

ATN Networker

You're Not Alone!

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Love and Marriage

Love and marriage—these are two things that are hard to keep healthy when parenting children with attachment difficulties and trauma effects. Statistics from the disability community indicate that somewhere between 70-80% of marriages where the couple is parenting a child with a disability end in divorce. Although we don't have the research, we can estimate that couples parenting **t r a u m a t i z e d** children are under an equal (in some cases greater) amount of stress.



So, when I found out that two of our members were celebrating milestone anniversaries, I started asking couples if they'd be willing to share their “secrets” to a successful marriage. What I got were some very candid, real responses. They may surprise you, but they will definitely inspire you.

The names used are completely fictitious. The couples are definitely for real!

Meet Our Couples

Bill & Mary. Married for almost 34 years, they have five children – two

biological; three adopted. All three have had trauma/attachment issues. Two of the children with issues have not healed significantly, but one has. Only the youngest (adopted) is still at home.

Sam & Libby. Celebrating their 30th anniversary this year, they adopted a sibling group of two 12 years ago when they were 8 months and 19 months. Both children have been traumatized and have attachment challenges. The older child is currently in residential treatment.

Mike & Ann. Coming up on their 19th anniversary, this is the second marriage for both. They have a blended family of four children, with the youngest being adopted by both parents and the child with attachment/trauma issues.

Why did you decide to adopt?

Sam & Libby's decision to adopt was primarily due to infertility. In the other two couples, both Mary and Ann had long-time desires to adopt. Mary remembers it as a childhood dream and Ann talked about it in her first marriage. In Mike & Ann's case, he had a

The mission of the Attachment & Trauma Network (ATN) is to support families parenting children with trauma and/or attachment issues through education, mentoring, advocacy and local/regional resources and to develop awareness of trauma and attachment-related issues in all child-centered environments (schools, doctors' offices, foster/adopt community, legislative).

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vasectomy in his first marriage, making adoption the best choice. When asked if they were in mutual agreement to adopt, each couple said “yes”, but most pointed out that it was the wife who either initiated the idea or “wanted it more”.

How did infertility impact your marriage?

For Sam & Libby, infertility was what led them to adoption and was, as Libby put it, “the first time we faced something that set us apart from other couples.” They briefly tried the whole medical thing, but the side effects were problematic for Libby. And as Sam saw how determined Libby was and how much she wanted a family, adoption became THE option.

When did you first notice problems with your children?

Mary says that with their first adopted daughter they knew from the moment they brought her home there were problems, but they chalked it up to being “a strong-willed child”. And as Mary continued to be challenged by her daughter’s behaviors, she said Bill didn’t really “get it” until she dragged him to a seminar where another mother said exactly the same things she was saying. Meanwhile, Bill & Mary adopted again, not truly understanding the problems with their first adoptee and this time their son, who came home as a 9-year-old, had much more overt problems, and they were also adopting a challenging teen, who they eventually disrupted. It was at this point that they first heard the term, “RAD” and realized what they were experiencing had a name.

Libby says the children were challenging from the beginning, not making eye contact and being somewhat non-responsive, but both parents realized by the time their son was four that there were serious problems with his explosive behavior and need for constant supervision. This behavior overshadowed the problems

“I think we’ve gotten closer,” Sam says, “It’s not been easy, but we’ve had to work through our stuff and address our fears.”

their daughter faced, but once their son went to the RTF, they were able to see more clearly their daughter’s challenges, too.

Mike & Ann said they would have recognized they had problems sooner except they were so sleep-deprived

(daughter didn’t sleep longer than two hours at a time) that it took nearly a year for them to decide that this was more than “typical adjustment”. Ann clearly remembers the two of them sitting in their family room watching their then 3-year-old daughter rage for over an hour and saying “none of our other children ever did this.” Mike remembers that her strong reaction to loud noises was a huge red flag. It was at that point they started looking for outside help.

How did/do the challenge brought by parenting your traumatized children impact your marriage?

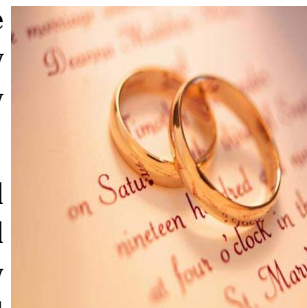
“There was a period when we had 2 or 3 really disturbed kids and our marriage was really tanking. The stress level was off the charts,” says Mary. She was angry and Bill was not proactive in supporting and defending her.

“I think we’ve gotten closer,” Sam says, “It’s not been easy, but we’ve had to work through our stuff and address our fears. I fantasize about how I would get away from these kids and their screwed-up stuff, but I always realize that would mean leaving Libby with them. And I can’t imagine doing that.”

“We’ve both cycled in and out of depression,” Ann relates, “fortunately we’re rarely in the dark valley at the same time. But this whole lifestyle of therapeutically parenting a child with attachment problems is a bit like sleeping on a bed of nails. It takes a lot out of you. We’d be crazy not to be depressed at times.”

Can you share a particularly dark time?

Libby and Sam both say that right before sending their son to the RTF was their darkest time because both kids were out of control and physically threatening every day. But Sam points out, “To be honest, I can’t remember much because my brain is so stressed out and traumatized.”



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Mary also said their darkest time was right before and during the time their son was in and out of RTCs.

“When our daughter was 5 we took her to a specialist in Utah,” Mike explains, “He conducted a brain scan that showed she most likely would never be ‘normal’. It was hard to hear how severe her issues really were. But the therapist also provided great support and from that intensive on our daughter began sleeping through the night, which was huge.”

What are your biggest on-going stressors as a couple?

Having no respite topped Sam & Libby’s list. “Realizing that we’ll never know what it’s like to have ‘normal’ kids,” says Sam, “From what I hear, it’s nothing like what we deal with. It is actually a pleasure for them.”

Ann can relate to that, “My biggest sticking point is cycling back into the grief of our lost dream of how our adoption was supposed to turn out. While my head knows statistically that we’re not alone in this loss, my heart still grieves. Our biggest on-going stressor as a couple, though, is financial. We’ve had to change our lives so much that financially we’re not at all where we thought we’d be at this point in life.”

