The first news was shocking: a 7-year-old boy sent alone back to Russia, an orphanage returnee. How did his adoption connection switch tracks to become a train wreck — or, as they say euphemistically in the trade, “an adoption disruption”? Who failed Artyom, aka Justin? It is easy to point the finger at the parent, the agency, or the social worker who did the home study and final placement. But, ultimately, it is the family whose life will be turned upside down if parents are unprepared for a high-risk child, a child with special needs. And in truth, every internationally adopted child is a child at risk.

Parenting an internationally adopted child is far different from parenting a child birthed into the family. The desire to have a family is a natural and laudable goal. If raising non-adopted children is like taking a day-hike, creating a family through international adoption is like climbing Mt. Everest …in sandals. Preparation and a knowledgeable support staff are vital to the mission.

Statements attributed to Artyom’s family indicate that they were either not prepared or in denial of what they’d been told. They clearly had no support, nor did they genuinely seek out help. Understanding child development and the unusual path it takes with high-risk children is part of being a responsible parent. Statements by Artyom’s family reveal that they did not understand what was normal behavior for an internationally adopted child; they labeled such behavior “psychopathic.” Instead, they thought “love was enough.” We went to the website of the international adoption agency that Artyom’s family used and discovered that love, and loving family, are words that appear frequently in the agency’s presentation. Parenting is a word that is conspicuously missing. Adoption agencies have a responsibility not to mislead parents or feed on their romantic notions of adopting a charming child with big eyes.

Artyom was physically healthy, but he was a hurt child, carrying the emotional and social scars of his earlier life. Prospective parents must assume that every child available for international adoption has a painful past that will erupt into the present. Happy children from functioning families are not in the adoption pool. The behaviors Artyom displayed were not signs of an adoption on the rocks. Hitting, spitting, screaming, throwing things, even threats to parents, are typical behaviors for older internationally adopted children. Such extreme behaviors reflect the degree of frustration, terror, and confusion a child has at that moment. Artyom’s brain
was responding with fight-or-flight behavior to (perhaps temporarily) excessive demands. A prepared parent would know that reducing stimulation and lowering expectations would be the appropriate response.

What can you do to prepare yourself as a parent or to prepare your clients and thereby avoid an adoption disruption? What needs to be done in the community?

Based on our professional experience, we know there is more to do:

• The agencies and media need to be honest, repeatedly speaking about the reality of raising a high-risk child. International adoptions are not for every family. It’s not fair to the families to reinforce their unfounded dreams of having it the easy way, as if problems can happen only with others but will never happen with them. Agencies must take a stand and refuse to place a child with a family who seems reluctant to embrace the reality of the task ahead.

• The agencies need to provide all medical/educational documentation from the country of origin, doing a better job of obtaining it from their adoption sources. In our experience, the documentation is often incomplete, poorly translated by a non-professional interpreter who does not understand medical terminology, and skips or misinterprets information. This creates a more “rosy” picture of the child’s medical and social history than the original document spells out.

• The parents must request a professional opinion on the documentation in question by somebody who can read the originals. This alone would prevent a lot of tragedies.

• The parents must pay attention to the truth and prepare for the worst-case scenario. Although there are instances in which diagnoses in the child’s original paperwork were inaccurate, our long-term experience shows that ignoring Russian diagnoses or considering them “bogus” is a mistake. It typically results in delaying remedial efforts.

• The families should have an initial psychological screening of the child on arrival (in the child’s native language). For older children, this will make sure that the school placement and services are established before the child fails at school. Knowing the truth will allow families to look at the situation with an open mind. Prospective parents need to be flexible, able to see the world through their child’s eyes, have extraordinary patience, and use a combination of therapeutic parenting and special education techniques.

