

Ed note: The approach of this guide is the topic driven format for the adoption parenting e-group sponsored by EMK Press at Yahoo Groups <http://groups.yahoo.com/group/adoptionparenting/>. Every two weeks we tackle subjects that are germane to parenting our children. This is an edited version of the topic on PADS. (C.Kitze)

Post Adoption Depression

Stressed, Depressed and Parenting? How do We Cope with Ourselves and Parent as Well?

By

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INTRODUCTION

The “Baby Blues”¹ is a well-documented condition from which doctors acknowledge women who have given birth are more than likely to suffer, whether to a mild or moderate degree. Thought to be due to the massive drop in pregnancy hormones after the birth, women are supported through this by the post-birth care teams. It is accepted and understood by family and the wider community. New mothers are generally cosseted; birth is a truly a labour, and people understand the tired inability to focus that occurs. Indeed, might it be an accepted part of birth, forging social bonds round the new mother, allowing her peace with her baby, allowing relatives and friends a chance “to help”?

When June Bond, an adoption advocate and adoptive mother, wrote an article in 1995 for *Roots and Wings Magazine* she startled the adoption world by announcing that adoptive families, particularly the primary carer, could suffer from Baby Blues too. Her work as an adoption advocate had allowed her to deduce from the profiles of her clients that there was possibly a “syndrome” - a set of symptoms - common to many adoptive families which led to one or both parents becoming depressed after bringing home their loved and wanted baby.

¹ Post-Delivery Depression/PDD & Post-Partum Depression/PPD

Bond coined the term *Post Adoption Depression Syndrome* or PADS. It caused a paradigm shift (if not a revolution) in understanding how adoption doesn't always bring a good hand in playing *Happy Families*.

Bond's article put the proposition on the table that adoptive families can find themselves overwhelmed *AFTER* the adoption, just at the time when the rest of the world can only think they must be the happiest of people. However, although Bond's proposition was made that PADS is a definable form of depression, and although she discussed how the families were feeling and the roots of the depression, the paradigm shift in thinking didn't cause a revolution in post adoption care.

Why not? The need for understanding and compassion afforded to a bio family just seems not to happen for many adoptive families. Our "labour" isn't understood. We've got our child home - but how many in our communities really understood the process, or what that child would need once home?

Harriet McCarthy, adoptive mother to three children from Russia, a senior member of EEAC² and a sufferer from PADS recognised that sufferers were not getting the support so much needed. In 1999 she organised a survey via the online resources of EEAC to document the prevalence of post adoption depression in adoptive families, to ascertain how long families suffered from it and to discover whether families were obtaining help and support.

Responses to the McCarthy survey shocked its author. It showed that of those that responded to the survey, 65% said they had indeed suffered from PADS, and half of *those* also said one year from onset of the depression, they were still depressed. Moreover, only eight respondents said they had had pre-adoption advice from their agencies and advocates about its prevalence. Sufferers said they thought PADS had affected their health, relationship with partners and their developing relationship with their new child.

The survey was published in 2000 via various adoption groups and communities on which McCarthy served, and it brought pronounced comment from agencies, therapists and adoption counsellors. The survey set underway the revolution in understanding and care for PADS. The Survey report can be found at:

http://web.archive.org/web/20030817081718/eeadopt.org/home/services/research/pad_survey/index.html

From the work of Bond and McCarthy have stemmed several other seminal articles available online (and listed in the Resources here) which suggest that agencies are beginning to pick up on the need for pre-adoption counselling of adoptive families, and which offer thoughts of how families may help to help

² Eastern European Adoption Coalition; <http://www.eeadopt.net/site/eeac/>

themselves through the difficult phase of transition from paper-chaser to mother/father/family.

A new PADS survey currently being conducted at the Madonna University, Livonia, Michigan³ hopes to focus on both the external and physiological causes and components of PADS. In carrying out the Survey, Laurie Miller and Christine Fisk hope to discover if a particular *type* of parent might be more liable than another to suffer *PAD*. From the data accumulated, the survey hopes to be able to devise predictive tools which might help physicians and adoption counsellors support such parents. It's also hoped that more precise support can be developed. The study has still to report.

AIM OF GUIDE

The purpose of this Guide is to look at what underlies post adoption depression, to look at tools with which to cope with it, to ask about support and education on it and for dealing with it. We also will look at how it may affect the children coming home to parents unable "to cope" because of it.

In the course of the Guide, we look beyond post-adoption depression to the toll on us as well as the joy of being a therapeutic parent, how that toll may tell on our health. We can also reflect at how it is to parent a child when a partner is depressed.

For a family, dealing with depression is akin to adding an additional, hopefully transient, member. Depression itself needs dealt with not just as a part of the sufferer, but as something that affects the whole family. The illness itself takes a place at the table⁴

Part 1: OVERVIEW: WHO "KNOWS" POST ADOPTION DEPRESSION?

