

Adoption Crisis in Haiti

Adoption is suddenly in the news. After the earthquake in Haiti, thousands of children were left orphaned in a country that already had too many orphans. When life itself is at risk, adoption becomes both a solution and a threat.

To give institutionalized children homes quickly, President Obama expedited adoptions that were already in process. The joy of adoptive parents greeting their new children in Miami's airport was palpable. Hugs, smiles – and empty eyes – were everywhere. Although I wish that all adoptions could be expedited, I am also worried.



Do the new parents know that danger turns normal expectations upside down? Institutionalized children love instantaneously and fear continuously.

False Smiles

Children without families smile and smile and smile. Smiling has a huge adaptive advantage. That 'too bright, too soon' smile might attract a possible parent – and that can mean survival. But what feelings are under these bright smiles?



Two photos of a child in a Polish institution suggest that fear lies behind smiles to strangers. The bright smiles of murdered Victoria Climbié and Baby P (nicknamed 'Smiley') also covered fear. See DMM News #3 & #5.



Children smile like crazy when their lives are at risk. It's an evolved strategy that protects frightened children. What could be more frightening than being given to strangers? Or fearing your parents' abuse? Knowing that some smiles cover fear could protect abused children. It could also prevent heartbreak in adoptive parents when the smiles cease.

One proud mother was asked how her newly adopted Haitian son was coping in snowy Colorado: "At any moment he's ready to smile – that's how he getting through this." I hope that she knows that sudden smiles signal desperation, especially when they flip to sadness when the child thinks no one is looking. When her new son dares not to smile or dares to be angry, she may have the first true sign that he feels safer. This paradox can be hard to understand.



Photo Credit: Miami Herald

Haiti's trauma has generated an unexpected opportunity for parents seeking to adopt and that can tempt people to bypass Haiti's customs and laws. Haitian children who have lost their parents may still have their 'Lakou' – their kinship network. They should stay with their family. As to the law, there are even charges that a church group is trafficking in children.

Fostering Families

But it seems their parents gave them away! I am reminded of Jewish parents who gave their children to strangers during the Nazi Holocaust. Do some Haitian parents feel equally unable to protect their children? Parents will do almost anything to protect their children. People without children will do almost anything to get one. Maybe what Haiti needs are people who will foster Haitian families so they can care for their own children.

Safety and threat, smiles and fear can look so similar! False smiles protect children because they deliver the appearance of love – long before the reality is possible. Knowing that instant love can't really be love could smooth the process while genuine attachments are growing.

Patricia Crittenden, Chair IASA

Contents

Page

- | | |
|---|---|
| 1 | Crisis In Haiti |
| 2 | Fostering Adoption |
| 2 | What's Been Published? |
| 3 | International Adoption: Raising Parental Sensitivity |
| 4 | Selecting Adoptive Parents |
| 4 | Attachment in Action |
| 5 | Highlighting Penny Trickett |
| 6 | Preparing for Adoption |

*To Register for IASA's conference, See page 7.
Don't miss this exciting event!*

Adoption in Chile Today



Ladislao Lira Hurtado

Adoption is a very old alternative for forming families when children lack a protective family of their own and adults' dreams of being a parent have been frustrated.

In Chile, the last decade has seen important advances in social policy and legislation. Adoption is no longer taboo or kept secret. Where previously the law demanded the burning of documents related to adoption, with the intention of hiding the fact even to the adopted individual, now it is required that such information is available to the adopted person.

Nevertheless, opinions differ about how best to implement adoptions. Cases with notoriety are a particular worry in Chile. In a very recent case, our institution took charge of Matilde at birth and placed her with a foster family until all the legalities about adoption were resolved. When Matilde was 8 months old, we asked the foster parents to give her to the waiting adoptive parents. They refused, protesting that breaking the affective link that existed among them could cause serious damage to her development. They argued that the present system of fostering before adoption put the development of attachment at risk. They believed that children needed definitive attachment figures at early age.



