t do that because you carry it with you inside. Running away will only make things worse because you will be farther away from friends and family that you will need in the days to come.

How to truly help those who are grieving

Be kind, helpful and patient with those grieving, because they often feel alienated from everyone else. People stop talking when they walk in the room. People seem awkward and tongue tied around them. They feel like Typhoid Mary because they remind others of things they don't want to think about, and you really can’t blame “normal” folk for that. It’s only human. Heck, the grief-stricken were once like that too.

You can help distract them and provide them with something to do or a place to go for an hour or two (or longer if they are willing). You can help them deal with the uncomfortable worldly details of what has happened as much as you can or as much as they will let you. (pack up rooms, make arrangements with funeral home or insurance, help them pay bills, bring them meals or take them out if they will do so).

Grief is raw and many people shun the bereaved because it makes them uncomfortable - that makes things worse. YOU be patient and **give them the gift of your presence no matter what they say or do**. BE THERE for them. They WILL notice it and come to appreciate it. Be the lifeline back to reality for them - for they sojourn in a dark pit - a valley of the shadow of death. Let them talk, let them cry, let them vent. Someday you may need them to do the same for you.

Be there for them LONG after everyone else stops coming around (which often sets them back again and reopens the wounds). The first few days or weeks they might get a lot of attention. But when everyone has to go back to their life - it can be terrifyingly lonely for the bereaved. It has to happen eventually but maybe in stages would be more compassionate instead of all at once (which is what usually happens).

In the Midst of Preparing Young Adults to Launch

After finally figuring out how to help our children thrive in childhood, we find ourselves facing another mountain that has to be climbed. Now that two of our sons are in their late teens and are technically adults, they are finding it very difficult to really launch into adulthood.

Our eldest is "twenty going on fourteen" ("dysmaturity" is common in children with FASD) and struggles with depression, profound anxiety issues and a lack of interest in anything other than socializing with friends. He claims he has been looking for work for over two years now but we are fairly sure he has not tried as hard as he professes (he has not always lived with us since finishing high school). I have taken time off of work many times to help him turn in applications, sign up for temp agencies, and explore programs like Job Corps (a federal program for at-risk youth that provides training and job placement assistance). Nothing so far.

Our second oldest is eager to work and loves to have resources to do simple things for himself and do simple things to bless others. He is mildly autistic and struggles with reading and communication in general (though most people don't see it at first). He is a slow learner and actually likes doing things the same way every time. He is strong and self-disciplined. He too has been trying to find part-time work for almost two years. We suspect he is running into some prejudice about his issues. He does not tell potential employers of course, but we imagine it's pretty easy to see something in the interview that keeps making them choose someone else. We are looking into some assistance from our state's Department of Rehabilitation to help overcome his handicaps and find meaningful employment.

But our sons are not the only young men we know who are having problems finding and keeping work. Most of the late teens to twenty somethings we know still live at home and are largely unemployed. These are not all foster or adoptive children. But like us, their parents are at wits end trying to figure out what to do. Being a problem solver by temperament, I thought long and hard about this issue. I took a look at the big picture as a whole, not necessarily focusing on foster or adoptive children's issues though we have some things to share about some resources and solutions we have uncovered for them.

So what is the problem? Why can't kids find work?

We really live in a different country and a vastly different economy than what our parents and grandparents grew up in and what our schools and assistance agencies are used to. As a result, many young people (ages 18-25 or so) seem to be falling into a chasm of indecision, apathy, poverty and worst of all dependence on others (parents, financial aid and subsistence level govt. assistance). They are told to reach out for help by society only to find that the "helping agencies and services" really DON'T provide much help at all. Jobs are VERY hard to obtain when you are young and yet housing, food and transportation costs continue to rise beyond the reach of the typical job a young person CAN land (if they can land anything at all) . In addition to this, our society has created a set of expectations and a love of ease that young people have become used to and that costs a lot of money to come even close to maintaining.

On top of all this add in the dysfunction and dysmaturity that many foster and adoptive children deal with and you can see how the problem becomes even harder.

The result: many young people cannot or will not leave home at 18, 19, and 20 or even through their mid-20s. If they are forced to do so by any circumstances (even their own doing) they quickly end up impoverished, seemingly unable to work, unable to get around to find work or resources and without a permanent place to stay. Not a pretty picture.

A closer look at how we got here.