Part 2: WHAT IS DEPRESSION

Part 3: RESOURCES

PART 1:

WHO "KNOWS" POST ADOPTION DEPRESSION?

³The Madonna Survey is collecting data on *PADS* and adoptive parents from 1 September till 31 October 2004; participants need to have adopted AFTER September 2001

⁴ Thanks to author Susan Olding for this illumination

WHO “KNOWS” DEPRESSION?

Only someone who has been depressed can *know* depression.

Do sufferers *know* at the time of suffering? Can they act to get help? It's probably right to say that anyone suffering from depression “knows” at some level something is *wrong*, and we know this at gut-level even when we can't figure why, or why we're behaving as we are when depressed.

So does this mean that that knowing who “we are” is a must in our pre-adoption education and something we need to carry on knowing intimately as we parent our children, and function in our families? If we don't know who we are, how can we know when we're out of sync?

For those of us who come to parenthood having had great parents, it's maybe easier.

For those of us who've struggled to come to terms with our OWN growing up, it's maybe more difficult. If we can't get to classes (or counselling?) before adoption, we can read and talk. A good start for some on list has been Kathryn Black's book *Mothering Without A Map*.

For those of us who become depressed because we are ontologically, biologically, neurologically *made* to incline that way, what for us? How do we know when the blues turn to black? Environmental factors (adoption and all its baggage) may in fact only trigger a deeper chemical response to the challenge that others, challenged and dispirited by that load too, can shift far faster.

Perhaps PADS operates on two levels depending on the type of person we are? The person overwhelmed by events but able to cope with the help of a friend, and the person overwhelmed by events but only able to cope with the help of a physician? In any event *neither* type of sufferer is “to blame”: both need support

WHY DEPRESSED?

The BIO Baby Blues, if experienced by the mother, are explained by doctors as being rooted in the “depression” of the hormones of pregnancy following the birth. Their onset may also partly be the result of stress in the new mother now that she has absolute responsibility for the new child. The new mother may also be stressed regarding the role change from being a pregnant mum to having born a child. Inevitably, the hormones of stress may be tied to the hormones of pregnancy. New bio fathers also may get overwhelmed by responsibility.

So, it's most likely the hormones of stress that are involved in post-adoption depression. Therefore, there are factors at work that link the causes of the bio blues to the post adoption blues. Is it probable these relate to stress, feelings of inability to cope and a worry that we can't sustain the needs of our children as well as our own needs?

June Bond and Harriet McCarthy both emphasise that depression after a major achievement is a very human form of "coping" with having reached "the finishing line", or a milestone in one's life.

We can think of mountain-climbing/ mountaineering: all and every effort is made to get to the summit. BUT! It's only when you reach the top do you see the way goes down - and beyond the valley is the next mountain to climb. For new parents, it is exhausting to think that "achieving" doesn't stop with the arrival of baby, that in fact that is the real start.

OR, we can look at weather terminology. A depression is a "low" that inevitably moves in after a high, depending on winds. Look also at a relation of the word **depression**, the verb **depressurize**.

Is it maybe necessary to come down from the heights in order to move on? Is depression maybe a form of coping with a burden, even if it ultimately not a healthful form of coping?

What Makes Coping Difficult?

1. Bond and McCarthy both emphasise that it may indeed be very hard for adoptive families to allow to themselves that making the transition to parenting is difficult, and can be lengthy.

And so we are hard on ourselves. We have perhaps spent years in the paperchase convincing those that would approve our capacity as adoptive that we would be superb parents. And then, we find we don't know how. Worse we are so down about NOT knowing that we runaway from caring to be good-enough parents. We may be fuzzed, floaty-feeling - and want out of it.

Or perhaps we indeed could be clinically diagnosed as depressed?*

2. Bond, McCarthy and the other writers who have spoken on PADS (see Resources for a fuller list) speak to the fact that many *adoptive families are quite simply frightened to approach counsellors, doctors, agencies, even family for help.*

Is there the underlying feeling that confession could strip parenthood from us? That the child might be removed because we are proving ourselves to be not-good-enough parents?

3. McCarthy also speaks to the fact that many adoptive families become depressed with their parenting in the early stages of the relationship with their child quite simply because reality and the “ideal child” don’t match. *Unrealistic expectations of post adoption bliss are hard to lose.*
4. *Our adopted children are indeed hard children to parent, because both we and they have yet to learn to match and attach.* Moreover, many of our children arrive into our homes and care with issues that surprise us as well as issues we thought we could cope with and were shown on their paperwork. Particularly in international adoptions, children come home with post-institutional problems: many don’t “know” what family means. Older children may come home with learning difficulties language issues, behavioural issues which daunt.
5. *Our friends and family may have unrealistic expectations about OUR transition to parenthood.* They may tell us we shouldn’t complain about our children’s behaviour, that we should be prepared for it OR we should cope with it because we have waited so long. Worse, they may say we don’t have the right to vent and commiserate with others about the up-and-downs of being a new parent....just because our children are adopted, and WE chose it. *Instead of sympathy we’re told we made our bed, now we must lie on it*

Parenting an adopted kid is hard. Making the match work is not achieved easily or in day. We know this - but don’t *KNOW* this; it makes self-forgiving our parenting-fumbling hard. Coping with all the above is not therefore a piece of cake. It needs work, it needs time and it may need medication, therapy and support.