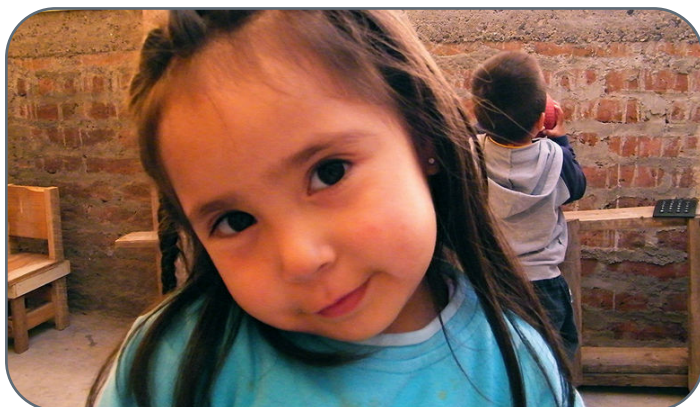
From the extensive experience of the institutions such as ours, it is possible to express with conviction that the current care programs are beneficial for child development and family integration. This is because early foster care does not try to replace the family, but rather to prepare the child to be inserted into a family. The mission of temporary caretakers, both foster parents and institutions, is to offer an opportunity for early attachment that will provide a basis upon which the child will draw later in the relation with their adoptive parents.

Although the court sided with our institution and placed Matilda with her intended adoptive parents, the controversy around this use of fostering and institutions continues today in Chile.

Ladislao Lira Hurtado, psychologist, Fundación San José para la Adopción

What's been published recently? *How should clinicians assess attachment in 2-5 year old children?*

Susan Spieker and Pat Crittenden compared two ways of assessing attachment in the NICHD sample of 306 American children followed longitudinally for 18 years. They compared the DMM Preschool Assessment of Attachment (PAA) to the MacArthur (MAC) ABC+D method. The two methods agreed for the same children only 50% of the time – so they provided very different pictures a child's attachment.



PAA classifications were related to

- mothers' depression and sensitivity in infancy
- children's internalizing problems and closeness in 5th grade
- accounted for more variance overall.

The MAC found

- more securely attached preschool children
- no relation to mothers' depression or sensitivity in infancy
- secure preschoolers reporting depression in 5th grade.

Overall, there were more significant findings and more clinically meaningful findings using the PAA.

Spieker, S. & Crittenden, P. M. (2010). Comparing the validity of two approaches to attachment theory: Disorganization versus danger-informed organization in the preschool years. *Clinical Child Psychology and Psychiatry*, 15, 97-120.



Domenica Labasi



H el ene Duchesneau

Raising Parental Sensitivity: Clinical Work in International Adoption

We have found that parental sensitivity is a determining factor in a successful international adoption. The adoptive parent must first understand the differences between adopted and biological children. Although the parents wish to experience the adoption as something extraordinary and magical, it is pivotal that they understand their child's often traumatic experiences and how they continue to affect his development and his need to protect himself. Our work is

congruent with the DMM principle that human behavior has a self-protective function.

Raising parental sensitivity to the adopted child's specific needs enables the parents to better ascertain the emotions behind the behaviors. Adopted children are often anxious and hypersensitive. They ensure safety by being vigilant and alert. Their future children develop self-protective strategies the waiting period, either in an orphanage or in a foster home.

The symptoms vary; we find **self-mutilation, temper tantrums, submission, indifference, isolation, hoarding** and many more. With the help of DMM, we have been able to understand these symptoms and their classification. A considerable percentage of the children we see fall equally within the Type A and C strategies. Others exhibit positive affect through compliance, submission and working hard to please the parents, yet repress their anger, fear of rejection and need for comfort. Some show their anger and frustration and challenge the parent's efforts to create a relationship and hold back their fear and need for comfort. As the context changes we note that the child may change his strategy. He may function superbly at school, while at home the parents are struggling to contain his outbursts and temper tantrums. The reverse may occur as well. From the parent's perspective, their adopted child is being manipulative and seductive, or is trying to obtain attention, or he is being indifferent and rejecting of them. The parents note that their child does not respond to their efforts to comfort him, consequently they become anxious and insecure, a sentiment of inadequacy sets in and they become rigid and punitive or laissez-faire and apathetic.

The emphasis falls on the behavior consisting of adaptive strategies to ensure survival and to meet basic needs. As per DMM, danger and safety are crucial to strategies. The child will test the context to verify if he can trust and depend on the significant others. He wishes to fall into a state of relaxation, be able to feel comfort and security.