In addition to some of the personal issues we have talked about, there are also problems with:

1. **Unrealistic expectations** set up by our society, parents, educators, friends & the media as a whole. These influences can falsely portray that life is ***supposed*** to be full of lots of fun and ease. Young people today expect MUCH more creature comforts when they first leave home than any previous generation ***ever*** has, and if they can't have them they just don't try to leave – preferring comfort, fun and ease over the self-supporting independence that has typically driven teens to leave home in past generations.
2. **Poor planning or a lack of realistic planning.** Schools push students into college as if

that will solve all their needs (it does not). So there is very little career training options given such as ROP programs that ***really*** work and connect students with employers willing to hire them at some point in the program if it works out.

3. **An economy that has changed drastically for the worse *but society continues to try to cling to the illusions of the old economic realities – high wages with lots of free benefits, job stability, smaller work week, and early retirements.*** Those days may be gone forever. For the most part, young people today are not being told this or being prepared to make their way in such a climate. In fact, they expect things to be even better for them than it was for their parents. Reality often crushes their expectations so harshly that some young people become extremely bitter, fatalistic and cling to their dependencies even harder, *delaying that necessary transition into adulthood.* Again, foster and adoptive children add to this their own unique issues that slow them down.

Some hard truths young people today must come to embrace.

1. **<u>THE END GOAL FOR CHILDHOOD IS THAT YOU BECOME AN INDEPENDENT, SELF-SUPPORTING RESONSIBLE ADULT CITIZEN</u>.** There is great virtue in being self-reliant! "*He who works skillfully with his hands can stand proud before kings*" as the proverb says. Believing the opposite (that dependence upon the charity and provision of others is a virtue) shows a profound lack of wisdom and leads to enslavement to those you are dependent upon (whether friends, family or govt.).
2. **<u>No one owes you anything!</u>** You will have to WORK for your pay. ***It will be YOUR job to convince someone to hire you and to work hard to keep your job.*** Even then, layoffs can happen so be prepared (learn to live well within your means and save for bad times). Be prepared to dress well, and conform as much as it takes ...whatever it takes to get the job (within reason and the bounds of the law). ***No job = no successful transition into adult life!***
3. **<u>EVERYTHING IN ADULT LIFE TAKES MONEY!</u>** A place to live, food to eat, transportation, a social life, entertainment – all cost …. A LOT (and more every year). You may NOT get to live it up when you first move out – but if you manage your resources carefully you

will get to do something. With careful stewardship you may get to do more and more as time goes on.

4. **Expect to start out pretty Spartan in your first apartment or dwelling**. You won't get to have all the creature comforts your parents took 20+ years to amass. You may have little or crappy furniture, you may have to drive a beater car or motorcycle, you may have a small TV and stereo with mismatched dishes and bare walls. BUT IT IS ALL YOURS! **Take pride in being independent** (a true grown-up) and you can postpone the emotional desire to have a well-decorated home and tricked out car.
5. **You need to start prepping your future before it "happens to you."** Have a realistic plan set up before you turn eighteen. Have a plan B and plan C just in case *that is realistic & that you can live with*. **Changing your plan isn't a problem...becoming eighteen or older without one is a PROBLEM**.

So how do you get started?

TASK #1: Adjust your expectations to the new realities (see above).

TASK #2: ***FIND ANY JOB THAT PAYS!***

- IF you are under 18, at least a part time job of some kind...any kind!
- If you are over 18, ANY full time job or 2 or 3 part time jobs.
- YOU NEED TO START WORKING NOW...REMEMBER …. EVERYTHING TAKES MONEY!
- This is NOT the time to be so proud, picky or prissy that you can't find work. **Land any job you can – it's an important start**. ***Without a way to earn resources (money etc.) you will NEVER be able to become self-reliant and move out on your own.***

TASK #3: ***Do some career exploration NOW*** and keep it up even while you have your first jobs so you have something to work towards that will provide you with adequate resources to live the adult life and even live it up from time to time or afford a few luxuries. ***Look for opportunities and take them!***

TASK #4: Do some RELIABLE research (ask questions, search newspapers, internet etc.) about how much it costs to move out and live on your own. Don't forget that you will need money for:

1. Rent or a mortgage
2. Power, water, phone, and possibly garbage utilities
3. Health insurance and health care
4. Transportation expenses: car payment (?), insurance, gas, maintenance for engine & tires
5. Furniture: bed, dresser, table to eat on, chairs or couch to sit on etc.
6. Food and household expenses (laundry soap, dishwashing soap, bar soap, shampoo, toothpaste, deodorant, cleaning supplies, etc. + your groceries)
7. Home furnishings: pots and pans, light fixtures, alarm clock, bedding, etc.
8. Clothing (you may have to cut it pretty meager for a while but you have to have some clothes!)
9. Entertainment or social outings (may have to keep it pretty cheap for a while)
10. Life insurance
11. Retirement savings
12. Charitable expenses

You might also want to decide what community you want to live and work in. Check it out and compare costs of living (though this can come later if you like).

