

[00:00:01.390] - Lisa Qualls

Welcome to the Adoption Connection podcast, where we offer resources to equip you and stories to inspire you on your adoption journey. I'm Lisa Qualls.\

[00:00:10.410] - Lisa Qualls

And this is Melissa Corkum. Don't worry, we get it. And we're here for you.

[00:00:18.930] - Lisa Qualls

Welcome to this month's Mailbag episode where we answer your questions. Our first question today comes from Sarah, who asks, "how do you successfully navigate adding a child to your family when one of your current kids expresses being unhappy about it?" The new child is the biological sister of one of our sons. We had sought to adopt her years ago, have been praying for her for years, and she has begged for years to be allowed to live with her brother and be part of our family. One of our children has expressed the fear that this new child will steal the attention of their mutual brother, so her brother, his brother. And the mom asks, how can we address his concerns?

[00:00:59.130] - Melissa Corkum

I think this is really tricky, and I am thinking about this both as an adoptee and from that perspective. I think it is really important whenever we can maintain relationship between biological family, especially siblings. And I'm also thinking about it from the perspective of an adoptive parent who has kind of witnessed how unsettling it can be to introduce a child with potentially high needs into the family. There's obviously a lot we don't know about the situation in terms of what are the needs of the kids currently in the family, how stable is everyone? All of those things. But I think back two years ago, Dr. Purvis said that she really believed that there should only be one child from a hard place in a family at a time, and that got a lot of flak at the time, and especially when we think about sibling groups. But looking back over our journey, I think there's also a lot of wisdom in that, and I don't think there are any hard and fast rules and lines. But I think it's something we need to think about and consider and kind of try to think outside the box. How can we keep potentially biological siblings connected, even if they can't be adopted into the same family, while also making sure that kids with high needs have the support system that they need? And that can be tricky to do if you have the more kids you have to a family. Obviously, love doesn't divide, but like time and resources kind of do. And so, Lisa, we both know from having big families and lots of kids with hard needs, it does get hard to make sure that everyone's getting kind of exactly what they need. There's only so much time in the day.

[00:02:52.170] - Lisa Qualls

Right when there are a lot of kids, we have to think about the fact that there's only one of us and kids need a lot. And so when a child is expressing concern about what another sibling is going to bring to the family and how that's going to affect them. I do think we really do need to listen. And I'm not saying that the children are in charge or the children make the decisions for the family. It's not that. But we need to hear their concerns. Like with open heartedness openmindedness, what are the actual concerns? And I would talk with all of the kids, even little ones. I mean, not little, but young kids can talk about what they are really worried about. And not only is it about how much time they'll have, they'll have to share their mom, they're going to have to share siblings. But there are small things that we might think are small things like what is it going to mean in terms of who's going to share a bedroom and with this child, and how is this going to change the dynamics in our home? So, like Melissa said, there's so much we don't know about this situation. We don't know the ages of any of the kids. We don't know the stability of the family, the kinds of needs are already managing. So there's a lot that we can't address. But I do know in my own family, adding more and more children was very hard on my original set of kids and my daughters, a number of my kids have spoken with me on that topic. And my daughter Anna Rosa, I've done a webinar on it, and she talks about the fact that she felt lost in our family. And I think she said something in the webinar like my parents wanted to adopt children who didn't have a mom and dad, and as a result, I lost mine. Now, if you actually ever get to hear her speak or if you hear this webinar, she came to a place of peace with that for sure, and definitely feels that her faith was grown through it. But she does share some stories about really the saddest moments of her childhood. And they involve being sort of unseen and unheard because of the needs of the other kids. So all that to say, I think we do need to think very carefully. And yes, the

sibling bond is so important. And in an ideal world, if you weren't able to take that child into your family, maybe your best friends would or someone in your family. If you can keep the kids connected, it is so important. But your relationship and your attachment to the children already in your family and already in your home has to take precedence over anything else. So if there's not a lot of stability and people aren't really settled in the family and I'm not addressing your marriage in particular, but marriages need to be feeling pretty solid. We need to be in a good place before we add a new child. And so I would listen and see what the concerns are and then really take all of that into account as you consider adding this little girl to your family. Or maybe she's not a little girl. She could be a teenager. We don't even know.

