Adoptive families are usually strong and healthy, absorbing the challenges an adopted child may face in amazing fashion. But even the strongest of families, at some time in their child’s development, may feel that another view of the child’s issues is needed to help make sense of the child’s past and to help the child thrive.

At that point, an experienced adoption therapist can help. However, for many families, consulting a therapist is a new experience, approached with some trepidation. Here are some tips as your explore this option.

**The Who: Seek Experienced Counsel**

Who is the best therapist? You may want to ask WACAP, your local adoption agency, or parents who have children with similar concerns. When you get a recommendation, don’t be shy. It can be a significant waste of time and money to go to an ineffectual or inexperienced therapist. A family once recounted that their older girl had been adopted after her mother had committed suicide, after her father had abused and abandoned her, and after she had lived in several very neglectful orphanages ... and shared their frustration that the therapist spent six months trying to find out why she was so angry.

**Be Forthright**

So, get real with a therapist! Ask these questions upfront, as suggested by Dr. Boris Gindis of the Center for Cognitive Development:

- How much experience do you have with internationally/domestically adopted children? How often do you treat children in this group?
- Here is a list of behaviors in my child that concern me (provide a list of your top five). What do you feel could lead to these behaviors?
- What type of training do you have in diagnosing and treating those behaviors?
- Have you had specific training for trauma issues?
- If there were an emergency, how would you proceed?
- Are you accessible on the evenings, nights and weekends? If you are away, who is your back-up?
- If the child got into some kind of difficulty with Department of Social Services/Child Abuse Services or police, how would you proceed?

Scheduling an appointment to interview the therapist before formally beginning therapy can be valuable for families, especially as parents work to establish themselves as the healer of a child. When kids interact with strangers (included therapists), they can sometimes be reserved about sharing their feelings, may present a positive front, or may exaggerate their situation — behaviors that to an
untrained eye could represent parents as clueless on one end of the scale or abusive on the other extreme. In your search, be mindful of the need to find a therapist who has had experience with children who have been adopted, who has insight into the varied ways they might respond, who will listen to your child, and who will also respect your role in the healing process. That need for background and discernment is why a therapist having experience with many adopted children is irreplaceable.

Make It a Family Affair

An adoptive family is really seeking “family therapy” that addresses how to integrate the child into the family. You are not bringing a child to be repaired like you would a car with a mechanical problem. Look for a therapist who understands you are seeking help for a much more complex issue, involving your whole family.

Therefore, be upfront in asking what your role will be in the therapy. Many therapists who treat abused and neglected children do so with foster children who don’t have a committed and involved family. The child is usually just picked up and dropped off by the foster family. The therapist then must seek to build a trusting relationship with the child so effective work on the child’s trauma can begin. The last thing you want is to have your child encouraged to build up a trusting relationship with a stranger when he or she doesn’t have that kind of relationship with you, the parent! Because you want your child to know that you are the source of healing, you need to be present during the therapy and have the therapist help you to engage your child in building trust, releasing anger, telling secrets and understanding feelings. The therapist in some ways can be a facilitator between parent and child. While children age 12 or older may indeed need and may profit from some private sessions that reflect their growing maturity, younger children need to have the parents be the primary healers.

The What: Beyond Attachment, Uncovering Trauma

There are many families on chat boards who have diagnosed their children themselves and who feel free to give others the benefit of their (in)experience. This observation seems especially true with attachment issues. The most efficient use of therapy is to provide concrete information about your child’s behavior; an experienced therapist will then be able to make an informed diagnosis based on facts, not impressions. In general, some argue it’s wiser to avoid “attachment therapists” in that many children brought to them are typically diagnosed with attachment disorder. Attachment disorder is tricky; it really tells us little except that the child has learned not to trust the world. Effective therapy goes beyond the mistrust and asks, “Why is this child so mistrustful?” The usual answer, of course, is trauma; it is trauma, not Reactive Attachment Disorder (RAD), which must be addressed. That is the reason for posing the question (listed above) to therapists about whether or not they have experience working with trauma issues.