TASK #5: **Find a like-minded friend or two that you can trust AND WHO ALSO WORKS!!** Consider having a room-mate for a few years until you can afford to live independently on your own – it's a great way to share living expenses & furniture/furnishings.

Don't get overwhelmed – start with the tasks in their numerical order and keep working on it until you have it done – then move on to the next one. No one can “make you grow up” or become an adult for you. **It is something each person has to do for themselves.** **Looking like an adult doesn't make you one – acting and living like an adult does.**

REMEMBER: being an independent, self-supporting adult is the goal! ***Being adult in age but living dependent on parents or others is not really being a grown up at all.***

How can parents, churches and communities help?

FIRST: teach children and young people the right way of looking at life and adulthood (see the Hard Truths above). Impress upon them the true goal of childhood so that they automatically start working towards it too. By all means, do so in an age appropriate manner.

SECOND: As they grow up, don't satisfy their every whim and buy them whatever fun they desire. Have them work in an age appropriate manner to EARN greater privileges or resources. By the time a child is a teenager, they should understand that they are expected to find some kind of job (mowing lawns for neighbors, babysitting, delivering papers, raking leaves, cleaning out garages, sweeping up at a family owned business, raising 4H animals, whatever they can come up with). Teach them how to delay gratification and save these hard earned resources for some of the fun things they crave (game systems, computers, cell phones, special clothing, eating out with friends, movies).

THIRD: Get to know people who employ other people and solicit their cooperation to allow your young person to job shadow them or even volunteer to work for free so they can observe what that kind of work their job entails or who could eventually hire them. Such people are an invaluable network later for getting your child their first jobs. In addition, help your child make efforts to identify their strengths and how they can be applied to different kinds of work (there are several good inventories and "tests" to help with this).

FOURTH: Many parents have a difficult time doing #3. Not everyone has a relative that is a business owner or has friends in high places. **This is where churches and communities can be a huge help.** *Churches should identify members of their congregation who are either employers or are one of those uniquely connected people in the community.* Such people are invaluable help to our young people because truthfully, jobs are almost always obtained through the help of another person not the internet or mass mailings. Have your child get to know one of these network hub people so that they can better recommend a young person to specific people they may know. Churches really ought to deliberately create a ministry to assist this transition process (because our youth groups just don't do this).

Some Resources We Have Uncovered

Job Skills and Interest Inventories

www.**career**cc.com/**career_assessment**.shtml

www.yourfree**careertest**.com/

www.futurepaths.ca/**youth**/self-**assessment**.php

http://www.thecallonline.com/ a Focus on the Family produced online assessment.

Programs to help Teens develop Job Skills and Work

- **California Conservation Corps** – job and personal skills training while actually employed doing outdoor work projects (other states may have something similar. A residential program.)
- **Job Corps –** provides high school completion, job skills training, help with placement and assistance for uniforms & tools needed upon graduation (Federal program. A residential program.)
- **ILP Independent Living Skills Program** - Serves foster youth, ages 15 ½ to 21 yrs. Living skills for emancipation. (county program)
- **Lilliput Post Adoption Services** http://www.lilliput.org/ - serves adoptive families in Yolo County in a variety of support capacities. Check with your county for your local post adoption worker.

Government Agencies

- **Social Security** Administration – see your state and county for contact information. If your child exhibits handicaps that would prevent gainful employment you should consider looking into Disability.
- **State Dept. of Rehabilitation** – see your state and county for contact information. If your child exhibits significant handicaps but would be able to work with accommodations or they need help getting work because of their handicaps this agency can really made a big difference.
- **Employment Agencies** – see your community or county directory for general employment assistance.

Being a Grown-Up = Being Self Supporting
(Having your own resources)

Thus being a Grown-Up REQUIRES a Job. Period.

And Getting a Job = Convincing an Employer You can help THEM

To do this, you must be convincing, respectful and diligent.