[00:06:03.170] - Melissa Corkum

Yeah. I think the other piece is if a child is verbal enough to express this level of concern, then they're also, I think, mature enough to be a part of whatever solution or compromise you come up with if you decide that the right thing for your family is to expand it and be able to provide a place for the sister. And so I think then asking, we have decided to do this, but how could we help you feel? How can we alleviate some of those fears around attention time? Maybe it's some things that were mentioned when this was chatted about in our Facebook group, but things like dedicated date nights or sibling time, brother sibling bonding time. I know, Lisa, your kids have said in those webinars that it would have been really important for them. And our kids have said the same thing. To have a safe person who wasn't the parents, like who's kind of dedicated to the kids, who can a mentor or an extended family member or an aunt or an uncle or another safe person that they can always call or rely on if things in the house are too crazy, or if mom and dad are otherwise occupied meeting the needs of someone else. And so some of those are the practical ways to kind of help kids adjust to the changing dynamics when you add a new child to the family. Our next question comes from Kimberly.

[00:07:42.930] - Kimberly

We are considering sending our 15 year old daughter to a residential treatment program, but don't even know where to start looking and really at what point is best to send her? Meaning what would cause a parent to want to do that?

[00:08:06.030] - Lisa Qualls

Both Melissa and I have had to make the decision to have a child out of our home for a period of time for a variety of reasons. And I want to say something that I think is really important. And that is a lot of times, especially if we have a lot of knowledge about connected parenting, if we understand a lot about trauma and attachment, we feel like we should be able to do this. We should be able to bring our kids to enough level of healing that they are safe, that everybody in the family is safe, that they are healing. But the truth is that sometimes our kids need a higher level of care than we can give them. And I know for us when we finally did make the decision to get help for our daughter, which I can back up and talk about a little bit. But I will say when we finally made that decision, we wished we'd done it sooner because we had years of so much chaos and so much difficulty and suffering for her, for everybody else. And it would have been wonderful had we sought better healing for her and better treatment for her earlier, so that we would have had more time, less time at the beginning when everything was so, so hard, and more time after when there had been so much healing.

[00:09:28.440] - Lisa Qualls

So our experience of choosing residential treatment for our daughter, it did take us quite a while. I really struggled with it. But her behavior was becoming so unsafe for herself and for everybody else in the family. And we were working with a psychologist at the time, and he kept telling us, somebody is going to get hurt. He said, I don't know who it's going to be, but somebody is going to get hurt. Things are not safe in your family. You would think, well, this child is not very old, but still, if the child is a danger to themselves or to somebody else or both, then that's just not safe. We think we can keep everybody safe. But I will tell you that we thought that and we were wrong. We were not able to keep everybody safe, and we weren't able to keep our daughter safe either. So we finally came to a point of realizing that we couldn't go on the way we were. And we made the decision that the very next time she was a danger to herself or someone else, we would take her to the hospital. And I think within 24 hours, we had an incident like that. And initially Russ and I were dealing with it the way we always dealt with all these situations, which was so hard. And then all of a sudden, we looked at each other

and said, oh, this is that moment that we have been talking about. And we both looked at each other and said, we need to go to the hospital. And that first trip into the emergency room really began a process. We ended up with a couple of inpatient psychiatric treatments, and then finally residential care. And the residential care was unlike anything we could have ever provided for our daughter. She was in a wonderful program, I will say, very actually attachment focused, which seems kind of hard to imagine. But she was in a very small group of kids in a cottage that had a full time therapist, full time workers, and everybody was trained in helping kids who experienced a lot of trauma and who had really, really challenging behaviors. So basically 24 hours a day, she was getting therapeutic care. And that was far more than we ever could have offered at home. And I was a TBRI practitioner. I knew how to do a lot of these things, but I was also a mom of a bunch of other kids and trying to run our home in our life. So not only did our daughter get good care from the staff there, we were very involved in the process. The program was very focused on the parents being involved with online. We did therapy over Zoom. We did calls every week. We had family weekends we went to. So we weren't completely cut out. Well, we weren't cut out by any means. So in the end, it was a very good decision for us. But I do remember this very strange combination of shame that I felt like I'd failed some grief over the loss of the dream of what I thought it was going to be like and relief. And I didn't quite know what to do with all those feelings. But those are my honest feelings of what I felt when our daughter went to residential treatment. So, Melissa, your situation was different. It wasn't exactly residential treatment. But do you want to talk a little bit about having to place your daughter out of your home?