“When the kids were younger,” Mike adds, “the biggest stressor was not being able to give them attention because it was all focused on our traumatized daughter’s behavior issues. Then, because the public school wanted to put her in a place that would have made her behaviors worse, my wife decided to quit her job and home school our daughter. This came right after we moved into a new house, so financially it was crippling. Then our fight with the school system ran up some very large debt.”

Mary reports that finances is not a stressor for them, instead her number one is how emotionally draining this parenting has been. “The ability of RAD kids to triangulate and bring mom down is legendary. Mom’s tank is depleted tremendously and if Dad is not proactive in filling her tank and supporting the marriage and mom, mom will not make it.”

What have you done to keep your marriage strong?

“We are in weekly couples counseling,” Libby says, “and we try to get breaks weekly or monthly to commiserate

with each other and pump each other up.”

“The therapy keeps us talking and working on our relationship,” Sam adds, “We try to carve out time to be together. Talking and reading in the van down by the beach is enough for us.”

“Dates. We go on dates, although not nearly as much as we need to,” Ann reports. “In the crazy early years, I remember one time when we hadn’t had a break from our tantrumming child. My mom was visiting and daughter was asleep for the night, so we knew grandma could handle her, and I needed to pick up her meds from the pharmacy. Mike and I went to pharmacy together then sat outside a coffee shop at 10 pm at night for our first ‘real date’ in over a year. We still laugh about how ridiculous that probably sounds to ‘normal’ couples who go on cruises and vacations and leave their kids with grandma regularly.”

“Our biggest on-going stressor as a couple is financial. We’ve had to change our lives so much that financially we’re not at all where we thought we’d be at this point in life.”

Mike says, “There have been numerous times our world has exploded and we feel like we can’t go on. In those moments we hold on to each other, pray for God’s help and let the calmness of the moment fill us with hope.”

What wisdom can you share with other couples?

“We got good advice from folks that we basically ignored out of ignorance. Things like don’t adopt out of birth order, don’t twin, don’t take more than one at a time,” Mary reports. Her advice would be “Don’t expect the holes in your marriage to do anything but get bigger and bigger in the face of this stress. Use faith and faith-based supports to get through it, but don’t expect your church friends to totally understand. Do surround yourself with folks who understand.”

“We use humor to keep going. It’s a major component of our marriage and one of the things we know attracted us to each other. We frequently quote Jimmy Buffett, ‘if we

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weren't all crazy, we would go insane'," Ann giggles. "So much has happened in our lives together that is not funny, but we find ourselves laughing at the absurdity of it all!"

"It's very easy to project your own disappointments onto someone else, especially your spouse," advises Sam, "you have to accept where you find yourself, not run off when it gets hard, and try to learn from the suffering."

"No one spouse can handle everything," Mike offers, "My wife makes most of the treatment decisions (even though we discuss them). I handle the finances and many of the household chores. Because she schools our daughter at home, I try to give her a break from our daughter when I'm home."

"The biggest hurdle for me is not to take what my children say or do personally. Learning to accept my kids for who they are and stop wishing they were someone else is important," Libby adds.

Can you offer other couples any hope or insight into blessings/positives from this challenging life you've led?

"I certainly would have led an easier, less demanding, possibly boring life if we hadn't adopted two children with attachment disorder. But it forces you to take a stiff look at your kids, yourself and life. We all have a basic goodness inside and it's our job to recognize that goodness in our kids and help them recognize it too," Libby opines.

"Sadly we pretty much consider ourselves to have three kids, because the older two adoptees are essentially out of the picture by their own choice. I've matured to the point that I'm not triggered by their stuff like I used to be. Our youngest adoptee is definitely our payback. We wouldn't have had the blessing of her had we not walked the path we walked," Mary offers. "I am a deeper, more compassionate person, and I was FORCED to work on my own baggage much more actively and purposefully than I would have otherwise."

Mike says the hope comes in the incremental improvements. "Be an advocate for your child and your family," he adds, "Don't take no for an answer or let anyone tell you it's hopeless."

"The blessing I see clearly right now is how strong we're

all becoming," Ann comments, "our older children especially. As hard as it was in the earlier years for the attention to be diverted from them and watching them sacrifice for their little sister, I know it's made them more compassionate, kinder and more purposeful about the importance of family and relationships."

"I don't see how you face this without a deep acceptance," says Sam, "From that travail comes an earned wisdom that we are more than the accidents of our birth. We are at the core an expression of the divine. This helps me see the divine in my kids, and the world and hear it in my beautiful wife's voice and see it in her eyes."



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Individual (parent) memberships are only \$35 annually.

Professional memberships are only \$75 annually.

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- Call or email Lorraine and she can help you:

240-357-7369 lorraine@attachtrauma.org

Piece of My Mind

Happy Valentine's Day! By the time you've read this far, I hope you've noticed this isn't our typical *Hoofbeats* newsletter – it looks different. Since receiving the first of our Pepsi Grant money in November, we've been busily working on several projects and programs that will be launching in the coming weeks. We are **SO EXCITED!**

The first noticeable change is our new logo and new "brand". The new logo, our "hand in heart" logo was chosen to communicate clearly what our work is about – helping hearts. The hand can represent that of a parent or therapist, reaching in to help a traumatized child's heart heal. Or it can represent the supporting hand of ATN reaching in to help the wounded heart of a parent. The message we hope this conveys is that ATN is all about actively helping to heal hearts and supporting those with trauma and attachment disorders. The tagline, "Touching Trauma at Its Heart" sums up our purpose. Since ATN was founded in 1995, we've used the zebra/horse logo and the radzebra brand. The zebra/horse analogy of how our children's needs differ from those of typical children has been meaningful for many of us, but it is very hard to communicate quickly to those outside of our ranks. It was not an easy task to find a symbol that conveys the complexity of our lives in a way that the public can understand. And there are so many who need to know about ATN and the importance of a supportive network when parenting children who struggle to attach and overcome trauma.

So the newsletter has been renamed *The ATN Networker*. We hope the articles and information provided here will continue to connect you to other ATN members, give you the latest information about attachment & trauma, and **FILL YOU WITH INSPIRATION**, ideas and practical tools as you help the traumatized and attachment-disordered children in your life.

