

## How a Church Can Help Struggling Adoptive Parents, by Brian Borgman (IBCD Seminar 2015)

I. Adoptive parents and families do need support, encouragement and oftentimes counsel.

A. They need the regular encouragement that we all need (1 Thess. 5:11; Heb. 3:12-13)

B. But they also need to be in an environment that if they need counseling or more directed help, they know they can get it (Isa. 35:3; 1 Thess. 5:14)

II. Do not minimize the difficulties of adoption, even if you do not understand them. In other words, try to understand.

Prov. 1:5; 13:15; 14:29; 16:21-22; 20:5

III. If they open up to you, listen to the adoptive parents/families as they share their struggles, realizing that they are taking a risk in sharing their struggles. i.e., Don't be shocked by what they say (Jas. 1:19)

IV. Avoid parenting formulas and seek to free the parents from formula bondage

V. Encourage them to be creative and wise in their parenting (Phil. 1:9; Col. 1:9; 3:21; Eph. 6:4)

### Understanding Kids From Hard Places (below adapted from Tapestry Ministry and others)

Hard places can include prenatal issues (mother's stress levels or substances), difficult labor and delivery, prematurity, birth complications, postnatal surgery, lack of normal attachment/affection from birth-mother, trauma, neglect, or abuse. Science has shown these can have significant impacts on the brain, beliefs, and behavior ([www.empoweredtoconnect.org](http://www.empoweredtoconnect.org)). Science has also shown these can change with loving and nurturing trust-building relational interventions (above website).

**Fetal Alcohol Syndrome (F.A.S.)** - if the birthmother drank during pregnancy (Borgman's example), it effects the brain physiologically in many ways, including ability to sequence or process verbal information, attention span, communication

**Sensory Processing - senses (sight, sound, touch, smell) may trigger puzzling behavior that can be misinterpreted**

Dr. Karyn Purvis (TCU) estimates 18 out of 20 kids from hard places have some degree of sensory processing issues.

**Special needs (though not unique to or always linked to adoption) are also more common in kids from hard places**

**Attachment problems** (per DSM-5 manual): *Reactive Attachment Disorder* (RAD) is a 'consistent pattern of inhibited, emotionally withdrawn behavior...rarely or minimally seeks comfort when distressed [and] rarely or minimally responds to comfort when distressed. A persistent social or emotional disturbance characterized by at least 2 of the following: 1. Minimal social and emotional responsiveness...2.Limited positive affect [i.e., joy], 3.Episodic of unexplained irritability, sadness, or fearfulness...evident even during nonthreatening interactions...disturbance is evident before 5 years of age.'

*Disinhibited Social Engagement Disorder* (DSEDS): 'A pattern of behavior in which a child actively approaches and interacts with unfamiliar adults [with] at least 2 of following... 1.Reduced or absent reticence [to strangers]... 2.Overly familiar verbal or physical behavior [hug, hop on lap]...3.Diminished or absent checking back with [parent(s)] after venturing away, even in unfamiliar settings. 4.Willingness to go off with [stranger] with minimal or no hesitation.'

*Attachment issues* (if most or all present, some professionals associate a RAD diagnosis, older term *Attachment Disorder*)

- Chronic lying, even about the obvious, phoniness, deceitfulness, may manipulate or triangulate parents, other adults
- Superficially engaging, charming, affectionate to others but won't give or receive love to parents on parent's terms
- Abnormal speech patterns (incessant chatter, other unusual traits), abnormal eating patterns (hoarding, gorging)
- Lack of eye contact, lack of remorse, difficulty learning from mistakes, learning problems (disabilities, delays)
- Inappropriately demanding and clingy, intense control battles, hypervigilance/hyperactivity, poor impulse control
- Destructive to self, others, property, animals, may engage in pointless theft, preoccupation with violence, blood, etc.

Note: the psychological/psychiatric community is not united on attachment theory or therapy, and diagnoses changed in 2013 DSM-5. Some studies have estimated 38% of foster children will receive one of above diagnoses (RAD or DSED) and many adopted children will also manifest at least some of attachment issues above, and some will manifest many.