WHO IS DEPRESSED?

Which of us is depressed and parenting? Are we overwhelmed at the burden of parenting? Overwhelmed by our own issues? OR are we quite simply at the mercy of, putting it most simplistically, a lack of the “brain chemistry” that keeps depression at bay? Did depression come before or after adopting and if after, how far into parenting were we when the Black Dog arrived?

And for some readers, is PAD something which “others suffer from” because we just are not the “type” to get stressed let alone depressed? For those of us here in this camp, what has made it possible for us to cope? A sense of knowing ourselves? Knowledge of where to go for help (friends, physicians and Good Books)? A support network that works? *We have a gift that we can give our friends who do suffer from PADS: understanding and support.*

Some sufferers from PADS very rightly stress that while learning to cope and use stratagems to “blow away the cobwebs of despair” may help dispel depression, some forms of depression are only treatable by medication and

need the help of a physician. Here is a comment from a sufferer who prefers to remain anonymous:

If a person's depression is caused by a chemical imbalance in the brain, the types of coping mechanisms discussed below may be able to help that person hang on until their brain chemicals rebalance themselves by themselves or until the person gets medical treatment. It is important to understand that some people may be predisposed to the chemical imbalance(s) that may cause depression and that this is a medical condition that is not the person's fault and not due to inadequate parenting knowledge or lack of appropriate coping skills.

What follows is a "list" of situations where depression may play a part.

Situations

- McCarthy's survey is presumed to have been answered mainly by women, because women predominate as members on the lists she surveyed. McCarthy and the other writers on PADS suggest that it hits mainly *primary carers, which again suggests that the sufferers are mainly women.*
- *However, McCarthy rightly asks how many new adoptive fathers may also be struggling with complex feelings, perhaps feelings of inadequacy which must be hidden faster; men tend to return to work faster after adoption and childbirth than women.*
- *In a family where both adoptive parents feel inadequate and unable one to support the other, there must be great turmoil, especially if such a couple have not got good friends or family in whom to confide. A marriage that was relatively weak before the adoption, one perhaps even where the adoption was made against the better wishes of one partner must surely be in crisis here.*
- *We also need to ask if there are any indications that a person may be at greater risk of PADS than others. Certainly, families who have not fully participated in parenting courses or perhaps have not even been offered them may well be thrown off guard by how hard it is to become a parent through adoption. This means perhaps dealing with a new family where the children are not babies, and where parents therefore hit the ground running with their own needs and the needs of the children pressing in from all quarters.*
- *Families also who have suffered from grief and loss, perhaps a death, a divorce or their own infertility, prior to adoption may well be at greater risk than others IF they have not allowed themselves time to mourn.*

Indeed, in the United Kingdom, social workers are empowered to put an adoption application “on hold” until they are sure that grief and loss have been adequately dealt with. UK adoption practice requires that adoption after infertility has space between the last “try” and the adoption application. That is also the case with adoption after the death of a child. Where social workers require, applicants must attend work-shops to deal with such grief and loss. There are detailed questions about grief loss and mourning asked in the adoption application **pro forma** used by social services.

- *Families coming to adoption for a second (or further) time may also be at risk if they come to a crisis with the child(ren) in the family prior to the new adoption.* Dealing with a difficult child, dealing with a child’s emerging needs..... may throw parents off balance about their skills as parents just when they really need to be sure they can indeed cope with their growing family. Once more, UK adoption practice asks detailed questions regarding how the parents will cope with stretched resources; if the children in the family are over the age of four, they will also be interviewed and assessment of their coping with additional siblings made.

Should families feel intimidated and disempowered by practices such as those that operate in the UK? Would such practices be tolerated by waiting parents elsewhere?

What are “rules” in other countries for disclosing such? A recent debate on a pre-adoption listserv suggested that parents-in-waiting should **not** offer social workers any evidence on previous depressive history, just in case approval to adopt was halted or delayed. One can understand this.... But surely knowing this is pertinent to adopting a child?

- *What about being clinically affected by mental illness PRIOR to adoption?* In an article published in **Adoptive Families** (October 2004), the writer Emilee Gruss Gillis⁵ tells how she successfully adopted AFTER the onset of bi-polar disease, having WORKED WITH her agency and social worker to finalise the adoption. Honesty worked here, and that gives hope to others. *Adoptive Families* magazine welcomes comments and insight on their articles; reach them at www.adoptivefamilies.com/letters.php OR letters@adoptivefamilies.com.
- *What also of those parents where depression begins WELL AFTER a child comes home?* Some families with “hard to parent” children can become depressed as they wait for the second child to come home.