And there's so much more that we're up to. By early March we will have launched our Support Buddies



Julie Beem

ATN Executive Director

program, a peer-to-peer support initiative that will link ATN members in groups of 3-4 for personal weekly support. Support Buddies will provide inspiration and accountability for their fellow buddies to take better care of themselves as they learn to better help their children. It's our hope that this program will allow members to meet in-person and develop **DEEPER SUPPORT RELATIONSHIPS** than ever before. There is more on the Support Buddies program in this issue of the *Networker*.

Also in March you will hear more about *ATN's Learning Center*, a website dedicated to online education about attachment & trauma. Many of the courses offered there will be developed by ATN, but others will be webinars, seminars, books and offerings from other organizations and individuals partnering with ATN to provide you with the best education on attachment and trauma found anywhere. The Learning Center is a major initiative funded by the Pepsi Grant and we're thrilled that it is rapidly coming to fruition. *ATN's Learning Center* is an example of our commitment to **COLLABORATION** with others, both professionals and parents, in the field, to provide the best education and support possible to parents and families.

The other major initiative of the Pepsi Grant is to **GET THE WORD OUT**. This is actually happening within several projects. One is by reaching out to professionals and expanding our database of resources. This project will be receiving lots of attention over the next 3-4 months as we develop a comprehensive, searchable database on our website. The other is through using social media – Facebook, Twitter, YouTube and others. We're out there and our presence is growing. But both of these initiatives could use your help. You have the opportunity with this first issue of *ATN Networker* to help us grow. Please share this newsletter with at least five other people who could find it useful. It's easy – just forward the email. Then, send the names and emails of

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the five people you've shared us with to us, along with your name and email, and you'll be entered in our drawing. The prize? EMK Press has graciously offered to give our winner a free book from their library. How cool is that?

Remember that ATN is powered by volunteers...our members! If you have an interest in tweeting, chatting, blogging, posting or helping us expand our social media reach, let me know! If you will have availability in the late spring and through the summer to help contact

professionals to update our database of resources, let me know. Both are great opportunities to help ATN reach even more families.

So things are changing and moving forward at ATN. We'd love to hear from you about any of these changes and new programs. The goal is what it's always been – to **SUPPORT, EDUCATE and ADVOCATE** for families of traumatized children. How are we doing?

Attachment & Trauma Network, Inc.



Touching Trauma at Its Heart

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Anything We Can't Find, He Stole!"

The "Why" and "What to Do" about Stealing

By Arleta James, PCC

The title of this blog is actually a statement made by a typical child. His complete comment was, "Anything we can't find he stole! Why are you asking me where your ring is? He stole it! Go ask him!" This resident child lives in a family comprised of four birth children, ages 12-18, and an adopted son. The adopted young man arrived in the family, at age 11, with a history of abuse and neglect as well as multiple-foster care placements. However, it isn't uncommon to adopt a very young child—international or domestic—only to have the child grow into stealing—a behavior that can continue long-term.

Stealing wreaks havoc in adoptive families! Parents notice money missing, food wrappers stuffed under a couch, pantry items in a state of disarray or cell phones gone from the charger! Pens, pencils, string, paper and so on vanish! The teacher calls about books missing from a book fair, disappearing classroom supplies, or snacks being taken from classmates' lunches! The typical siblings, once again, can't find their iPods, DS, DS games, jewelry, makeup, favorite sweater, etc. The entire family is negatively affected by stealing as well as the adoptee's future is jeopardized.

Parents are informed by friends, family members, and professionals that, "all kids steal." While there is truth to this statement, most children learn that stealing is wrong—thievery usually ceases after a few thefts coupled with appropriate consequences. Yet, in the case of the adoptee that has experienced trauma, pilfering continues—day after day, month after month and year after year!

The purpose of this article is to answer two questions:

Why do traumatized children steal?

What can be done to help a child stop stealing?

Without further delay...

Why Do Traumatized Children Steal?

There are a number of root causes that lead a child with a history of neglect, abuse and abandonment to steal:

- "I communicate through behavior."
- "Trauma interrupted my development."
- "I want what my siblings and peers have."
- "I think things make me feel better."
- "I think things make me feel better."
- "Stealing kept me alive."
- "My birth parents stole."
- "I want other kids to like me"
- "I am having drug or alcohol problems."

Let's examine the first three bullet points— underlying causes of thieving—today and the remainder on Thursday.



"I communicate through behavior." We must come to understand that traumatized children communicate their emotions via their negative behaviors. There are many reasons for this. For example, the child who has been beaten, raped, abandoned, institutionalized, separated from siblings and/or moved from foster

home to foster home has internalized intense feelings as a result of these traumas. Inside, she feels rage, sorrow, hopelessness, helplessness, profound sadness, frustration, loneliness and lost. Who wouldn't? Yet, he has little opportunity to talk about these experiences and resolve the emotions. As adults, we prefer to wait for the child to tell us what happened to him. Or, we are waiting until she is "old" enough to process the trauma. Or, we expect that children will simply "get over it." Somehow, on their own, they will process being physically abused

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or neglected, or why their birth parents' chose substance abuse as a way of life. We seriously need to re-think all of these adult misperceptions. In reality, many traumas occur when children are young. They have very little or no language development. So, they don't have the words to express what has happened to them. Instead they attempt to show us with their behaviors. Their hope is that we will recognize their messages and provide the example—role-model—to talk about feelings and profoundly overwhelming experiences.

When it comes to moral development, we again believe this will all fall into place with a “good home” and “enough love.”

Applying the above to stealing, the stealing is a way to communicate, “I feel stolen.” If we stop and think about this a moment, this makes some sense. Many children are going about their daily routine in an orphanage when, a family arrives—total strangers. In very short order, the child leaves the institutional setting, boards a plane and lands in a new country! Who wouldn't feel stolen? American children are abruptly removed from their birth parents in a similar manner. Social workers pull in and gather the children. A few hours later, the children are dropped off at a foster home. Little explanation is provided about such moves in either domestic or international adoption.

“Trauma interrupted my development.” All human development occurs by a series of stages. A baby learns to roll over, sit up, crawl, pull to a stand, walk, run, jump and skip in an order.