• Home schooling may fit parents’, but not the child’s, needs. Parents often discount how important it is for children to be accepted by peers and be successful in their major activity – schooling. Older children (at least from the Eastern European countries) perceive home schooling as being “not quite normal.” Although they may be terrified by the prospect of going to a new school and learning a new language, these same children
still want to be normal and go to school like everybody else. In addition, home schooling creates an emotional pressure-cooker environment in a very short time. Orphanage-raised children are used to the structured institutional environment and school; the lack of structure in a family is often uncomfortable, even frightening for them.

- High scholastic or other expectations are a recipe for disaster. An example of this would be placing a recently adopted child into a private school with the academically oriented peers from middle-class families. Such a decision places an immense emotional load on a child with a fragile foundation. Such stress can lead to extreme behaviors, including threats to the family, suicidal talk or gestures, and depression, not to mention intense tantrums. Internationally adopted children need expectations that are emotionally, as well as academically, manageable. Ambitious parents are not a good match for internationally adopted children. The best parents are those who have a large helping of patience, appreciation of small victories, and a willingness to educate a child in small steps.

- Schools need to do more to understand the academic and social needs of these students. The school professionals often have a very vague understanding of the consequences of the developmental trauma and language loss (two major factors characteristic for international adoptees) and the limitations and impairments caused by such an adverse combination. For example, Patty Cogen’s adopted daughter’s high school had the same color bricks as her orphanage, a fact she didn’t tell her family for over a year. As a result, she spent her days at school remembering the abuse she had suffered and her separation from her birth family. She was unable to eat lunch, use the bathroom, or participate in classes. Her anxiety and PTSD were over the top. She couldn’t function for two years. Her teachers never understood what she was going through; because she was intelligent, they believed she was malingering. Eventually, she dropped out of high school, passed the GED and at 16 entered junior college — a school with a different exterior. Intensive and ongoing in-service education is needed in order to bring teachers up-to-date on major discoveries, insights, and teaching strategies appropriate for international adoptees.

- Parents need to learn strategies for working with a child who rejects nurturing, who rejects compliments and responds to limits and love with hitting, spitting, biting, tantrums, and throwing large and small objects. In the BGCenter Online School's course, “The first year home: what to expect and how to respond,” Patty Cogen teaches parents a wide range of ways to connect with a disconnected child. This course expands on her book, Parenting Your Internationally Adopted Child — From Your First Hours Together Through the Teen Years.

- Hiring a live-in helper who speaks the child’s native language can undermine the parent-child connection by replacing or delaying it. Every adopted child needs to spend lots of time connecting with mom or dad. Maintaining a child’s first language is a lovely idea in theory, but to do so with a live-in helper essentially places language ahead of attachment.
Parents need to work on communication, including helping a child learn English as part of the attachment process. Sign language is often an excellent transitional strategy.

- Seeking help when necessary is vital. This includes using professional advice and therapy and creating a network to support the child and the family. For years, when consulting with adoptive “families-to-be,” we talked about three “lines of defense” they have to create for successful adoption of an older post-institutional child:

  1. The first line of defense is the immediate and extended family and the closest friends and neighbors. This is the source of emotional and financial support, physical protection, and refuge/shelter from being burned out.

  2. In the second line of defense are your fellow veteran parents, individual or united through volunteer organizations; your agency social workers and other professionals directly involved in your adoption process; and support groups that exist on the Internet or locally.

  3. In the third tier of defense are professionals who specialize in international adoption, from medical specialists, to psychologists and therapists, to lawyers and advocates.

  **Every adoptive parent must identify and create these resources before the actual adoption, proceeding into the adoption process knowing that he/she is not alone.**

  The best parents for high-risk children are those who are determined advocates and who are not ashamed or shy to ask for help from friends, relatives, neighbors, or even strangers.

  If there is one word that rises to the top in importance it is **connection** -- learning to connect with a hurt child, learning to connect with resources and therapists, learning to connect with other parents facing similar problems. Connection is the key. “Love” is not enough to cure a troubled, hurt child. Coming to terms with this fact is a critical part of being an effective adoptive parent.

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