Yet, the child operates from the premise that abandonment and rejection is inevitable, or that this is too good to be true. While he longs for permanency, at the prospect of meeting this need, he can easily sabotage it. The child's interpersonal strategies convey his ambivalence of the parent-child relationship.

We focus extensively on the loss incurred by the adoptee, but also address the loss of the biological child for the adoptive parents, and the loss of their child for the birth parents. For the child, the traumatic experience does not stem exclusively from the loss of the birth parents but from the absence of parental protection at such a vulnerable age. Encouraging the inclusion of the birth parents in the life of the adoptive family, albeit in a symbolic way, enables the child to create a new mental representation of the separation. We suggest a terminology for the parents to then help their adopted child to create a coherent narrative of his story. The separation from the birth parents is not spoken in terms of abandonment, rather as the only option available to them to protect their child. However, the feeling of abandonment remains a crucial point in treatment.



Inciting the parents to embark on a reflective process of how such difficult subjects such as loss and abandonment impact on them is part and parcel of our work. They have developed their own protective strategies which can at times clash with the specific and demanding needs of the adoptee. We know that children who have been through traumatic experiences and who have been institutionalized can struggle with empathy. We depend on the adoptive parent's capacity to be empathetic towards the adoptee, hoping to bring the child comfort and encourage him to develop empathy in return and render his protective strategies more adaptive.

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Steve Farnfield

Can the DMM guide the selection of adoptive parents?

Adopted children require more psychological services than biological children – even when healthy babies are adopted at birth. Is it something about being adopted or do adoptive parents contribute in some way, maybe through unresolved trauma, to distress in

their families? I am carrying out a study using the DMM in the selection of adoptive parents and post placement support (Farnfield, 2008).

We will ask several questions:

1. What attachment patterns do adoptive parents use?
2. Are some patterns associated with successful adoption?
3. Do different assessments agree about adoptive parents attachment?
4. Is unresolved trauma more predictive of parenting success than attachment strategy?

We collected 44 Adult Attachment Interviews (AAI) from applicants to adopt. Most applicants agreed, but 44% percent declined – and we don't know anything about this group. Most also gave an Attachment Style Interview (ASI) to look at adults' current close relationships, including that with their spouse (Bifulco et al 2008). The assessments will be coded by reliable coders who do not know about the study.

Most adoptive parents are unable to have children, often going through extensive and painful medical procedures, to no avail. Many are thus expected to be 'unresolved with regard to loss of fertility.' To test this, we have added relevant

questions to the AAI.

This study will give preliminary data on whether adoptive parents tend to use certain attachment strategies and whether those applicants with complex A+ and C+ strategies are more likely to be screened out by social workers or withdraw for other reasons. Follow up data will be provided after children are adopted.

We wanted to minimise the blame attached to parents who have clearly failed to protect their children and, at the same time, crucially, to get beyond what parents do and focus instead on how they think about what they are doing with their children (Crittenden 2008).

A big issue in selecting adoptive parents is that they do not have a child to elicit protection for! We will compare pre-adoption representations of children with post-adoption follow-up. This may tell us whether successful substitute family care depends on the ability of new parents to change strategies when confronted by the failure of their usual problem solving techniques (Fonagy et al 2004).

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Siw Karlsen

"Attachment in Action" Keeping Kris at Home

When the child protection agency asked me to consult on a 'neglected' 7-month-old boy, the prognosis looked bleak. Already in short term foster care, Kris looked extremely passive and appeared deprived of stimulation. As a DMM-

thinking person, I knew that I couldn't conclude anything before I found out what his behavior meant in relation to his primary caregiver. At our first meeting, I videotaped Kris and his mother playing and analyzed it as a CARE-Index 'unresponsive active pattern (Ua)'. That is, the mother was active and bright, but her behavior was unrelated to Kris; she was active, but not in response to his signals.

I talked to the mother about her past, but I didn't find any reason for her to behave like she did. I wanted to see the whole family together: the 5-year-old sister, the father, the paternal grandmother, and Kris. That's when I saw the competition between the mother and her mother-in-law. They competed to be the children's 'servants' to win their attention - to the point of quarelling. The sister had typical 'buddah-behavior'. They carried this fat little girl around and put jewelry on her, as if she were a doll.