Moral development is also a series of stages. In the first year of life, sequencing is absorbed by the brain. Sequencing is followed by the development of cause-and-effect thinking a about 18-months of age. Then, conscience development is initiated. This is a process which involves acquiring and assimilating the rules about what people should do in their interactions with other people. This process consists of three stages. In ***pre-conventional reasoning***, the stage of pre-

schoolers, moral thinking is based on rewards and self-interest. Children obey when they want to and when they think it is in their best interest to obey. What is right is what feels good and what is rewarding. ***Conventional reasoning***, the moral development of grade school age children, sees children adopting their parents' moral standards, seeking to be thought of by their parents as a “good girl or boy.” ***Post-conventional reasoning*** is the highest stage at which the person recognizes alternative moral courses, explores the options and then decides on a personal moral code (Santrock, 1995).

It is common when children enter foster care or arrive home from a foreign orphanage that parents must obtain physical and/or occupational therapy to enhance the child's ability to get walking or hold a fork, knife or spoon. We all seem to accept these types of delays which result from the neglect of the child's pre-adoptive environment.

Yet, when it comes to moral development, we again believe this will all fall into place with a “good home” and “enough love.” These are misperceptions that must be shed as well. Actually, adoptive parents may find that the adopted child displays pre-conventional reasoning well into adolescence or beyond. Helping cause-and-effect thinking fall into place and facilitating a healthy respect for rules and authority can take years!

In the meantime, the child who is chronologically one age, and morally a much “younger” child steals. She does not possess the development to move to conventional reasoning in which she values parental trust, or being viewed as a “good” girl by parents, teachers, coaches, the Girl Scout leader, etc.

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“I want what my siblings and peers have.”

Certainly, we all remember wanting to have the possessions and clothing that all the kids—especially the “cool” kids—had when we were in junior high and high school. Well, troubled kids are no different in this respect. But, because of their behaviors and developmental delays, they haven’t “earned” trust, or exhibited the maturity to handle the privileges associated with their age. Angry about being denied amenities or desperate to “fit in”, they take the cell phone or latest CD. They sneak out of the house to go to the mall or movie. As stated above, their lack of cause-and-effect thinking renders them unable to understand that such actions only serve to compound their ability to obtain desired freedoms and possessions.

“I think things make me feel better.” Likely, you all have a friend or neighbor who must have every latest gadget or electronic device. Or, you know someone who shops so much their credit card debt is exorbitant. Many children that have experienced trauma have attachment difficulties or Reactive Attachment Disorder. Such children lack intimate relationships. Their pre-adoptive experiences have led them to believe that adults can’t be trusted or that they are so bad they aren’t likeable to anyone. Frequently, these children attempt to stock up on things as if having things will fill up the emotional hole created by abuse, neglect or abandonment. Lacking the finances to support this habit, they steal.

“I have no boundaries.” Sexual abuse and physical abuse are boundary violations of the utmost degree. The child loses all control and any sense of “privacy” or “personal” when being invaded in these atrocious ways. Once placed in an adoptive home, these boundary issues fade very gradually. In the meantime, entering anyone’s bedroom, going through Mom’s purse, taking a classmate’s new and pretty pen all seem acceptable to the child previously abused.

“Stealing kept me alive.”

Carrie lived with her birth mother until she was six-years-old. Frequently, the birth mother would leave Carrie and her two younger sisters home alone. Days would pass before she returned. Hungry, Carrie would leave the apartment and rummage through the

garbage for food. She also learned the mini-mart, on the corner, displayed fruit on shelves outside the store. She became astute at waiting for the clerk to become occupied with a customer. She then grabbed some apples or bananas and rushed home. She shared her feast with her sisters.

Carrie and her sisters entered foster care because she was eventually caught stealing some oranges. But, once in care, this stealing behavior continued. Carrie simply could not believe that she wouldn’t be without food again. So, nightly, she rummaged through the cupboards—her bedroom was replete with empty yogurt containers, pop cans, candy wrappers, apple cores, chip bags, etc. Carrie believed that “stealing” was the way to stay alive.

International children are not immune to this factor. One youngster said in therapy, “The kids are like cats and mice in the orphanage. The mice kids try to hide when they eat or keep their plate close to their mouth so the cat kids don’t take it.”

Frequently, these children attempt to stock up on things as if having things will fill up the emotional hole created by abuse, neglect or abandonment.

“My birth parents stole.”

Paul’s birth father had been arrested numerous times for the theft of small electronics. Paul has vague memories of cameras, hand held games and phones being stuffed in his diaper or underwear between his birth father’s period of incarceration. Paul also remembers being with his birth father when he “fenced” these items. Paul can clearly recall the exchange of money.

Paul, now an adopted adolescent, is following in his birth father’s footsteps. Most recently he was arrested in a popular chain store for—you guessed it—taking small electronic items.

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You know, we all repeat the patterns of our family. I'm sure you remember, at some point in your life, vowing, "When I have children, I'll never say that to my own kids?" Then one day you shout,

- "No dessert until you clean your plate!"
- "Turn off the lights. Money doesn't grow on trees!"
- "Close the door! Were you raised in a barn?"

You think, "Oh my goodness, I have become my mother!" or "I sound just like my father!" Traumatized children are no different except the patterns they learned, in their families of origin, are often illegal or unsafe.

Changing a learned pattern of behavior is no easier for a child than an adult.

"I want other kids to like me." In my previous post, [The "Eyes" Have It](#), I pointed out the difficulty children with a history of complex trauma—international or domestic—have with self-concept. In essence, they feel "bad", "unlovable", "dumb", "stupid" or "defective." These poor self thoughts are because they have mistakenly blamed their traumatic experiences on themselves—"My birth mom gave me away because she didn't like me." "I couldn't stop my birth father from sexually abusing my sister. I should have been able to stop it." "If I were a better kid, someone in my county (of origin) would have adopted me."

This self-concept carries over to peer relationships. Adopted sons and daughters think the way to make friends is to provide class or teammates trinkets or money. Jewelry, pocket change, candy and so on



disappear from the home only to appear in the hands of neighbors, youth groups members, karate partners, etc.

"I am having drug and alcohol problems." Sadly, factors such as abuse, coming from a family history of addictions, etc. makes it more likely to go on to develop a drug and/or alcohol problem. For example, sexually abused adolescents are eighteen to twenty-one times more likely to become substance abusers.