Play: Keys to Your Child’s Past and a Therapeutic Tool

Don’t be shocked if the therapist just lets your child play with toys or plays board games with your child. Sigmund Freud wrote that “play is the work of the child” and it is through play that a child makes sense of his or her world. Playing with action figures, dolls, dollhouses, toy cars (especially police cars and fire trucks), drawing, or playing with sand, water or blocks: all these give clues to your child’s past. Watch your child play at home. Sexual abuse is often revealed in play with dolls, past trauma enacted with figures in the dollhouse, and any preoccupation with death and violence is revealed. One little boy’s
favorite toy was “wild west” handcuffs. Given money to spend in a toy store, a pair of handcuffs was the only toy he wanted. After his mother disengaged the locking mechanism, the child alternated between locking up bad guys and imprisoning others. His play mirrored his fear of the world and his desire for control: “I have to make the world safe,” or “I and those I love are always in danger.”

Many therapeutic board games have been developed to help children express feelings, learn cause and effect, and develop strategies for dealing with social situations. And every board game teaches patience, models turn-taking, and provides the chance for positive social interactions.

The When: Timing in Seeking Therapy

Identifying Behaviors

Another big question: “When should I seek therapy for an adopted child?” Because of the general discombobulating effects of the early days in a new home, waiting at least 3 to 6 months at a minimum is advised. That timeframe is usually enough to provide a sense of what stress behaviors are fading away and what are more persistent issues.

Considering Language Acquisition

But of course, for children who don’t speak English, a longer wait is usually needed so enough language skill has been acquired to make the therapy possible and worthwhile. Depending on the age of the child, that wait may be 6 to 12 months (up to 18 months). Just because your son or daughter understands your request to put on shoes doesn’t mean that child can talk about the feelings inside after locking up mommy in toy handcuffs.

Monitoring Progress

A lack of progress often is a good reason for beginning therapy. If a child is slowly, even ever so slowly, smiling more than once a day, is coming to you for a few more hugs each week, if tantrums are decreasing, if he or she doesn’t try to go home with strangers any more, then progress is being made. Keeping a journal is an excellent way to notice small signs of progress that can be easily missed in the everyday hurly burly of family life. Some notations could be, “He rode in the car today without trying to unbuckle the car seat;” “We went the whole day with only five ... or three ... or one ... or even no meltdowns;” “I was able to help Jenny with her reading without being interrupted by you know who!” Looking back, you may be surprised that those five meltdowns a day haven’t happened for a long time.

While therapy might be helpful to move things along, you are on the right track. However, if 6 to 12 months go by with little or no progress, don’t wait. At the very least, seek a consultation with an experienced therapist.

And very importantly, monitor yourself and your family. Are you finding yourself resenting this child on a daily basis? Is the whole family tiptoeing around this one child’s needs? Do you feel you have no marriage anymore? Are you totally exhausted and discouraged? Do your other kids not want to be at home anymore? No matter how recently the child arrived home, or how horrific the child’s past is, the time for therapy is here.
The (for) Whom?

Therapy for whom? You! Your spouse! Your other kids! Even if you can see that there is no way your child can engage in therapy at this point, you and your family members can. Remember, therapy is not just about the child but the whole family. It can be a chance for everyone to voice their concerns, to acknowledge that life with this new kid is hard, that it won’t be this way forever, that you are still a family.

Remember the instructions on an airplane when the oxygen mask drops down? If you are traveling with a child, who gets the mask put on first? You—so you can take care of the child! The message being that you have to make sure that you and your family are in the best shape possible to take care of your new child on this long flight into the world of your family. If the journey involves the expert help of another experienced person, accept and be glad that this help is out there. View your seeking help not as a sign of weakness or helplessness but as a sign of a concerned parent who gets all the help needed to allow a beloved child to grow and thrive.