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Motherhood in the Balance by Emilee Gruss:
<http://www.adoptivefamilies.com/articles.php?aid=992>

These parents have said depression follows fear that they can't parent one child, so how can they cope with more?

- *Depression may also simply occur at any point where a parent is overwhelmed by own needs and the changing and cumulative needs of a growing child or children. ALL of us may fall prey to this. Our capabilities at work may be a trigger for this, there may be family turmoil which isn't necessarily child-driven.... ALL of us need how to take care of ourselves first.*

Think airplanes: you get your OWN oxygen mask and lifebelt on before you fix your child's.

- *Lastly there is evidence to suggest that those who have already suffered from a depressive illness may well be more liable to the onset of PADS (See Resources). If that is the case, then parents in waiting should take the opportunity to discuss the possibility of PADS with their medical practitioner and ask for all preventative support possible, and should not hesitate to ask for help if not coping after the adoption. The Madonna Survey (see above) will look at this.*

IF a revolution in support and care is indeed happening, then families with their counsellors and medical support need to be ready to ASK for that support to be available during the pre and post adoptive periods, and expect it to be granted.

Is this really possible? Are practitioners and adoption counsellors/advocates ready to help?

IF NOT, WHY NOT?

ADOPTION EDUCATION AND PADS

The McCarthy Survey recommends that adoptive families attend as many pre-adoption parenting classes as possible. She holds firmly that as adoptive parents we are ALL going to be therapeutic parents, no matter we don't have PADS and our children have the sunniest of dispositions. There is work to be done in nurturing loss, and thus we need the classes.

Whether or not our agencies or support groups are giving the material we need, if we are thinking on our feet PRE-adoption we could be looking at ways of supporting ourselves in the early days of the adoption, depression or no depression. We can decide to:

- ✓ have a massive cook-in and freeze-in before we leave to collect the child; saves time, saves effort.

- ✓ plan announcements and parties and make sure friends know parties are many months post adoption!
- ✓ Know who in family or friends is going to be **in** our intimate circle, it might be grandparents, best-friend or it might be (for an older kid adoption) be someone we know and trust who speaks their birth-language (quite a leap of faith in trusting that our parenting won't be eroded). Then we stick to it. There is a great deal in the old traditions of "lying-in" where mother and child are given protected space to survive (and this is said with the knowledge of the darker aspects)
- ✓ plan escapes via partners or our trusted intimates (and it may be that a trusted intimate is a well-chosen care facility).
- ✓ ensure that we get space sooner than later to shower solo (the bliss of shampoo and creamed emollients is hard to describe to those deprived); if not possible then we can find the absolute in foaming bubbles and make bath-time communal fun..... and get a bit of close attachment work done too.

But when it comes to looking at external views of our dilemmas, we are fortunate to have a few but very excellent writers to guide us.

Shelley Page in her 2002 article **The Hidden Baby Blues*⁶ notes that there are *the beginnings of agency education in PADS*, and that this is an excellent preventative. Knowing may not be avoiding, but it means suffering is not something that needs to be done is scared silence.

Karen Ledbetter, in "outing" PADS in **BELLA ONLINE* Adoption and Depression*⁷ gave the syndrome an airing beyond the adoption community, and such airings often make it more possible for "normal" people who also are adoptive parents to approach professionals for help. The Ledbetter article took the syndrome to the outside world.

Other articles such as Jean MacLeod's early articles published in **Adoptive Families Magazine** and also through **BabyCenter** and her later and fuller work **Baby Shock** (EMK Press Parent Guide) step readers through preventative measures, and tools for therapeutic adoption parenting. The measures largely rest on understanding that bonding with children takes time, that a family needs time to develop family glue without too many visitors intruding initially, and that the parents themselves need time both for themselves and for each other. Jean MacLeod's developed this Parent Guide was working with a member of the American Psychiatric Association, Doris Landry M.S.,P.S.

Jean MacLeod: *Baby Shock* Parent Guide

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(<http://www.todayparent.com/pregnancybirth/becomingparent/article.jsp?content=1250318#>
⁷ <http://www.bellaonline.com/articles/art385.asp>

This year also saw the publication of a book on PADS. Reviewed on Amazon and beyond, this is a title which can only help promote discussion of the syndrome across the adoption community, and alert social workers, adoption counsellors and therapists and medical practitioners to the issues of concern. Karen J Foli and Robert Thompson have written on *The Post Adoption Blues: Overcoming the Unforeseen Challenges of Adoption*. More details on this book, including a discussion by the authors is found in Resources.

AND WHAT OF THE CHILDREN?