Stealing is a common way to finance a drug problem. Parents need to be aware of the signs and symptoms of drug addiction to benefit ALL of their children:

- Changes in mood—anxiety, anger or depression
- Weight loss or gain
- Withdrawal or keeping secrets from family or friends
- Loss of interest in activities that used to be important
- Problems with schoolwork, such as slipping grades or absences
- Changes in friendships, such as hanging out only with friends who use drugs
- Spending a lot of time figuring out how to get drugs
- Stealing or selling belongings to be able to afford drugs
- Failed attempts to stop taking drugs or drinking
- Changes in sleep habits
- Feeling shaky or sick when trying to stop
- Needing to take more of the substance to get the same effect

Now that we have looked at the reasons for stealing, we'll turn our attention to the solutions!

Solutions! Solutions! Solutions!

So far, we looked at a number of the reasons that cause children with a history of abuse, neglect, institutionalization and abandonment to steal. We also discussed that these children don't simply "grow out" of this behavior. Stealing can go on for years! This behavior generates conflicts among all members of the adoptive

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family. The emotional climate of a once happy and peaceful family, changes to an environment of anger and suspicion. Angst sets in as parents ask, “What will happen to our daughter if she doesn’t stop stealing?” “How we can instill morals and values in our other children?” The typical children wonder, “Why can’t my parents make him stop stealing?” and they comment with resentment, “I would never get away with that!”

A Menu of Solutions

Regarding solutions, we must always keep in mind that making behavioral changes takes time. If you think about trying to diet or add regular exercise to your daily routine this point becomes obvious. Changing stealing will be a similar process for both parents and the adopted child—there will be steps forward, then regression and then eventually permanent changes.

The Menu of Solutions...

Our menu selections correspond with the underlying factors causing stealing as identified in this article...

“I communicate through behavior” was one factor described in part 1 as perpetuating stealing. In fact, I have worked with many children who think they were stolen. Let’s use Alice as an example:

Alice is age 9. She was adopted when age 4. One evening, at age 1½, social workers arrived at her birth home and removed her. Her birthmother did not participate in reunification efforts and so she never saw her birthmother again. Her perception of her removal is that she was “stolen.” This is certainly understandable. What else would a toddler think when women come into your home, take you, and then give you to another family? Alice has stolen on a regular basis since coming to reside with her adoptive family. Jewelry, video games, pens and pencils disappear routinely despite consequences much to Alice’s dissatisfaction. The only way Alice feels able to demonstrate her confusion, anger and sadness for the loss of her birthmother is to reenact the event of stealing.

In order to assist Alice, we first created a narrative, a “story”, to help her correct her irrational perceptions. **The narrative is truthful and factual.** Alice’s “story” contains statements like,

“You lived with your birth mother, Tara, in an apartment building. A neighbor heard you crying for a long time. The neighbor also realized that she hadn’t seen Tara for several days. Concerned, she called the police. They came and found you alone. Your clothes were dirty and you were hungry. The police called the social workers. They came and took you to Mom and Dad’s house. First, Mom and Dad were your “foster parents.” Foster parents take care of you until you return to your birth family or until you get adopted. In your case, Tara, decided she couldn’t be a Mom. So, Mom and Dad became your adoptive family—they will be your family until you are all grown up! You will live with them when you are 10, 11, 12 and so on. Even when you are an adult with a family of your own, Mom and Dad will still be your parents.”

This narrative is part of Alice’s lifebook. She made drawings to go along with her story. After many repetitions/reviews of the lifebook, Alice’s stealing ceased. She finally realized that she wasn’t stolen. She was able to learn to verbalize her feelings of anger and sadness for Tara’s actions. She no longer needed to use a behavior to let her Mom and Dad know what she thought and how she felt. She learned that Mom and Dad did not keep her from Tara. There was no reason to be angry with Mom and Dad.

The narrative can also be utilized to cease **“My birth parents stole”** as well. The “story” can have as its goal a **past-present connection** to negative behavior. Betty, age 12, stole chronically. She was adopted at age 2 after both birth parents were incarcerated for robbing and then selling the stolen goods. Throughout the process of making her narrative, it was calmly presented,

“You have the choice to act like Mom and Dad or your birth parents. Which choice seems better?” Again, with repetition, Betty began to take on the morals and values of her family. She recognized that Mom and Dad had the better life.



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The narrative, especially as part of a life book, is a powerful tool in healing the traumatized child. If you would like to help your child understand his past, *Lifebooks: Creating a Treasure for the Adopted Child* by Beth O'Malley is a wonderful resource. In my book, *Brothers and Sisters in Adoption*, I describe the narrative in detail and offer two sample narratives—see chapter 9.

Some may be uncomfortable sharing painful information with a traumatized child. It can be difficult. So, you may want to seek professional help. A therapist that is both adoption-competent and trauma-informed is often needed to do this work appropriately—with understanding of the unique needs of adopted families. Even if this means a drive, the end result will be worth the distance.

“I am having drug and alcohol problems.” It is heartbreaking to think that your child may be experimenting with or addicted to drugs. Unfortunately, as Part 1 pointed out, children that have experienced abuse are 5 times more likely to go down this path. As parents, early education is one key. Starting young, ages 4 and 5 or the day your older adoptee is placed with you, leave articles and pamphlets in plain sight. Talk to your all of your kids! Seek out community or church related deterrent programs. Monitor their Internet activities and block whatever is necessary. Invite their friends over regularly. In essence, know “who is” and “what is going on” in your child’s life to the best of your ability.

Also, educate yourself to the signs and symptoms of drug and alcohol use and abuse. Early detection means early

intervention! Seek professional help quickly.

Again, the narrative with its ability to connect the past and the present is another way to help your child think about whether or not he wants to go down the same road as his birth parents.

“Trauma interrupted my development” can again be gleaned using Alice as an example. Alice lacks basic cause and effect thinking. She repeats the same behavior over and over. She does not learn from her mistakes or from consequences. Adoptive parents will often find that traditional parenting techniques are rendered ineffective by the child like Alice. Time-out, removal of privileges, grounding, reward systems, etc. require that the child have cause-and-effect thinking in order to be effective. As explained in Part 1, cause-and-effect thinking is necessary for children to achieve moral development. Thus, parents need tools that facilitate development. That is, parenting strategies must build cause-and-effect thinking and lead to internalization of the moral system of the family.

