

Helping Parents Support Positive Identity Formation

1. Introduction

1.1 Introduction

Welcome to the National Adoption Competency Mental Health Training for Mental Health Professionals. This lesson is: Mental Health Professional's Role in Helping Parents Support Positive Identity Formation.

In this lesson, we will discuss helping adoptive parents and guardians understand the importance of full disclosure of the child's story in age appropriate conversations, how to help parents address difficult information, and the "Six Stuck Spots" for parents.

1.2 Section 1: Lesson Objective

At the end of this lesson, you will be able to identify and describe therapeutic interventions appropriate to assist parents to understand the identity formation process, support identity exploration, and share difficult information.

2. Truth and Intentions

2.1 Truth and Intentions

Most adoptive parents and guardians have the best intentions when they strive to protect their children from hurtful or difficult information about their past. As we've said before, they might withhold information they believe would be too painful for their children to hear, and they might also be at a loss about how to help their child manage their reaction to the information.

2.2 Telling Children They Are Adopted

As a clinician, you have the opportunity to educate adoptive parents and guardians to incorporate their adoption story as early as possible, taking into consideration the child's developmental history and nature of the information.

As we have learned, adoption prompts more questions as the child develops, and waiting until the child is older to tell them for the first time can cause the child to think of adoption as something to be ashamed of, or a fact too difficult to talk about.

Children adopted at an older age, of course, knowing that they are adopted, desire and need the underpinnings of their story to be shared.

2.3 How Parents Protect Their Child from Pain or Difficulty

All parents want to protect their children from pain. In your work, this presents itself by parents wanting to steer clear of having open and honest dialogue with their children about painful aspects of their story. You will need to help parents understand the necessity of truth.

In the book, *Telling the Truth to Your Adopted or Foster Child*, Betsy Keefer Smalley and Jayne E. Schooler talk about three ways that parents think they will protect their child from pain or difficulty in adjustment:

- Not telling their child at all about adoption and avoiding talking about the subject
- Not telling the “whole” truth by telling them a “hole” or partial truth
- Avoiding conversation that might be upsetting to their child

In fact, trying to protect their child in this way actually risks setting up a situation in which they will ultimately not trust the parent once they learn the truth about their story.

If the subject is never talked about, they are left to create a narrative about their story that is not truthful. That fantasy may be more difficult than the truth.

3. The Whole Truth

3.1 The Whole Truth

More often than not, you will be tasked with helping parents and caregivers consider how and when to share the complexities of their children’s stories, including missing and difficult information. This is something you need to incorporate into your practice knowing that, by the time youth reach adolescence, they will need to know their entire story.

3.2 Developmental Understanding

The truth, geared to the child’s developmental level of understanding, should be the guiding principle in telling the story. When information is not available, help the parent be honest about that, and reassure the child that if it becomes available, they will be told.

Help parents understand the importance of talking with the child about their feelings about the missing information, as well as what they imagine might have happened.

You or the parent can put a placeholder in the child’s lifebook so that there is evidence that it was discussed, what their feelings were at the time about the missing information, and what thoughts they had about the unknown past.

3.3 Simplification of Information

As a clinician, you can help parents reframe information so that it is age and developmentally appropriate. A distinction should be made that the birth parent did not intend to be abusive or neglectful, but life circumstances, such as overwhelming stress, mental illness, or addiction, influenced their behaviors. This type of reframing helps the child see the birth parent, not as a bad person, but as someone who faced difficulties, which resulted in poor decisions.

As an example, a parent might not want to tell a child of age 5 or 6 that their birth mother was a drug addict and a prostitute, but can be told that their birth mother had some difficult problems and couldn't parent. Or, they can be told that their birth mother made some poor choices and took some drugs that were not good for her and it was hard for her to stop. That is true, but general, and the facts can be filled in later when the child is old enough to understand about addiction.

3.4 Supporting Positive Self-Esteem

Smalley and Schooler list additional points that parents can reinforce with their child to support their positive self-esteem when the issue is drug or alcohol abuse. These points can be modified for any circumstance

Click on each number for examples.

1. *"You did not cause your parent's drinking or drug problem."*
2. *"Your parent treated you as they did because they were under the influence of drugs or alcohol." (Or whatever circumstance prevented them from caring for the child.)*
3. *"Your parent did not have control over their life and couldn't give you a safe, happy, and secure place to be."*
4. *"It is important for you to grow up in a home where you can be safe from harm."*

As a clinician, you can help parents practice this language and tailor it to what they know about their child's birth parents' circumstances.

3.5 Disclosing Sensitive Information

Other difficult information that needs to be shared includes information about conception by rape or incest. As children ask more questions about their birth father, simple explanations such as, "We don't have much information about your father," no longer will suffice.

As children get older, they have often already heard about rape. If the child asks whether her birth mother was raped (either by a stranger or a family member), it is best to acknowledge that she was. When this information is out in the open, parents need to explore with their youth what they understand about rape, feelings about what happened, and normalize the possible distress experienced.