[00:12:48.870] - Melissa Corkum

Yes. And our daughter was 15 when things got really dicey. So I can completely understand all of those things. And we have walked both personally with friends in the area. And then the work that we do here at the Adoption Connection, unfortunately, down this road with a lot of families. And I think what we've learned along the way one is I think it's a really good exercise. If you're listening, you're thinking I'm not sure if this question applies to me. We're not quite there yet. I wish our agency, as part of our training, had asked us to put together a safety plan. And one of the things that we talk about in our safety plan webinar is thinking about what will the line be for looking for higher levels of care before you're really there. Like, even if you have a baby, like thinking about in the future, if our child ever does this, we will immediately start to look for higher levels of care, whether that be when do we start looking for help from a psychiatrist? How do we look for a specialized school? When would we look for residential care? And I think we have to make all those decisions when we're not super stressed, when we're not in the moment. Kind of like you and Russ, Lisa, saying that this is the objective thing, there's no judgment call. If this thing happens, then this will happen. And we had that point in our family, too. But we were kind of deciding this thing kind of as we went by the seat of our pants. And I wish we had thought about it without all the stress and without the decision being so imminent. I also think we also had pretty extensive TBRI training and thought we could do it all. And in that because we weren't asking for as much outside help. I mean, we had a therapist and a trauma trained therapist, but we didn't have really any other documentation except for a therapist who we were paying. And apparently that doesn't really count for documentation of needing help. And so we didn't want to expose our kids to the trauma of calling the police and all of these things. And we weren't sure if that was really going to be helpful, if it was going to be more traumatic. And so we just kind of handled it as a family. I would just call my husband home from work and we would tag team out 15 hours a week for years. And when we finally reached the point where we really understood the level of care that our family needed and that our daughter needed, there was no paper trail. There was no record of needing to call the police or having shorter term inpatient visits. And so I do wish we had talked to people outside of our little bubble earlier because that documentation matters. If you want insurance to help pay for residential, I mean, if you can afford to do it privately, then at any point in time you can call a residential treatment center and ask if they have a bed and pay for that. But it is extremely, extremely, like tens of thousands of dollars a month expensive to do that. And most families can't afford to do that. So you'll need the help of your insurance company, and insurance is going to want documentation. The other thing I would say, because this question was specifically about a teenager, a 15 year old. If you think at some point in time you're going to reach the point where you need a higher level of care, like even if you're thinking, we're okay now, but I can see where this could tip at any point in time, I would say start looking sooner rather than later, because even if you reach out to a residential program and start telling them your story, they may be able to tell you, yeah, I think you're ready, or maybe not, here are some other things that you can try. The other thing I

would say is every state has a different consent for care age. And 15 is getting close and sometimes is older than that in States already. And so what you don't want to happen is nine months down the line. You think, oh, yeah, we're really going to need to do this. And then your child is going to be over the age of consent, and they're going to be able to say or they will be able to refuse to go. And we're unfortunately walking this road with a family right now where they tried their very darndest to provide the care that their child needs. And they're finally realizing that they need residential. And this child is going to be 18 in the next six months. And so residential places are saying we can't help you because it's not enough time before he could just walk out. So I would say, especially if you're listening and you're thinking about how do we get our child the best care that they can? You might want to think about also, we're able to provide the kind of care that our child needs, and we can't force a kid to do anything, but we can do this for them where they don't have a choice in the matter before they can just refuse it because you want to take that opportunity while you have it, to provide the highest level of care, the best care that you can. So it's hard to think about, but.