I went through the videos with the Child Protection

personnel and with the parents, pointing out the mother's effort to do the 'right' thing for her children. There was a lot of stimulation, but they didn't connect.

The mother cried and told us how difficult her relationship with her mother-in-law was. When her husband heard this, he supported her wonderfully. In this meeting, they decided that the grandmother had to move out of the house. To make a long story short, after the grandmother had moved out, they had three months of supervision, then Child Protection closed the case with full approval all around.

The bottom line? If I had only described Kris' behavior, this case surely would have been deemed as case of child neglect, with the boy and possibly his sister too, placed in foster care. Thanks to the CARE-index and DMM ideas in describing the function of behavior, the family initiated their own plan, supported by the agencies. They are still together - with the potential to thrive.



Siw Karlsen, Independent Child Consultant (Norway)



Anne Henning

Highlighting Conference Speakers

Crusading for Sexually Abused Children:

Penelope K. Trickett's two decades of research on the short- and long-term impact of child sexual abuse

Penny Trickett has devoted two decades to studying the effects of child sexual abuse on girls. Her painstaking longitudinal work with her colleagues Frank Putnam and Jennie Noll has shown that, as sexually abused girls grow up, they suffer both the expected psychological trauma and also unexpected physiological effects. Now with our DMM researchers, we are learning that, years later, the girls' children suffer negative developmental effects.

Penny is a plenary speaker at IASA's conference in August; Jennie (DMM News #5) will be there too and the DMM research is being published in the Special DMM issue of *Clinical Child Psychology and Psychiatry* in June, 2010.

Dr. Trickett received her Ph.D. at the New York School for Social Research and is currently a Professor of Mental Health at the School of Social Work at the University of Southern California. Her research is about the short- and long-term impact of child sexual abuse (CSA) on girls. As the principal investigator on several large projects over two decades, she has received considerable funding to study child abuse and neglect, parent-child relationships, adolescent development, and substance abuse. She is widely published and frequently invited as a keynote speaker. Recently she has co-edited *Child Abuse and Neglect: Definitions, Classification, and a Framework for Research* (2006).

In the early '90s, retrospective and short-term studies pointed to a developmental link between (a) childhood sexual abuse and (b) maladjustment and maladaptation in adulthood. Based on this, Penelope Trickett and Frank Putnam (1993) developed a conceptual model of the psychobiological effects of sexual abuse.

They examined many potentially traumatizing factors experienced by victims of sexual abuse, including (1) characteristics of the act per se (i.e., the type of abuse, its duration and frequency, and the victim's age), (2) the abuser's behavior (such as the use of physical force or threats), and (3) the relation of the abuser to the victim (e.g., intrafamilial vs. extrafamilial, or biological father vs. other father figure).

Their central tenet was that child sexual abuse results in both psychological distress and physiological changes. The physiological effects include deviant patterns of hormonal levels, associated with high levels of sexual and aggressive behavior. They hypothesized that the experience of puberty is likely to be hampered if abuse occurs before puberty is complete.

Consequently, the model proposed direct as well as indirect effects on girls' psychological and physiological response to CSA. The general developmental outcomes include cognitive development, feelings of self-worth, beliefs in own competence. The psychopathological outcomes include dissociation and depression. Specifically, the experience of puberty,

on the one hand, and the presence or absence of support by family member and peers, on the other hand, may moderate the negative impact of CSA on girls.

The wealth of subsequent research conducted by Trickett and her colleagues confirmed some of their predictions. For example, in a recent longitudinal study (Trickett, Noll, Reiffman, & Putnam, 2001), female victims of CSA were assessed on behavior problems and psychological maladjustment, once shortly after the abuse and again 7 years later. Results for the first time period showed that sexual abuse perpetrated by the biological father, over many years and beginning at a relatively young age, had the greatest negative impact compared to other types of CSA. Even 7 years later, that group stood out from the control group. These findings are impressive! They demonstrate a differential effect on development of the degree of the psychological trauma experienced in relation to specific characteristics of the abusive act.