Writers on the subject of PADS agree that the increased needs of an adopted child may well increase the chances of parents feeling unable to meet their needs. It may be that while there is no stigma attached to either suffering from PADS or asking for help for it, BECAUSE of the fact of the adoption and the high-need(maybe high-risk) kids, parents must seek help: FAST. Susan Ward⁸ in her article **No Instant Love** notes that what may present as “attachment” difficulties in a child may concomitantly present in a parent as depression and an inability to cope.

The important point to take out of this, and DEVELOP, is that we are not talking of a one-way bonding process, but two-way traffic in making a critical attachment. If an adopted child comes home to find or feel a parent is unavailable, that child may cut responses far faster because of the fact of the adoption (and the previous losses that being adopted carries at its core)

It’s a tough call. What is the evidence that a depressed parent can affect a child’s ability to cope? To respond lovingly to family life? Are there parents who will admit this?

Isn’t it inevitable that a hyper-vigilant PI⁹ child will pick up on the mood of the new parents? And react by increasing coping mechanisms used to hold off trust?

What might these coping mechanisms be? An angry child, a withdrawn child, a child who lies, is distant, lacks eye-contact?

And while these are valid responses for a child to make to an unavailable and depressed parent - *they are also symptoms of attachment disorder*¹⁰

⁸ <http://www.olderchildadoption.com/parenting/instantlove.htm>

⁹ Post-Institutionalised

¹⁰ <http://www.oregoncounseling.org/Handouts/DepressionChildren.htm>

There is researched evidence available, quoted in the Resources, and there is anecdotal evidence available from brave parents that depression affects both the sufferer and family. That melancholia breeds and feeds on itself and its "own"

Some brave families have spoken of how their depression made them unavailable to their children, how in retrospect their children came not to expect much other than being shut-off by mom. Some parents found this even when well-supported in their family. They were still were unable to offer their kids, during the period of untreated depression, the things they knew they should be offering their children.

Is it possible to ascribe a child's post-adoption problems to parent unavailability or depression? That the child's problems are perhaps caused by the parents? How much does parents' depression exacerbate children's attachment issues?

Doris Landry MS, PS has suggested that an adoptive parent may DEVELOP depression IF a child cannot respond lovingly to her new parents. Which forces us to look at the traffic jam from another angle. A high-needs child may tip a susceptible needy new parent into spin of feeling not-loved, not-loveable and then toward depression because of feelings of not being a "good-enough parent".

Which of us could tell prior to adopting how we would cope? Well, whether or not we know how our children will cope when they come home to us (not many of our INTERNATIONALLY adopted children come home with psychiatric reports), we know ourselves. Or if we don't, we should.

The issues of the parents and the issues of our children cannot easily be dealt with by dealing with one alone. The responsibility lies with the parents to deal with BOTH

PARTNERS AND FAMILY: GETTING SUPPORT, DEALING WITH FEELING

Sometimes we are dealing with a partner who becomes unable to cope. Indeed, some of us find our families can't support us; the reality of the adoption is too much for them.

To illustrate, some parents come home with their children to find that a partner, unsure of his/her responses to the fact of the child at home, or perhaps due to work pressure or other family pressure (for example the death or the dying of a close relative) "abandons" their partner to the child and their child to the partner. This can exacerbate any feelings of inability to cope within the child. The child's insecurity increases. And the coping partner is left feeling unable to cope with the unavailable partner- and the child.

Education, post-adoption support and care from community health workers can be a salvation, but often this is limited post-adoption. And perhaps where

parents are failing each other (as well as the child) it's even tougher to ask for help. Especially if one of the new parents looks to be medically depressed. It's so shameful to have BECOME parents, and then fail before the first jump....

This however is an area where the utmost ought to be done to ensure that parents have support. At the very least pre-adoption, parents ought to be encouraged to develop support networks. This can be extremely hard for adoptive parents- there really are not the equivalent of childbirth classes or La Leche League groups. It is here that online resources and country specific support groups can be a lifeline, even just because parents MAY have been members before the adoption, MAY have made personal friends or MAY have just enough nerve and energy left to choose the anonymity of asking for online help.

It's helpful also at this stage to recognise that what many parents experience is less depression but sheer anger at their coping abilities with their children. Just as there are scenes of parental apathy while a child screams there are variants on this. There may be an angry parent on one side of a thankfully closed door and an angry child on the other, there may be an angry parent and a spaced out child, as well as a spaced out parent and an angry child.

Some families have written to say that with the onset of depression, they became scared of how angry their child made them. This feeling of anger is a part of depression, but it's the pressure-cooking part where rather than a low, too high a pressure comes, leading to storms.

How many of us have had the sense to leave the room when our patience was not in place for coping with our kids? How many of us have raged on one side of a door while our kids raged on the other? How many will admit this? To whom did (and do) we admit it?

How many didn't make it to the other side of the door?