[00:18:17.950] - Lisa Qualls

It is, it's hard to think about these things. They're very scary. Another thing I've shared before, I don't know if I shared it on the podcast, but our therapist was 300 miles away, and she told us that if something happened and someone were to call the authorities or CPS because they saw our daughter being out of control or something dramatic happening, we didn't have anybody local who knew what was happening in our family and who knew enough about us to sort of speak on our behalf. She suggested we reach out to our county behavioral health office, ask for their help with our daughter, which we did. But I will say that having been a home schooler all those years and never wanting to involve the government in our family or our life in any way, that was terrifying to me. And the last thing I wanted to do was let these government people into our lives, into our home. But it turned out to be a gift. And I know that every state, county is going to be different, but our daughter ended up having a case manager through behavioral health, and it was really because of that case manager that we were able to get her into the program, that we were able to get her in, and that the state paid for a substantial part of it. So we did have to pay for part of it, too, which was painful but absolutely necessary for our daughter. It was what she needed. She needed that level of care. And I would never deny my child the care that they need. In fact, we were talking just before we recorded this, and we have a child who developed a really severe eating disorder and ended up in the hospital, and a residential program was what was recommended. And of course, we didn't hesitate to say absolutely, whatever is needed, we are going to do it. We are going to fight this thing with her. And I think of how differently our brains felt about our daughter who had the psychiatric challenges and behavioral challenges. I don't remember saying absolutely, we're going to look for the best residential program and we're going to fight this thing with her. No, we tried to hide it. We were so ashamed. And we were scared. We were really scared about what was happening in our family. So the experience with finding a program for our daughter with anorexia really has made me pause and think about the fact that sometimes our kids need care that we absolutely cannot provide. And there's no way I could have helped my daughter heal from anorexia all by myself in our home. I know that for a fact. And so anyhow, it's been a very eye opening experience. Well, as you can see, Melissa and I have a lot to say about this, and we do talk about this again in our safety Plan webinar. If you're interested in seeing that. We also want to recommend a group that we have known about for a number of years called the Envoy Group. Their website is theenvoygroup.com. They are a Christian organization that helps families locate the right program for their at risk teens. This is only for teens. It's not even adoption specific, but for at risk teams. And they charge nothing for their services of helping you find the right program. So if that is something that you need or want to explore, we encourage you to reach out to them. We'll have their web address in the show notes of today's episode. Okay, our next question is "I would love to know what you all would say about dealing with my child's unreasonable fears." These fears have happened many times in our journey, and I never know what route to take. Recently, she woke up insisting her favorite blanket had turned into a scary shape and there might be a Spider on it. In that situation, should I have allowed her to go sleep in the living room, which was what she wanted, and avoid making her face her fear? So often, I'm not sure that she's really as scared as she acts, and sometimes it seems that it's about control.

[00:22:34.570] - Melissa Corkum

Well, as an engineer, I prefer to tackle the world through logic and thinking, and it has been very

tempting. And I've fallen into this trap many times of using logic to think about some of these parenting challenges that we have with our kids. And unfortunately, logic is not the place to start, because we know a lot about felt safety now, which is our nervous systems judgment call based on past experiences and data that it's currently experiencing, whether or not you're safe or not. And we know that children with early adversity their confirmation bias in that judgment system is often towards unsafety like that. They're assuming that they're not safe, and they're looking for data to confirm that. That system doesn't rely on logic. Right. It relies on instinct and past experiences, things that we didn't have a part of before our children came to us often. And so I think it's important to realize that even though the fears that our kids may be talking to us about may seem unreasonable, that that's the way that they're expressing how their body is experiencing the world and their perception of their reality is their reality. And so I think we have to start with this kind of radical acceptance that for whatever reason, if they're expressing some kind of fear, whether they haven't quite learned how to verbalize what's really going on. And so they're scapegoating it to something like the dark or a blanket in the shape of a monster or whatever, that they still are experiencing some sort of fear or anxiety. And that is real. And we have to start with validating that and having as much compassion as we can. And it's hard and it's exhausting when you're already a tired parent. So we get that. But we can also tell you from experience that trying to logic them out of their fears is also, unfortunately, a waste of energy. And we don't have time for that. We don't want to waste our energy.