Another recent study focused on the effects of childhood abuse on developmental changes in hormonal levels, specifically the activity of the hypothalamic-pituitary-adrenal (HPA) axis (Trickett, Noll, Susman, Shenk, & Putnam, in press). Non-stress cortisol in female victims of familial CSA was measured at six time points from childhood to young adulthood. Results showed higher initial levels of cortisol activity in abused females compared to controls with a less steep increase over time. These findings confirm the hypothesized impact of CSA on physiological development resulting in deviant patterns of hormonal level.

In sum, the findings of Trickett's work lend support to the central tenet of their conceptual model, stating that child sexual abuse will have a negative impact on both psychological as well as physiological development.

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Penny Trickett



Patricia Crittenden

Preparing for Adoption

Adoption is about dreams. The dream of finding loving parents – forever. The dream of receiving a child – of one’s very own. Reality is a bit more difficult. In this issue of the DMM News, we address

preparation for adoption, for both children and adoptive parents.

Adoption is in the news and controversial. **Are adoptive parents told the ‘truth’ about their children?** What is the truth and who knows it? Muhamedrahimov’s article on children in Russian institutions is powerful. I’ve been there; I’ve seen the children and coded their videotapes. There is a story to tell their future parents that could help everyone.

If someone had told me about ‘indiscriminate attachment’, my response to DeeDee, my foster daughter, might have been different. Within a few minutes of arriving in our home, DeeDee was in my lap patting my face. I loved it! I felt loved. But a few weeks later, in a grocery store while I was getting a box of cereal, DeeDee disappeared from her seat in my grocery cart. Scanning quickly, I found her ... in another woman’s cart, patting her face! I was socially embarrassed and emotionally devastated.

Love is expressed in tiny, apparently inconsequential ways. **Day in day out, children from institutions violate the unspoken rules of love.** Fear, too, is found in mundane moments. In turning to a box of cereal, I had violated DeeDee’s security – and immediately she sought a new parent. When a child has learned that home is not permanent, self-protection takes priority. DeeDee took care of herself, as best she knew how, and her best threatened me.

Chile has changed from an exporter of children to having policies that will encourage adoption by Chilean parents. I was in Chile in November and heard troubling stories about the case of **Matilde** whose foster parents were forced by the courts to give her to the approved adoptive parents (see *Lira, this issue*).

How could professionals seek to have a child that they had placed with foster parents be taken away? For me, it was like a bad rerun of history to the time 40 years ago when DeeDee and her sister were moved to a ‘detachment’ foster home to prepare them for adoption. Some of you know the

story from the preface of *Raising Parents*. You know the misery that followed for all of us, especially for DeeDee and Tina, their adoptive parents, and their yet-to-be-born children. US policy has changed making permanency the priority, thus favoring foster parents if adoption becomes possible. Why doesn’t Chile do that? It is in the best interest of children.

Do professionals really think caregivers and children won’t attach? Don’t they know that humans are genetically evolved to attach?

Yesterday, I saw my 3-day old granddaughter and felt her tiny presence like a magnet. I was drawn to her. To her soft skin, her big eyes, her smell, her sounds, to the exquisite feeling of her body against mine. Everything about her signaled ‘Protect me! Love me!’ and I did. Children attract – and hold – adults. Given historic rates of parental death, it is very good indeed that adults, all adults, fall in love with small humans. It is crucial to infants’ survival.

Flying home from Chile, I realized that Chile wanted to nurture interest in becoming an adoptive parent by assuring adoptive parents that their rights would be preserved as they waited for the courts to resolve the legalities. **That brought the risks of adoption into focus.** For the courts to be sure, children must wait. But where? In foster homes where mutual attachments form quickly, then must be broken? In institutions where children learn to live without love and find intimacy hard to accept, even when it comes with a chance for permanency? **Which choice would adoptive parents prefer? A child longing for his foster parents or a child who cannot love?**

Why not let adoptive parents accept a small risk to protect their child? **Place children immediately with their potential adoptive parents.** The parents face the risk of the adoption being reversed. But both child and parent face the possibility that the child will never have a broken attachment. I think adoptive parents would accept that risk. After all, parents want to protect children. Surely the parents standing in Miami’s airport were ecstatic at the opportunity given to them. **Maybe compassion and psychological science together could help dreams to come true.**





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