Natural and logical consequences will solve many behavioral problems while simultaneously moving arrested development forward. Parents want to read *Parenting with Love and Logic* by Cline and Faye (also available as DVD or CD). Once acquiring the knack of implementing natural and logical consequences, parents will find that parenting becomes more enjoyable again! Here are some natural and logical consequences for stealing:

The thief may pay for the item stolen. Payment can be money or chores. If chores are problematic, the next time you are in the store you can be sad for the child as you say, “Well, I’d like to buy you that shirt. However, I’m putting that money toward the CD player you took from your sister.” Once home, hand the child who has stolen the CD player the money and have him give it to his sister. He needs to “see” the exchange of money.

The next time you are out to dinner, order the child with a stealing problem a less expensive menu item or a water instead of a pop. Calmly state, we will be putting that \$1.50 in a “missing” fund. That way, when something is missing, we’ll have the money to replace it.” Once home, write a \$1.50 on a slip of paper and place it in a jar (paper likely won’t disappear from the jar as would

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actual money!). Traumatized children need to “see” and “hear” information.

The child with “sticky fingers” needs to return the stolen item—to the family member, store, teacher, etc. This includes making an apology which has two parts. The “I am sorry” and then, “How can I make this up to you?” Keep the latter part simple for your own sake. Yet, do carry it out. This is “restitution” and it is a critical component of achieving moral development. The stealing child must learn to repair relationships when he has violated another or hurt their feelings.

The car may not need to move. A parent who has invested time in locating their cell phone may just be too tired to drive to the mall or soccer practice. If you feel guilty about the impact on teammates, think again. Stealing can lead to court intervention in the adolescent years.

Once you have carried out the natural and logical consequence, move on! Don’t say, “See, how do you like it?” “How does that feel?” This is anger talking and anger renders the natural and logical consequence ineffective.

Also, keep in mind, it takes nature about 18 months to create cause-and-effect thinking in a human being. Likely, you will need to implement natural and logical consequences at least this long to accomplish the same. Learning and utilizing this parenting tool will be for the long-term.

Lastly, under this topic of “trauma interrupted my development”, please know that grief delays development. So, combining the narrative **and** natural



and logical consequences is the Batman and Robin or the “dynamic duo” in healing your traumatized adopted child.

The narrative provides the rationale to correct faulty thinking, and to facilitate grief. Once the grief flows, the skills instilled with the Love and Logic will take hold and the child will sail ahead with gains in cognitive, social and emotional development!

“I want what my siblings and peers have.” I think this is one of the most difficult areas in adoptive parenting. Privileges are typically doled out in accordance with the child’s age. However, as we discussed in Part 1 and 3, adopted children with a history of trauma, are immature. So, often, they don’t have the level of responsibility for the privileges they see others their age getting and using.

Many battles center around, iPods, cell phones, going to school dances—especially formal events—and so on. Let’s provide an example.

Brady, is now 14. He was adopted 5 years ago. Over time, he has stolen from every member of the family! Most recently, he has taken to stealing his Mom’s and his sister’s, Pam (age 14) cell phone. It disappears from their purses and the chargers. He feels, as the older brother, that he is entitled to a phone. Mom, Dad and Brady have had frequent, heated battles over the phone. They prefer Brady “earn” his phone. While this is reasonable parental thinking, it is unlikely this will happen. Brady has never worked for rewards. It is improbable he will ever actually earn a phone.

This family must make a decision. They could continue the conflicts or they can solve the problem in a manner that is not as palatable, yet in a way that would restore peace to the home. Frequently, parents need to weigh issues in this manner—is the phone worth the battle?

In this case (and in many others I have worked), parents opted to purchase an inexpensive, pre-paid phone. With the capacity to review the call history and monitor how much “talking” time can be utilized, this often solves the problem. Actually, Brady, like many other adoptees, I have worked with, just wanted a phone so he could “look like” all the other kids. He had few friends and so, had few calls to make. But, having a phone made him feel

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more “normal.”

Yes, I am suggesting that when safety issues don't dominate, you can “give in” in order to “win.” You “win” peace to your home. ***I am not suggesting we accommodate the every wish of any child. But, I am suggesting that, at times, the battle over an electronic device just isn't worth the price to the entire family!***

Speaking of price, eBay makes it easy to purchase iPods, Gameboys and just about anything else for much less than the cost of new. Nicely gift wrapped, the item is accepted. Purchasing for less can be the solution for the child who “loses” or “breaks” everything she is given. Refer back to Part 3, “I communicate through my behavior.” I, too, would feel lost if I was abruptly moved to America from a foreign country, or moved through a series of foster homes. I, too, would feel broken if my body was beaten or used for sexual purposes. To repeat—behavior is a way that children who have experienced trauma let us know the past issues that remain painful and confusing.

Compromising is also a way to avoid the “battle.” When Katie, age 16, wanted to go to the prom, her parents were concerned. Katie, adopted at age 3, was very much like an 8-year-old. Her Mom and Dad worried that Katie could get involved with drugs or be sexual in such a situation. Their “compromise” was to allow Katie the privilege ***and*** to be there as chaperons. In this manner, Katie could safely experience this “normal” 16-year-old event.

Notice, I use the word “normal” quite a bit. Traumatized children can't learn to “act their age” unless they see “their age in action.” Overall, I believe parents are the primary source of development for any child. However, all children also need to have enough “normal” peer interaction to “see” what it is they should be striving to attain.

“I have no boundaries.”

“Mom, he's been in my bedroom again!” “Dad, he's in the bathroom with the door open!” Understanding the right to personal privacy of self and others is a long time coming for the child used to the group living of the orphanage or the child who resided in an abusive birth family.

Yes, I am suggesting that when safety issues don't dominate, you can “give in” in order to “win.” You “win” peace to your home.

While I am certainly not a strong proponent of families living with locks, there are homes in which lock boxes solve many issues when one or more children have “sticky fingers.”

Donna and Bob parent 9 adopted children. Two pilfer on a regular basis. The arguments over where a favorite necklace, sweater, book, pair of shoes and so on were daily—this situation was time consuming and overwhelming! Each child was provided a lock box and given appropriate instructions—place anything truly valuable to you in your lock box. From that point on, Donna and Bob could simply reply, “Oh, it must not have been in your lock box.” Soon, the fights diminished significantly! The children learned that Mom and Dad were no longer going to engage in this problem. Mom and Dad had put the problem on the children to handle.