CONVINCING

- **You must dress neatly, be clean and well groomed** (hair & facial hair)
- You must know the job needs and how you can meet those needs
- You need to **be prepared** to honestly answer questions and provide any information a potential employer wants or needs. ***Have it in a folder at your side and <u>always have a pen handy</u>!***

RESPECTFUL

- Always be careful to be respectful when talking to an employer.
- **Use "sir" and "ma'am" and do NOT interrupt.**
- **Fill out ALL paperwork neatly and completely.**
- Be prepared to answer questions honestly and completely.
- **Do NOT haggle or negotiate salary or hours – take whatever is given, PT or FT – ANY SHIFT.** Get your foot in the door and then when you have proven yourself on the job for a while, that is the time to negotiate.
- **Ask personal references before you put them on an application!!** Pick people who know you well, can highlight your positives and maybe have some pull in the community if possible.

DILIGENT

- Fill out applications online as directed **BUT after 2 days try to follow up in person or on the phone to inquire if they received the application and if there is any additional information they might need.** *DO IT BEFORE 10 or 11 A.M. SO YOU DON'T LOOK LIKE A SLACKER!*
- **Go to establishments and ask for an application** (not if they are hiring). **Be ready to fill it out on the spot or to take it back w/in the hour completely filled out.**
- **<u>Register with a temp agency and GO WHENEVER THEY CALL!!!!</u>** They call those that say yes.
- **Call former employers** or talk to friends who work and see if their employer is hiring or if they can recommend you to their employer in some way.

MAKE IT YOUR MONDAY – FRIDAY 9 TO 5 JOB TO LOOK FOR WORK AND YOU WILL FIND IT.

Live the life of a working person so that when you have a job you don't have to make that personal adjustment ON TOP of learning a new job.

Bibliography & Resources

Books

The Connected Child: Bring Hope and Healing to Your Adoptive Family by Dr. Karyn Purvis, Dr. David Cross and Wendy Sunshine. *McGraw Hill.* ISBN #0071475001
Information and practical interventions for parents of foster and adopted children who have experienced severe trauma and abuse. An excellent place to start preparing to parent a foster or adopted child. Their Trust Based Relational Intervention (TBRI) approach is revolutionary.

Attachment-Focused Parenting: Effective Strategies to Care for Children by Daniel Hughes
ISBN #0393705552
Attachment focused interventions and information regarding healthy brain development and neurochemistry for parents of children who have experienced trauma.

The Whole-Brain Child: 12 Revolutionary Strategies to Nurture Your Child's Developing Mind,
Siegel, Daniel J. and Bryson, Tina Payne. Bantam Books. ISBN #978-0-553-38669-1
Excellent and practical book for how to help your child access all their brainpower in everyday life.

The New and Improved, Children Who Shock and Surprise: A Guide to Attachment Disorders.
Randolph, Elizabeth. RFR Publications. ISBN #0-9718030-1-3
58 page book has extremely up to date information and suggestions for dealing with this serious issue.

Wounded Children, Healing Homes. Schooler, Jayne E., Keefer Smalley, Betsy, Callahan, Timothy J. Navpress. ISBN #13-978-1-61521-568-3

Trying Differently Rather Than Harder. Malbin, Diane. ISBN #0-9729532-0-5. Excellent book to challenge you to think outside the box. Short book but great read!

Safe in the Arms of God. MacArthur, John. Thomas Nelson. ISBN #0-7852-6343-8

Dare to Trust, Dare to Hope Again. West, Kari. Tyndale House.

Making it Through the Toughest Days of Grief. Woodson, Meg. Harper Books. ISBN #0-060104364-8.

Practicing God's Presence: Brother Lawrence for Today's Reader. Elmer, Robert. Navpress.
ISBN #1-57683-655-X

Internet Links

Lilliput Post Adoption Services http://www.lilliput.org/
An MD on the Effects of Trauma: http://youtu.be/95ovlJ3dsNkCONCLUDING EXHORTATIONS
Parakaleo Ministries: http://www.parakaleocbc.wordpress.com
Excellent video to share about Attachment https://www.youtube.com/watch?v=5ypmGTGGN7A
Advocacy for Kids http://advokids.org/
Organization promoting Churches involvement http://www.allinorphancare.com/
Faith based Organization http://www.christianalliancefororphans.org/
http://www.safe-families.org/
http://www.occ.org/refresh/
About FAS research http://come-over.to/FASCRC/articles.htm
Excellent booklet for parents of children with FASD – copy (allowed!) & pass on! www.von.ca/fasd
Focus on the Family's new http://icareaboutorphans.org/wraparoundadoptivefamilies/