As difficult as this information is, it is important that the youth learn about it with the support of loving parents who can help to soften the impact. Your support as a clinician can focus on helping the teens to separate themselves from the circumstances of conception and recognize their worth as an individual.

3.6 Missed Opportunities

Sometimes parents do not talk about these issues because the child has not asked about them. Be assured that children are thinking about their past, their losses, and their experiences, even if they are not talking about them. If parents are not initiating these conversations with their child, they are missing the opportunity to influence the child's self-esteem and identity development.

Children who are left with filling in the holes often exhibit anxiety and depression as they are worried about what they thought happened, but have little information to tell them otherwise.

Watch as Temera talks about how she was affected by not knowing her own story and being distracted by anxiety and somatic manifestations as a result.

[Video Transcript]

TEMERA: So I really, especially in my own experience, I feel like there's a lot of mental health issues that can come without knowing kind of where you come from. I know, for me, I struggled with depression. I struggled with anxiety. At the time I didn't know it was anxiety, but when I think back of I was obsessed with who they were. I was obsessed with did I have siblings, just what my story was.

And so when I think back of not being able to focus in school, not being able to really kind of complete goals that I wanted to complete, because there was kind of this thing out there that just kind of preoccupied my mind and how, had I kind of had information and been able to kind of fill in that story, that I think some of that would have been relieved.

It was very somatic. I felt it in my body. I couldn't name it. And so I feel like once I found who they were, I literally felt like this weight had been lifted off of me. And it was like I just didn't even have to think about it anymore. It didn't consume me anymore.

[END OF VIDEO]

3.7 Clinician's Role

As Temera explained, her obsession with her knowing her story contributed to her anxiety, depression, and lack of focus in school. As a clinician, you can help parents understand how not knowing their story can contribute to youth's mental health challenges and associated behaviors.

Understanding these links between gaps in information and the impact on the youth's behavior can help to avoid misdiagnoses, and help identify interventions that target the underlying issues, rather than only the behaviors.

4. Stuck Spots for Parents

4.1 Stuck Spots for Parents

Remember that the two most important questions impacting the development of an adoptee's identity are, "Who am I?" and "Where did I come from?"

In the book *Beneath the Mask: Understanding Adopted Teens*, Debbie Riley talks about the "Six Stuck Spots" for parents in managing areas where their teens struggle. Think about how these "Stuck Spots" for parents interact with the "Stuck Spots" for adolescents that we talked about in the previous lesson.

4.2 Stuck Spots Menu

The "Six Stuck Spots" for parents are:

1. Reason for Adoption
2. Missing or Difficult Information
3. Differences
4. Permanence
5. Loyalty
6. Parental Identity

These are topics that should be discussed with parents from their point of view to help them overcome their concerns in these realms. Click each box to learn more about how you, as the clinician, can support parents in managing these "stuck spots."

4.3 Reason for Adoption

The first "stuck spot" is the reason for adoption.

Click on each image to learn about this "stuck spot."

1. As we have discussed, by the time children reach adolescence, they want a deeper understanding of why they were relinquished, or how they came to leave their family of origin. The truth about why they could not stay with their birth family is often the most difficult information for parents to share.
2. Parents often avoid sharing information in an attempt to protect their child from being hurt. Sometimes they may have information about extended family who love and wanted the child, but fear the child's reaction or divided loyalty. The clinician can support parents in understanding that the truth is important, and help them to find the language to share information in a sensitive and supportive way.
3. As we have just discussed, you will want to engage the parents in preparing to share the truth. Since this is also a "stuck spot" for adolescents, this is a conversation that eventually should be held with the youth and parents together.

4.4 Missing or Difficult Information

The second “stuck spot” is missing or difficult information.

As we have stated before, adolescents are already questioning much about their lives as they navigate the tasks of identity formation and having significant information about their history becomes even more important.

Parents or guardians should be made aware that withholding information will only lead to mistrust, and hinder the process of identity development. For children placed at an older age, while they already know what they have experienced, they may not have the correct facts connected to their experiences.

Your guidance in helping the parents and youth discover, clarify, and expand their knowledge of their story will resolve misconceptions and can fill in the missing pieces.

4.5 Differences

The third “stuck spot” is differences.

Adoptive parents and guardians need your help to understand that the children they are parenting may not be the child of their fantasy; may not have similar likes and dislikes, talents, or interests; and they need help in adjusting their expectations to be inclusive and appreciative of what their children bring to their family.

This is especially true in interracial placements and placements across communities, where the differences are visible to the world.

Differences need to be addressed by the parent from the very beginning of the placement. The parent can do this by communicating respect for, and honoring, the child’s heritage. Parents can seek out extended family members, resource people from the child’s community, or services from providers with whom the child has similarities

Finding peers of the same heritage or community is important in helping them to incorporate these aspects into their identity, and acquainting them with the normal family life of people of the same heritage or community.