How many of us have wondered in the dark of the night if how we were when our kids came home wasn't quite the supportive cushion we KNOW we should have been? How many of us wonder if our troubled lives impacted, clashed and hindered the meld and the mend of our children's hurts? And hindered their feeling secure in our family?

It is excellent that many of the support groups we have access to give (rightly) support to mums parenting hard to parent kids, and get (rightly) mad when the children's problems are seen as "ours", through over-protective or over-reactive parenting.

It is wrong very wrong to ascribe Munchausen's-by-proxy (and not so long ago even to talk of failed attachments brought such accusations). However, we need to know that to parent adequately means being whole - not holed.

WE can go to get help before our kids are affected.... We are the responsible parent.

In the Resources section are placed some materials that illuminate how the children of depressed parents are at risk. What a double whammy when some of our adopted kids come home with their own crises.

Moreover, a child with a history of loss may be a hyper-vigilant child, and may well react to a parent's depression and unavailability by regressing to coping behaviours we thought we'd help them leave behind. These children may withdraw from the depressed parent and throw all their concerns at the available parent, stressing the family even more...

Research¹¹ suggests that the children best equipped to deal with parental depression are children with a highly developed sense of self, an active life beyond the home, and a sense that they are not responsible for their parents' illness.

A tall order with adopted children?

It maybe means that IF we suffer from PADS ourselves we need to look into how are kids are, before ascribing to them pathologies that if correct probably pre-date adoption. Attachment "issues" can mimic depression; and depression in children can be related to our parenting¹².

An angry child may be on the flip side of depression, an insecurely attached child hanging on to what's available.

Tough stuff? YES.

Difficult to extricate OUR issues from those of our kids? YES?

BUT WE ARE THE RESPONSIBLE PARENT

We need to seek help: for our kids and us.

Which makes it a necessity that we open debate: that we ensure we are indeed developing tools which obviate this conflation of our kids' "affects" and ours. We need to talk to agencies, doctors, and in support groups, whether

¹¹ <http://www.psychiatrictimes.com/p990957.html>

Interventions Aim to Prevent Depression in High Risk Children Elizabeth Fried Ellen LICSW 2004

¹² <http://www.oregoncounseling.org/Handouts/DepressionChildren.htm>

Understanding and Dealing with Depression (ages 6-12 years) by Michael Conner Psy.D

real or virtual. We need to make it known that many families do suffer from PAD, there is no stigma, and help should be sought.

What a great need there is, what HUGE impetus on us that we find secure and sympathetic hearing for our kids and ourselves.

PART 2: WHAT IS DEPRESSION?

The US **Diagnostic and Statistical Manual of Mental Disorders-Fourth Edition**(DSM-IV, 1994) from the American Psychiatric Society describes this, and the description is available online from more than one source. Google it. Here is a link to a source that addresses the diagnosis in plain language:

http://www.pennhealth.com/health_info/tips/depression/9_symptoms.html

If the onset of more than five of these symptoms occurs within one two-week period, seek help. Seek help with the last, no matter what, and as soon as possible

- Depressed mood for most of the day
- Loss of appetite or change in weight
- Sleeping poorly
- Loss of interest in previously pleasurable activities; inability to enjoy usual hobbies or activities
- Fatigue or loss of energy
- Feelings of worthlessness; excessive and/or inappropriate guilt
- Difficulty concentrating or thinking clearly
- Morbid or suicidal thoughts or actions

What causes depression? Its causes are attributable by some physicians to either/both of these:

1. It is a medical condition caused by chemical imbalance in the brain
2. It is a response to bad/unfortunate events in people's life and some people are just better able to cope with difficulties than others.

http://www.clinical-depression.co.uk/Depression_Information/causes.htm)

Other more general resources are:

http://www.clinical-depression.co.uk/Depression_Information/causes.htm

http://www.pennhealth.com/health_info/tips/depression/9_symptoms.html

<http://www.abc.net.au/health/depression/whatis.htm>

If a person's depression is caused by a *chemical imbalance* in the brain, the types of coping mechanisms discussed earlier may be able to help that person hang on until their brain chemicals rebalance themselves by themselves or until the person gets medical treatment. It is important to understand that some people may be predisposed to the chemical imbalance(s) that may cause depression and that this is a medical condition that is not the person's fault and not due to inadequate parenting knowledge or lack of appropriate coping skills.

More information should be sought from a physician. Information regarding drugs to treat depression should be sought from a practitioner who knows your case.