[00:24:55.270] - Lisa Qualls

Right. I think what we have to do is meet our child exactly where they are, which is scared. They're scared. And I'm working with a mom right now whose child had an extreme, unusual reaction to an experience. And as she told me about it, I thought, you know what? This child something happened in her life. Something happened before she joined your family. She may not even have words for it, but something happened that has triggered this very big response. And so I think we have to be really careful not to think this is necessarily about control. I'm not saying that kids never try to control us, but I think we have to be careful to remember that there is a fear there, and we may not know what the origin is. And it might need some work. This particular parent is going to look for an EMDR therapist for her child to see if they can process this. All that to say, I think that we also have to show our kids that we can handle their fears. I think of the line from I think it's circle of security where they say I'm bigger, wiser, stronger, and kind, like I am big enough to take care of this fear. I'm wise enough that I know what you need. I'm kind, I'm gentle, and I'm going to comfort you, even if it seems completely irrational. And I'm going to be your safe place, I'm going to be your secure base. You can count on me. I know middle of the night is tough, tough, tough. But I would try to just bring your child into your calm regulation. I would try to give comfort if whatever they normally respond to, whether it's rocking or having a little cup of milk or whatever it is, that's what I would do. I try to meet that need and try to help bring them into regulation. And whether you ever figure out the source of that fear, you may not. But it's really about being that secure, safe person, because overall, what we're trying to do is build secure attachment. And that's about the meeting of needs over and over again.

[00:27:03.020] - Melissa Corkum

Yeah. I think the other thing that I'm thinking about is high structure, high nurture, is what our kids really need. And so in the case of like sleeping somewhere else, sleeping in the living room, I would think, is there any harm in that? Is that a reasonable request? And if your child can ask for that, if they're using their words to find a solution to something they're afraid of and it's within our power to give it, I think I would give it. And again, I think the structure part is if she demands to sleep in the living room, then we kind of have to say, are you asking, are you telling or I would love for you to be able to do that, but I need you to ask with respect. But the nurture is if that's what's going to help her feel secure. And it's not like, you know, it's not like she's saying taking to Disney World right now or something that is completely out of reach. But if it's just, can I sleep with my light on tonight, or can I sleep on the floor in your bedroom, or may I sleep in the living room? I think those are some of the requests that we've can usually say yes to.

[00:28:06.390] - Lisa Qualls

Also, I don't think we need to necessarily legitimize the fear. Like, we don't have to say, oh, wow, yes, I can see how that would have looked like a big scary Spider. I think we can be a source of comfort and not dismiss the fear. We don't want the child to think that. We think they're ridiculous, but we also

don't want to feed it by making more of it than what it is. So again, I think it's just about being that solid, calm comfort.

[00:28:33.610] - Melissa Corkum

Again, I would love to use logic in these situations, and I think there is a time and place for that, and we have to have safety before we can use our logic brain. So that's the key part. And so I think the other thing I heard this on a podcast once, and I wish I could remember which podcast I was listening to so I could give it credit. But there was a child expert saying that fears for children are often not about the actual thing, but a fear that they're not going to know what to do in a situation. So at the breakfast table the next morning, especially if there's a kind of a recurring something, if it's kind of a one off thing, maybe just let it slide. But if it's like every night they're worried that there might be a bug in their bed or something like that, you could have a conversation that says, well, so what would happen if there was a bug in your bed? Like, what could you do? And then maybe make a plan. Maybe you make a special little squirt bottle, a spray bottle, you can spray the area so that the bugs don't want to be in your bed. You could create a little peppermint essential oil spray and maybe miss the bed before you get in bugs don't like peppermint, so we'll do this. Or you could squash the bug, or you could call for me and just give them a plan of what could happen or what would empower them in a situation should they come across it. And that might help alleviate even if it's kind of something that probably won't happen, if they have a plan, they might stop kind of persevering.

[00:30:03.320] - Lisa Qualls

Right. And you could end the whole conversation with these are all the great, powerful things you can do. And if you don't know what to do, you can still call mom.

[00:30:11.290] - Melissa Corkum

Yeah.

[00:30:11.880] - Lisa Qualls

So we can still always be that secure base and safe haven. Our last question today is "my three year old daughter has some sensory issues, and car rides are difficult." One problem is that her clothes bother her. I've tried longer shirts, but it seems maybe folds in the clothing bother her. I'm really not sure because sometimes when she's distracted by other things, she seems okay. What tips can you give me?

