

## Sleep Struggles Following Your Adoption

By Janelle Althen, LCSW – Red Thread Counseling Center Director

Tired? Cranky? Struggling with how to handle your adopted child's sleep problems? You aren't alone! Many families who have adopted children abroad experience difficulties with their child's sleep patterns in the first year home and beyond. Parents call their social worker, the Counseling Center, or friends describing "night terrors," their child waking every few hours, their child being unable to go to sleep alone, or their child crying inconsolably unless one parent remains close. Most families report that the problems wane within the first year of placement, but many children have sleep issues well into the second year or sleep problems that surface years down the road.

Children who have been exposed to loss, separation anxiety, chronic stress, multiple stressful events, or a significantly stressful one-time event are more prone to sleep disturbances and difficulties. Literature describes the sleep-wake cycle as a system that is vulnerable and easily impacted by stress or trauma. Even in the best orphanages, institutional life can be a "chronic stress" because of the infant-caregiver ratio. The impact that multiple losses (for example: transitions from birth parent to orphanage to foster home to adoptive family) can have on children can be traumatic. Even for those children who don't have lasting sleep problems, many children have difficulty in the first few weeks because they are adjusting to a new time zone and experiencing a major and sometimes shocking change.

Adoptive parents are right to worry about how to handle sleep issues. There are dozens of books out there touting sleep-problem "remedies" and many of them are very effective for secure, well-adjusted children when the time is right, but using "cry it out" or even "controlled-crying" methods, like the well-known "Ferber Method," are inappropriate for children who have suffered trauma or loss and are in their first year of placement with a new family. To let a child like this cry can tap into fears of abandonment or past loss, triggering feelings of sheer helplessness and rage. It can be emotionally exhausting for a newly adopted child to "keep it together" during the day. Even children who appear to be doing well all day – happy, alert, eating well, etc., may let their defenses and coping mechanisms down at night, resulting in sleep problems and an unusually high need for comfort from a parent.

### Some General Guidelines:

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

The basis of attachment, our first and most important task with our adopted child, is to make our child feel safe and secure. To establish a profound sense of security and trust, we need to meet the child's needs for comfort and security in an unconditional, repetitive, and sensitive way, much like we would with a newborn. Just like a newborn and caregiver are starting from the very beginning, we are starting at the "beginning" with our adopted children. We cannot base our responses and parenting techniques on our child's chronological age. We would never let a newborn "cry it out!" Night-time crying is actually a wonderful opportunity to hold, comfort, and connect with a child who may be very busy and active during the day.

2. *Don't rush!*

The first months back are a time to slow down, relax, and enjoy your new child. Many people who have a baby take this time, but sometimes, because their new children are older, adoptive parents rush back into normal work schedules, routines, and expectations of themselves. The parent of a

newborn has an expectation that they may be awake many times a night for the first several months. They give themselves time to rest more during the day and grace when they are not functioning at peak performance. Adoptive parents benefit from embracing a similar framework.

A good guideline for families is to not *worry about or attempt to get their child to sleep on their own for the first three or four months of placement*. During the first one to two months, our children are working on adjusting to their new environment on a sensory level – new sounds, sights, tastes, and faces to adjust to. While they may have formed an “immediate dependency bond” (a bond that occurs rapidly to ensure a child’s survival) to one or both of the parents to get their basic needs met, the “real” attachment and bonding process usually doesn’t start happening until they have gotten very comfortable in their new environment. The attachment and bonding process continues to grow and strengthen over the first year of placement and beyond. Over the first several months, parents can relax and treat their child like a newborn, no matter how old they are – spoiling them and meeting their needs unconditionally.

Once a child has started to develop a deep and secure bond and is clearly feeling safe and comfortable in his or her environment (which for some adopted children can take three or four months and for others it can take up to twelve months or longer), parents can begin to experiment with controlled crying or other popular methods of teaching children to go to sleep and sleep through the night. If children are not emotionally ready for this, they will let their parents know in a very obvious way! Parents need to give themselves permission to give up and try again later if their child doesn’t seem “ready.”

### 3. *Experiment*

In parent training classes, parents often ask, “What is preferable – the ‘family bed,’ the child’s own crib or bed, or ‘sidecar’ (crib with one side down, next to the parent’s bed)...?” The correct answer is any of the above. What makes the most sense for each individual family? Can parents sleep with a child in their bed? How much work do they want to invest in moving a child to another room down the road? How does it impact the marital relationship?

The key is not where the child sleeps, but how quickly and consistently the parent meets the upset child’s needs when they do wake up. With monitors, this can be done no matter where the child is sleeping. If you are choosing to work on getting a child to sleep in their own bed, you may have to try six or seven ways of soothing your child before you find something that works! Rocking, rubbing, changing light, adding white noise, holding a hand on your child’s head, bouncing a mattress, lying in the room next to your child’s bed.... the options are endless. It may help to get your child to a drowsy, but not quite asleep, state before you quietly leave the room.

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

*Look for a follow-up article on night terrors in the next Cirde Newsletter!*