PART 3: RESOURCES

BASIC READING

<http://www.adopting.org/pads.html>

June Bond, Roots and Wings 1995

Also available at

<http://www.openadoption.com/articles/PADS.html>

June Bond

http://web.archive.org/web/20030817081718/eeadopt.org/home/services/research/pad_survey/index.html

Harriet McCarthy, 2000

<http://library.adoption.com/Post-adoption/Post-Adoption-Depression/article/4875/1.html>

Judy Grob- Whiting MSW PAD Adoption.com

<http://www.bellaonline.com/articles/art385.asp>

Karen Ledbetter Adoption & Depression

<http://www.babycenter.com/refcap/baby/adoption/1374199.html>

Jean MacLeod Baby Shock

Jean Macleod Baby Shock, Parent Guide available through EMK Press

www.emkpress.com

<http://www.rainbowkids.com/2003/10/medical/1003depression.chtml>

Martha Osborne Rainbowkids

<http://www.todayparent.com/pregnancybirth/becomingparent/article.jsp?content=1250318#>
Shelley Page

<http://www.epinions.com/kifm-review-601E-A593D9D-39455F26-prod2>
post-partum depression without being pregnant

<http://www.bcadoption.com/articles/parenting/postpartumdep.htm>
Recognizing and Coping with Post-Adoption Depression, by Siobhan Rowe

<http://www.adoption.org/adopt/post-adoption-depression.php>
A web page with links to many articles about PAD.

<http://www.olderchildadoption.com/parenting/instantlove.htm>
Susan Ward No Instant Love?

Motherhood Constellation

By Daniel Stern

The Post-Adoption Blues: Overcoming the Unforeseen Challenges of Adoption

by [Karen J. Foli](#), [John R. Thompson](#)

http://www.amazon.com/exec/obidos/tg/detail/-/1579548660/qid=1093388671/sr=1-1/ref=sr_1_1/102-2549713-6847344?v=glance&s=books

<http://www.karenfoli.com/postadoptionblues/questions.html>
Karen Foli: a discussion of the book

SUPPORT GROUPS

<http://groups.yahoo.com/group/PostAdoptionDepression/>

http://groups.yahoo.com/group/Post_International_Adoption_Support_Grp/

http://www.guatadopt.com/archives/cat_post_adoption_depression.html
Donna... Yahoo groups post-adoption depression

UNITED KINGDOM:

Group dedicated to PAD: e-mail Lesley - lesley@lesleyfoden.com or telephone her on 01635 254491.

GENERAL ARTICLES ON GRIEF & LOSS

<http://www.pactadopt.org/press/articles/attach-infant.html>
Gail Steinberg

<http://www.adoptioninformation.com/directory/apselfcare.htm>

<http://www.familyhelper.net/arc/prg.html>

<http://www.rockies.net/~spirit/grief/loss.html>

<http://www.mental-health-today.com/dep/dsm.htm>

ARTICLES/BOOK DISCUSSING THE AFFECT & EFFECT OF PARENTS ON KIDS

1. <http://americanradioworks.publicradio.org/features/maternaldepression/video.html>

“A child’s reaction to a mother’s depression.”

2. Interview with Sherryl Goodman, Spring 2001 re her book Children of Depression

Dr. Goodman is a professor of psychology and researcher with the Emory Conte Center for the Neuroscience of Mental Disorders, led by Charles Nemeroff, M.D., Ph.D.

http://www.emory.edu/ACAD_EXCHANGE/2001/aprmay/goodint.html

<http://www.apa.org/books/431784A.html>

3. **THE EFFECTS OF PARENTAL DEPRESSION ON CHILDREN AND FAMILIES: A REVIEW OF PRESENT KNOWLEDGE: AREAS FOR FURTHER STUDY**

<http://www.fhs.mcmaster.ca/slru/paper/wp9710.htm>

Carolyn Byrne

Depression has been traditionally viewed as a condition of the individual where the individual received a diagnosis and treatment for depression and little attention was given to the worlds of the depressed individual. There is now considerable literature indicating that depression's effects encompass the individuals' social worlds of family, friends, and work (Coyne, Burchill & Stiles, 1991; Cummings & Davies, 1994; Hammen, 1992; Wells & Brennan, 1991). It has been well established that children growing up in a family with a depressed parent are at increased risk for emotional, social and academic problems in childhood (Hammen, 1991), and psychopathology in adulthood (Weissman, Gammon, John, Merinkagas, Warner, Prusoff and Sholomkas, 1987). Further, families where one parent is depressed experience more marital discord, stress and rates of divorce, when compared to families with no depressed parent (Teti, Gelfand & Pompa, 1990).

4. **The Effect of Maternal Depression on Infant/Toddler Emotional Development¹**

The effect of maternal depression on infant/toddler emotional development. (1997). Unpublished manuscript. West Ed, Sausalito, CA.

Maternal depression may have deleterious effects on a young child's emotional well-being and increase the risk that the child will develop depression in childhood. The more continuous and prolonged the mother's depression, the more at risk a child will be for behavioral disturbances. Evidence is beginning to emerge that suggests that the period from six to eighteen months, the time for stabilization of attachment behavior and emotional regulation, is one of increased vulnerability for enduring effects of maternal depression on children's emotional development.