Shifting the responsibility for the problem onto those with the problem is a wonderful parenting tool. As parents, you don't have to take on every battle. Let the kids learn to generate their own solutions or use the tools you have already given them.

Matt and Margo handled the stealing among their 6 children differently. The 4 children who were not thieves were given a list of the missing items. Next to each item was a dollar amount. This was the amount paid to the child who found the item. This made the stealing problem into a fun “scavenger hunt.”

We must realize that emotional distance is safe. That is, parental and sibling anger feel safe to the child who has had one failed relationship after another. Really, does anyone like to be “dumped” by a boyfriend, girlfriend, husband or wife? The child with a history of complex trauma has been dumped time and time again. Anger, to this son or daughter, creates distance in

familial relationships. Anger inhibits attachment. Thus, the traumatized child thinks, “If I don’t get to close, it won’t hurt so much when you dump me.” Stealing almost always guarantees an argument. So, stealing is a sure fire way to protect an already broken heart. The scavenger hunt was a change in the emotional response of the parents, brothers and sisters to the pilfering children. Rather than a conflict, the family played a game! A calm or fun response increases the level of parent-child attachment. And, attachment, in turn, is the context in which all development occurs. Enhanced attachment facilitates the developmental growth necessary for the child to pass from the robbing phase to the honesty stage!

Go ahead, have some fun with difficult behaviors and see what happens!

“Stealing kept me alive.”

Stealing, under this category, often involves food. Oh my, the food issues abound in adoption! Undereating, overeating, eating slow, binging, being picky and hoarding! Hoarding is usually a sign of food deprivation early in life. These kids are just not going to be without food again! Many kids are up in the middle of the night raiding the refrigerator. Others’ bedrooms are littered with wrappers, empty pop cans, empty containers, half-eaten sandwiches and more! I have worked cases where the odor of rotting food permeates the home! What is a parent to do?

I find the most effective intervention is again to “join in” and have some fun with this behavior.

Chris and Tara adopted Danny at age 18-months. He arrived from a foreign orphanage in which he received less than he needed to eat. He continues to hoard food today at age 9! Tara and Danny have tired everything to cease this behavior! Finally, they tried “joining in.” They filled 50 or so baggies with snacks—five M & M’s in one bag, five goldfish crackers in another, five cheerios in a bag, etc. The bags would be placed in a basket and Chris could help himself to snacks anytime he feels he needs a snack (Keck & Kupecky, 2002). Chris “sees” a lot of food, but each bag actually holds little, and many of the bags have been filled with nutritious items. Yes, Chris may eat many bags over the first few weeks—perhaps as long as 10 to 12 weeks—as will the other children in the home. However, a few weeks



later all the kids, including Chris, will taper off. Chris will realize there is always food in the home. The other kids will have learned their parents were right—too many snacks ruin dinner!

Stealing almost always guarantees an argument. So, stealing is a sure fire way to protect an already broken heart.

As another and different example,

Lisa, age 11, was adopted from the foster care system age 3. She was removed from her birthparents as a result of severe neglect. She has always “collected” household items. As a pre-schooler, this included shoe boxes, little pieces of fabric and bottle caps. Once she entered kindergarten, pencils became her object of choice. She would arrive home with 5, 6 or more pencils. Fellow students were always looking for their pencils! This has continued through each grade. Her fifth grade teacher, Mrs. Baily, a wise woman, purchased an array of pencils after a consultation with Lisa’s mom. Each day, she gave Lisa several pencils throughout the day. The pencils were different colors, some were fat, some were skinny, some had animal shaped erasers and some had writing on them like, “great job.” Lisa loved these pencils! She looked forward

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to getting to school to see what pencils she would receive from Mrs. Baily. This very economical solution ceased the disappearance of class mates' pencils. After several months, Lisa, on her own, said, "No thanks, Mrs. Baily. I think I have enough pencils now."

You can "join in" with lots of behaviors! Doesn't this seem more fun than arguing and doling out consequences? The whole family benefits when the home climate is saturated with giggles and fun

Also, many of you are wondering where the solutions are to "I want other kids to like me" and "I think things will make me feel better." These are in the article "Nurture: The Ring that Holds All the Keys" available on my website, www.arletajames.com, under the articles button.

ATN Professional Member Directory

These professionals believe in ATN's mission and have joined us as Professional Members

Attachment Institute of New England

Worcester, MA
508-799-2663

www.attachmentnewengland.com

Therapists: Ken Frohock, LMHC, LPC
Peg Kirby, Psy.D., Joseph Lyons, Psy.D.
Suzanne Allen, Ph.D.

Beatitude House

Matthew Bradley, MSW
Waynesville, NC

www.beatitudehouse.org

(828)926-5591

Cono Christian School

Thomas Jahl, Headmaster
Walker, IA

thomasjahl@mac.com

<http://www.cono.org/>

319-327-1085

Shirley Crenshaw, MSW, LCSW

Crenshaw, Inc.
St. Louis, MO

screnshaw@charter.net

<http://www.attachmenttrauma.com/index.html>

314-374-4753

Lark Eshelman, Ph.D.

Chestertown, MD

lark@larkeshleman.com

<http://www.larkeshleman.com/index.php>

410-778-4317

Nina Jonio

Neurodevelopmental Solutions
Gresham, OR

nina@neurosolutions.org

<http://www.neurosolutions.org/>

206-910-6088

CALO

(Change Academy Lake of the Ozarks)

Lake Ozark, MO
Ken Huey, Ph.D.

ken@caloteens.com

573-365-2221

Center for Attachment Resources & Enrichment (C.A.R.E.)

Decatur, GA
404-371-4045

www.attachmentatlanta.org

Therapists: Barbara S. Fisher, M.S.

Janice Turber, M.Ed.

Jennie Murdock, LCSW, LMT

Lehi, UT

Jenniem1951@gmail.com

435-668-3560

Lawrence Smith, LCSW

Silver Spring, MD
301-588-1933

lbsmith@md.net

www.attachmentdisordermaryland.com

Support Buddies is Coming...