[00:30:39.370] - Melissa Corkum

Well, first of all, as a family who spends a lot of time in the car, it is miserable to have a kid who can't do the car. That makes a lot of your life probably challenging. I think it's interesting to think about all the different sensory things that do happen in the car. This particular question is about a three year old, three year olds have to be in five point harnesses, and that could be its own sensory thing. The car moves. And so from a vestibular perspective and a movement perspective, there's a lot of things later this mom talks about how her daughter also gets car sick. So it could be a whole combination of things that makes this child really uncomfortable in the car. First of all, just minimizing any known sensory issues, the things that you know for sure. So if, you know, hard pants, like jeans, are more likely to cause problems when, you know she hasn't, like Tags or seams on her socks. If you have to go on a car ride, especially if it's a little bit longer. But anytime you get the car, like go with whatever clothes she's most comfortable in, even if it's pajamas or if it's the same outfit every single day, or if you have to buy multiple of the same outfits. I would start with those things. Just the most comfortable and maybe tighter fitting clothes that don't get wrinkled. I don't like to sit down and your shirts wrinkled. Or the worst is like if you have a long sleeve shirt on and you go to put a jacket or sweater on and the sleeve gets all bunched up. Like, I don't like that. So maybe tighter fitting clothes would stay more put in a car seat.

[00:32:20.410] - Lisa Qualls

Or fewer clothes. I mean, maybe this child would do better if she didn't have to wear many clothes in her car seat. I mean, obviously you're not going to drive around with them naked. But if you could minimize the clothes and throw a blanket over the top, maybe she would do better. Who knows? You just have to. It's a grand experiment. I always think that let's find the things that work for our child, like

maybe an essential oil, maybe a special stuffed animal she only gets while she's in the car. That's a good distraction. Maybe meeting another need, like giving her a Sippy Cup with something in it will help her not to notice as much some of the sensory issues. I would also try some things like maybe putting a little weighted lap pad that she can hold on her lap. Sometimes that's really calming for kids. She's maybe not old enough to chew gum, but for an older child, chewing gum puts a lot of deep pressure in that jaw joint and could be really calming for kids. So I would just experiment a lot with different sensory things that would help her. She sounds aversive to some of the clothing things, but what are the things that she sort of seems to desire and the things that are calming to her? And I would try to offer those, but yeah, it's a tough one for sure. A lot of kids fight the car seat.

[00:33:35.250] - Melissa Corkum

Yeah. Well, and you said that when she's distracted, she seems a little bit better. So is there a special story or there's some great kid podcast out there like is there something that you can kind of have going that kind of occupies her mind, maybe a sing along or something? So she's not just sitting in the car thinking about her car seat and how uncomfortable she feels. And then in terms of vestibular movement and being in moving things, Lisa and I both get car sick. So we can appreciate this. There are some things that you can do to train the vestibular system, giving her lots of opportunities to move, hang upside down, swing. There are even listening type therapies that stimulate the inner ear that change the way we experience movement. And so if you think it's not maybe like a touch tactile sensory thing, like the car seat or the clothes and it's really a movement thing, then there are some things that you can do kind of proactively for that as well. If you have a question for a Future Mailbag episode, we invite you to drop us a message on our speak pipe widget. It makes it easy. With just a touch of a button on your phone, you can drop us a message. You'll find that widget at the show notes of this episode. We also mentioned a couple of webinars as we were chatting today, so we wanted to let you know that you can find those at webinars.theadoptionconnection.com. There's a safety plan Webinar, where we talk a little bit about reasons why you might want to look at residential treatment. And there's also a sibling webinar there where Lisa and her daughter Anna Rose talk about Anna Rose's experience as a sibling in an adoptive family so we invite you to check those out. As always, thank you so much for listening. You can find the show notes for this episode at theadoptionconnection.com. Before you go, we'd love to connect with you on social media. Our new Instagram handle is [@postadoptionresources](https://www.instagram.com/postadoptionresources) or better yet, join our free Facebook community at theadoptionconnection.com/facebook.

[00:35:49.450] - Lisa Qualls

Thanks so much for listening. We love having you and remember you're a good parent doing good work.

[00:35:57.730] - Melissa Corkum

The music for the podcast is called New Day and was created by Lee Rosevere.