Infants of depressed mothers are behaviorally less active, vocalize less frequently, and display increased gaze aversion and fussiness. At the same time, they show higher heart rates and lower vagal tone. Additionally, children whose mothers are depressed typically have problems in self-control, poor peer relationships, behavioral problems, academic difficulties, and attention problems and are at higher risk for affective disorder.

and

It has been found that maternal depression occurring when the infant was fourteen months of age was predictive of behavioral problems during the preschool years, even when the depression was absent by the time the child was in preschool. Similarly, it has been found that maternal depression during the infant's first year of life was predictive of lower cognitive ability at four years of age, regardless of mother's depression status when the child was four.

Infants are particularly vulnerable to long-term effects of maternal depression if mothers remained depressed after the infant is six months of age. Infants whose mothers' depression remitted by six months of age were not found to have cognitive delays and emotional symptoms at one year of age.

Young children of mothers with depressive symptoms at eighteen months but not at five years appear to be at increased risk for anxiety symptoms at age five.

¹ This paper summarizes information presented in the article "Social influences on early developing biological and behavioral systems related to risk for affective disorder; *Development and Psychopathology*, 6 (1994), 759-779 By Geraldine Dawson, David Hessler, and Karin Frey. Please read the original source for more complete information.

<http://www.ehsnrc.org/InformationResources/ResourceArticles/rmdepre.htm>

5. <http://www.timesonline.co.uk/article/0,,2-1075992,00.html> British Psychological Society: Sad Mums Make Kids Miserable

6. <http://www.psychiatrictimes.com/p990957.html>

Interventions - Aim to Prevent Depression in High Risk Children Elizabeth Fried Ellen LICSW 2004

7. <http://www.oregoncounseling.org/Handouts/DepressionChildren.htm>

Understanding and Dealing with Depression (ages 6-12 years) by Michael Conner Psy.D

8. <http://bjp.rcpsych.org/cgi/content/abstract/179/2/151>

Timing of initial exposure to major maternal depression and children's mental health in kindergarten

MJ Essex MH Klein R Miech British Journal of Psychiatry (2001) 179: 151-156

ARTICLES HELPING PARTITION CAUSE & EFFECT OF DEPRESSION

<http://library.adoption.com/Emotional-Dilemmas/Depression-and-Parenting-a-Child-With-Attachment-Difficulties/article/528/1.html>

<http://www.npr.org/features/feature.php?wfld=3866330>
"Clues to depression sought in brain's wiring."

<http://www.npr.org/features/feature.php?wfld=3866330>
"Clues to depression sought in brain's wiring."

<http://www.npr.org/features/feature.php?wfld=1340085>
"Scientists find gene linked to depression."

<http://www.npr.org/features/feature.php?wfld=1920052>
"Cognitive Behavior Therapy: Thinking Positive."

ADULT ATTACHMENT

In the UK the Anna Freud Centre and the Coram Family in the UK has been researching the key factors that make an adoption work. One of the major findings is that the success of an adoption depends on the emotional health of

the adoptive parents. An adult attachment interview was developed toward finding this, intended to discern the types of attachment histories and difficulties that men and women experience. It is a series of questions administered by a trained therapist, and can be used as a diagnostic part of the process to help an adult break old or familial patterns and heal relationships. The hope is that using this tool, the huge emotional and financial cost of adoption disruption can be avoided, because the parents who adopt will be CAPABLE of dealing with whatever is thrown at them by their adopted children

Here's a link into the Anna Freud Centre:

<http://www.annafreudcentre.org/adoption.htm>

Mothering without a Map

by Kathryn Black

Parenting from the Inside Out, How a Deeper Self-Understanding Can Help You Raise Children Who Thrive

by Daniel J. Siegel, MD & Mary Hartzell, M.Ed (2003)

The Whole Parent, How to Become a Terrific Parent Even If You Didn't Have One

by Debra Wesselmann (1998)

ATTACHMENT TOOLS FOR PARENTS TO USE WITH KIDS

Attaching in Adoption

by Deborah Gray

Parenting with Love and Logic

by Foster Cline

Attachment Top 10 Tips for Successful First Year Parenting

by Deborah Gray EMK GUIDE available through www.emkpress.com

© Sheena Macrae October 04

Sheena Macrae is the adoptive mum of two children from China. She is a part-time freelance writer having been published in the adoption journals *Adoption Australia*, *Adoption Today* (UK), *CACH* (UK), *China Connection* (NE) and *Mosaic* (UK). Her work also appears in *Adoption (Changing Families, Changing Times)* (ed) Douglas and Philpot, Routledge 2003. Forthcoming in a book to be published in China (in Chinese) are two of her articles on revisiting China with her Chinese-born children. Dr. Macrae holds an MA First Class Honours in English Language & Literature from Edinburgh University and also a PH.D in diachronic language change. We are fortunate to have her serving as our editor and topic creator for *Adoption Parenting*, a listserv sponsored by EMK Press.

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