

A CHILD'S SLEEP STRUGGLES FOLLOWING INTERNATIONAL ADOPTION

By Janelle Althen, LCSW

Tired? Cranky? Struggling with how to handle your adopted child's sleep problems? You aren't alone! Many families who have adopted children abroad experience difficulties with their child's sleep patterns in the first year home and beyond.

Parents often call their social worker, a counseling center, or friends describing "night terrors," their child waking every few hours, their child being unable to go to sleep alone, or their child crying inconsolably unless one of the parents remains close. Most families report that the problems wane within the first year of placement, but many children have sleep issues well into the second year or sleep problems that surface years down the road.

Children who have been exposed to loss; chronic stress; multiple incidences of stressful events; or a significantly stressful, one-time event are more prone to sleep disturbances and difficulties. Research describes the sleep-

home to adoptive family) can have on children can be traumatic. Even for children who don't have lasting sleep problems, many children have difficulty in the first few weeks because they are adjusting to a new time zone and experiencing a major and sometimes shocking change.

Adoptive parents are right to worry about how to handle sleep issues. There are dozens of books touting sleep-problem "remedies," and many of them are very effective for secure, well-adjusted children when the time is right. However, using "cry it out" or even "controlled-crying" methods—like the well-known "Ferber Method"—is inappropriate for children who have suffered trauma or loss and are in their first year of placement with a new family.

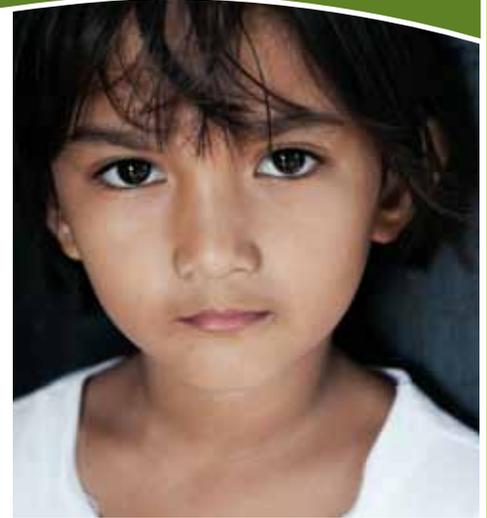
To let a child like this cry can tap into fears of abandonment or past loss, triggering feelings of sheer helplessness and rage. It can be emotionally

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wake cycle as one of the systems that is vulnerable and easily impacted by stress or trauma.

Even in the best orphanages, institutional life can be a "chronic stress" because of the infant-caregiver ratio. The impact that multiple losses (e.g., birthparent to orphanage to foster

exhausting for a newly adopted child to "keep it together" during the day. Even children who appear to be doing well all day—happy, alert, eating well, etc.—may let their defenses and coping mechanisms down at night, resulting in sleep problems and an unusually high need for comfort from a parent.



KEY POINTS

- Recognize that adoption is a huge transition for your child—a time of stress that may manifest itself in sleep disturbances, not to mention a possible time zone change.
- Give yourself a break during this transition; lower your expectations of yourself and allow enough time off from work to begin the bonding process, just as you would with a newborn. Rest whenever you can.
- In the beginning, treat your child like a helpless newborn; *never* let your child sob uncontrollably.
- Attachment needs to come before addressing sleep issues. The time frame for forming these bonds varies with each child.
- Experiment with soothing methods.
- Wherever you decide to have your child sleep, use monitors so you can respond if your child awakens.
- Get professional help if you need it. Sometimes a little coaching or consulting with an expert can go a long way.

1. Establish Trust and Security

Remember, we have to work on establishing a secure attachment foundation before we rush to “train” our children to soothe themselves or put themselves to sleep.

The basis of attachment, our first and most important task with our adopted child, is to make our child feel safe and secure. To establish a profound sense of security and trust, we need to meet the child’s needs for comfort and security in an unconditional, repetitive, and sensitive way, much like we would with a newborn.

As with a newborn and caregiver who are starting from the very beginning, we are starting at the “beginning” with our adopted children. We cannot base our responses and parenting techniques on our child’s chronological age. We would never let a newborn “cry it out”! Nighttime crying is actually a wonderful opportunity to hold, comfort, and connect with a child who may be very busy and active during the day.



2. Don’t rush!

The first months back are a time to slow down, relax, and enjoy your new child. Many people who have a newborn take this time, but sometimes, because their new children are older, adoptive parents rush back into normal work schedules, routines, and expectations of themselves. The parent of a newborn has an expectation that they may be awake many times a night for the first several months. They give themselves time to rest more during the day and grace when they are not functioning at peak performance. Adoptive parents benefit from embracing a similar framework.

While adopted children may have formed an “immediate dependency bond” to one or both of the parents to get their basic needs met, “real” attachment and bonding usually doesn’t start happening until children have gotten very comfortable in their new environment. The attachment and bonding process continues to grow and strengthen during the first year of placement and beyond.

A good guideline for families is to not worry about or attempt to get their child to sleep on their own for the first six to nine months after placement.

Once the child has begun to develop a secure bond with parents and to feel comfortable in his or her environment, parents can begin to experiment with controlled crying or other popular methods of teaching the child to go to sleep and remain asleep throughout the night. If your child is not emotionally ready, he or she will let you know in a very obvious way!

First one to two months:

An adopted child is adjusting to a new environment on a sensory level—new sounds, sights, tastes, and faces.

First several months:

Parents can treat their child like a newborn, no matter how old the child is—spoiling and meeting their child’s needs unconditionally.

Anywhere from three to twelve months or longer:

Adopted children begin to develop a deep bond and feel safe in their environment.

3. Experiment

In parent training classes, participants often ask, “What is preferable: the ‘family bed,’ the child being in his or her own crib or bed, or a ‘sidecar’ (crib with one side down, next to the parent’s bed)?” The correct answer is to choose what makes the most sense for your family.

- Can you sleep with a child in your bed?
- How much work do you want to invest in moving your child to another room down the road?
- How does your decision impact your marital relationship?

The key is not where your child sleeps but how quickly and consistently you meet the upset child’s needs when he or she wakes up. With monitors, this can be done no matter where your child sleeps.

If you are working on getting your child to sleep in his or her own bed, you may have to try six or seven ways of soothing your child before you find something that works! Rocking, rubbing, changing light, adding white noise, holding a hand on your child’s head, bouncing a mattress, lying in the room next to your child’s bed...the options are endless. It may help to get your child to a drowsy, but not-quite-asleep, state before you quietly leave the room.

Remember, for every year your child was in an orphanage or foster care, he or she will need an equal amount of time to adjust and adapt to a new home. Patience, love, and time will help! Make sure to take care of yourself, support each other if you are a two-parent family, get extra support if you are a single parent, and reach out for professional help if you are struggling!

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