Talking about differences is especially important for adolescents at a time when differences are most challenging to their self-esteem.

4.6 Loyalty

The fifth “stuck spot” is loyalty.

As the adolescent strives for a deeper understanding of their story and interest in birth family, they often feel conflicted about loyalty to their adoptive and birth families. Thinking about and loving one family may feel to them to be disloyal to the other.

This is particularly challenging for those youth placed at older ages. Remember that these youth have powerful connections to, and memories of, their birth families. This is also a time when the issue of not having a say in their removal from their birth family and placement in their adoptive family can emerge in a powerful way.

Parents can help their youth by honoring their birth families and openly talking with them in whatever way they need to integrate the past with the present. This will be challenging for some parents who may enter therapy with very strong feelings about the trauma the teen experienced, caused by the birth family. They will not understand why their teen may want some connection, or even communicate some level of emotional loyalty, given the past pain.

Where there has been ongoing contact with the birth family, there can be a lessening of the parents' anxieties about their child's loyalties, as the parameters of the relationships have been established. It can also be helpful for the teen to see the reality of their birth parents' lives, and to get input from the birth parents about the reasons for their removal, if possible.

4.7 Parental Identity

The sixth and final "stuck spot" is parental identity.

So far, we have focused on youth's identity, but parents also have an identity as parents to their children, and their identity can be shaken by comments from people who don't understand adoption or guardianship.

Click each shape to learn more.

Challenges from Teens: Their identity can be challenged by their teens, especially rebellious adolescents. Adolescents commonly lash out at adoptive or guardianship parents with such accusations as, "You're not my real parents, I don't have to listen to you," "My birth parents would have let me," "I hate your rules. I'm going to find my birth parents and live with them," or, "You just act that way because I'm different." Sometimes parents need help and support with their own sense of identity and entitlement as parents.

Special Considerations: Parents in interracial placements need guidance in supporting a youth's exploration of their community of origin and understanding that this is a normal part of adolescence, even when it may appear disconcerting to parents. You can help parents to feel confident and help them find ways to respond to their child without engaging in conflict or becoming defensive.

Clinician's Role: As a clinician, your support of parents navigating this difficult journey is essential to their success in helping their children through the additional challenges related to adoption and identity formation. The more they understand about the complexities of these issues, the better they will be able to support their children and help them on their journey toward an integrated self.

Quote: A well-known author, Bob Considine, and father of four children, two of whom were adopted, was reportedly asked which of his children were adopted. His response was, *"I know that two of them are adopted, but I never can remember which ones."*

4.8 Permanence

The fourth “stuck spot” is permanence.

Click each image to learn about permanence.

1. During adolescence, youth who are adopted or in guardianship need reassuring that they are secure in their family. The transition to young adulthood can unearth previous loss issues, and create fears about separating and launching. Sometimes, adopted children may even think that adoption ends at age 18 or 21, especially those adopted from foster care whose families were receiving additional supports that end at that time. Adoptive parents and guardians don't realize how important it is to reinforce the child's place in the family and reassure them that they have a secure base: a family who will be there with, and for, them.
2. It is also important, as the clinician, to understand that youth placed at an older age may have difficulty leaving home and may need to stay longer as they slowly take their first tenuous steps toward adulthood. You may provide families with options to consider, such as attending a local college or starting a job nearby versus moving out of the home. Given what was lost in their development, they may need to have that secure foundation longer than other children who have lived with their families since infancy or early childhood.
3. What is important to keep in mind during your work is being sensitive to the teen's ambivalence about individuation, and your ability to help them and their parents understand the origin of these feelings and model how parents can reaffirm permanency. Remind adoptive and guardianship parents that their youth have experienced impermanence and instability, and in some cases, multiple moves, and they need the reinforcement that they are not going to be ousted again or be left behind. Parents need to be attuned to situations that might trigger old feelings of abandonment and fear of losing their family, and pay attention to subtle clues that their teen needs reassurance. You can help them anticipate these situations by knowing the child's story.

5. Conclusion

5.1 Wrapping Up

In this lesson, we have discussed the role of the mental health professional in helping adoptive parents and guardians understand the complexity of identity formation.

We learned the importance of full disclosure of the child's story, how to address difficult information, and the value of the expansion of the story as the youth matures. We reviewed the “Six Stuck Spots” for parents, and how the clinician can be supportive to parents in addressing these issues.

5.2 Your Journal

Please click on the journal page to write down your reflections on this lesson.

5.3 Journal Reflection

Reflecting on this lesson, what are your key takeaways and how might you apply these in your practice?

5.4 Journal Response

Click the "Print Results" button to print and save your answers.

5.5 Conclusion

Congratulations! You have completed Helping Parents Support Positive Identity Formation.

In the next lesson, we will look at search and reunion and the part it plays in the adolescent's search for identity into adulthood. We will also consider how the mental health professional can be supportive in working with these youth in relation to their search process.