In March, ATN will launch a pilot of our Support Buddies Program, offering peer-to-peer support. ATN members who sign up to be buddies will be tasked with motivating and holding each other accountable for better self-care.

There's significant research that shows family peer-to-peer support programs are invaluable in overcoming the challenges of raising and supporting children with mental health issues, and our families are no different. In addition to our online support groups, we hope this program will provide direct support that energizes parents and helps each of us to realize: You're Not Alone!

Here's how it will work: ATN individual members who want to participate will submit an application and tell us how they'd like to be matched with 2-3 other ATN individual members (geographically or by their family make-up). Groups of 3-4 "Buddies" will be matched.

Buddies will commit to contacting each other at least once a week (phone, email or hopefully in-person when they can). Buddies will also agree to attend a basic training course (online) and participate in at least one online support chat quarterly. Peer Support Liaisons will conduct the training and be available to help the Buddies Teams if there are situations or crises that arise.

Since this is a pilot program, ATN will ask the Buddies to participate in surveys and give feedback as to the effectiveness of the program.

The goals of the Support Buddies program are:

- Better self-care for those therapeutically parenting their traumatized children.
- Reduced feelings of isolations among the parents who participate.
- Opportunity to develop healthy, supportive relationships with others who are in similar situations.

ATN Members will be receiving emails about this program, but in the meantime, if you know you want to be a part of this program, send an email to Kay Brooks, Support Buddies Coordinator, at kacy-b@sbcglobal.net and she'll make sure you get an application when we launch this program in the coming weeks.

Attachment & Trauma News



- In January, the American Academy of Pediatrics issued a policy statement entitled: *Early Childhood Adversity, Toxic Stress and the Role of the Pediatrician: Translating Developmental Science Into Lifelong Health*. This statement calls for pediatricians take a more active role in identifying children and families at risk, taking a more proactive leadership role in educating parents, teachers, policy makers and others as to the long-term consequences of toxic stress on a young child's health. It also calls for pediatricians to be vocal advocates in the development and implementation of new, evidence-based interventions to reduce or mitigate the adverse effects of toxic stress (ATN would call it trauma) on young children. To download and share this policy statement with your favorite pediatrician, here it is: <http://aappolicy.aappublications.org/cgi/reprint/pediatrics:129/1/e224.pdf>
- The Center for Disease Control (CDC) released their estimates of the public health cost of child abuse and neglect. The number is a staggering \$24 billion! This is even more evidence that trauma & attachment problems are huge, and impact our society in a big way! Check out their statement here: http://www.cdc.gov/media/releases/2012/p0201_child_abuse.html

Help Others—Win from EMK Press

Normally the ATN Newsletter is just sent to members. We are asking you to help spread the word about ATN and forward this on to anyone that you know who would benefit from this information. It's already electronic, so all you have to do is forward the email.

EMK Press, a fabulous adoption publisher, is kindly partnering with ATN to reward you for sharing ATN with others. For each 5 people that you forward this newsletter to, you will be entered into a drawing for a gift from EMK Press.

“EMK Press is a publisher of books for families whose lives have been touched by adoption, domestic or international. We also support families who are foster parents and youth in care. We have books to help parents do a better job of parenting the children who have come to them, we have books for children that allow them to voice their thoughts and feelings, and we have a book for teens to help them understand they aren't alone.

Current books include: *Adoption Parenting: Creating a Toolbox, Building Connections* edited by Sheena Macrae and Jean MacLeod; *Pieces of Me: Who do I Want to Be?* an anthology for adopted teens edited by Robert L. Ballard; *We See the Moon* by Carrie Kitze, a

book that helps children connect with missing or unknown birth parents; *Forever Fingerprints, An Amazing Discovery for Adopted Children* by Sherrie Eldridge; *I Don't Have Your Eyes*, a book for attachment and attunement when parent and child look different; and *At Home in This World, A China Adoption Story* by Jean MacLeod. Our newest book is *The Foster Parenting Toolbox*, edited by Kim Phagan Hansel.”

How this works... Send the **name and e-mail address** of the 5 people that you share the newsletter with to Kelly@attachtrauma.org. These names will be added to our database to receive future information about ATN. For each 5, your name will go in the drawing one time. A winner will be chosen on March 31, 2012. The winner will be notified, and put in touch with EMK Press to claim the prize. You may choose up to \$50 worth of products from EMK Press! Limited to US Residents only.

Help spread the word about ATN, and help other families in need. This is an easy way to pay it forward.

And check out EMK Press at www.emkpress.com.



Upcoming Attachment & Trauma-related Workshops

February 29, 2012. Hope for Healing: Attachment Training for Professionals & Parents, Presented by Mary Jo Land and Lois Ehrmann, Ph.D., Centre Hall, PA. www.attach.org.

March 1 & 2, 2012. How to Build a Winning Team to Heal a Challenging Child. Presented by Nancy Thomas, Blairsville, GA. Sponsored by Respite Retreat, Inc., www.respiteretreat.org. 706-897-4237.

March 3, 2012. A Better Chance for Our Children Parent Workshop featuring Mary Lou Edgar, Wilmington, DE, call 302-764-1890 for more info.

March 22, 2012. Snack, Play, Love: The Connection Between Nutrition and Your Child's Behavior. Live webinar featuring Karyn Purvis, Ph.D. Sponsored by Adoption Learning Partners, 7 pm central. www.adoptionlearningpartners.org.

April 20 & 21, 2012. Empowered to Connect Conference, Presented by Karyn Purvis, Ph.D. and Michael & Amy Moore, Mission Hills Church, Denver, CO. <http://www.showhope.org/AdoptionAid/PrePostAdoption.aspx>

April 21, 2012. Hope for Healing: Attachment Training for Professionals & Parents, Presented by Craig Clark, Jackie Meyer & Mary Jo Land. Santa Cruz, CA. www.attachtrauma.org.

April 21 & 22, 2012. Parenting in SPACE Workshop 2012. Lisle, IL. Sponsored by House Calls Counseling, Inc. www.housecallscounseling.org

April 29, 2012. Hope for Healing: Attachment Training for Professionals & Parents. Presented by Mary Jo Land and Mary McGowan. Huntington Beach, CA. www.attach.org.