

# BABY WHISPERS

## INFANT-TODDLER MENTAL HEALTH COALITION OF ARIZONA



*NEWSLETTER- WINTER 2013/2014*

[www.itmhca.org](http://www.itmhca.org)

---

**ABOUT US:** The Infant/Toddler Mental Health Coalition of Arizona (ITMHCA) is a voluntary 501c(3) organization established in 1995 to promote the understanding that infancy is a critically important period in psychosocial development. Equally critical is the collaboration of professionals from local, state, and nonprofit community-based organizations to work toward policy and social change for the benefit of Arizona's youngest children and their families.

**From the Coalition Chair...** Welcome to the Infant Toddler Mental Health Coalition of Arizona's Winter newsletter! While we are gratified with the action Child Protective Services has taken to address the 6,000 reports of child abuse and neglect that went uninvestigated in Arizona, and with children ages 0-5 years of age comprising almost 43% of the children currently placed in foster care, it is clear that now more than ever, we need to continue to raise our voices on behalf of the children in Arizona. We know that those first few years of life form the basis for:

- How we view relationships with others for the rest of our lives (are they safe, predictable, comfortable and pleasurable?)
- Our perspective of every inter-personal event (do we expect relationships will be healthy or dangerous?)
- Our understanding of every event in our lives (is this a world that is responsive to me or is this a world that brings me fear?)

All of these essential personality-forming messages occur before we have developed the capacity for speech or language, so we cannot intellectually recall these experiences. Often, these responses to the world manifest themselves as strong feelings or emotional reactions. Once an infant is exposed to early trauma, remediation of these perceptions is difficult, but can be accomplished. ***In the coming new year of 2014, ITMHCA plans to increase its voice for the infants and young toddlers and their families in Arizona.*** We want to support a variety of prevention efforts in this state that will provide essential services for families that will support positive parenting and nurturing, stimulating environments for children. ***We are also in the process of putting together concrete ideas for our position statement related to the handling of CPS investigations early in 2014.***

Let's each of us take time this New Year to renew our focus and advocacy for children. Currently, the Infant Toddler Mental Health Coalition of Arizona, is seeking a Board of Directors member who would be interested in becoming our Advocacy Chair. Let us know if you are interested in taking a more active role for the children in Arizona. We hope you all have a peaceful New Year!

Sincerely yours, Kate Whitaker, IMH-E (IV)

President, Infant-Toddler Mental Health Coalition of Arizona

## DID YOU KNOW...?

**-Brain development begins** within a week after conception. Even before birth, brain cells are already sending and receiving messages about touch, hearing and movement. Moms, dads and other significant caregivers affect their baby's brain development right away by avoiding alcohol, drugs and tobacco, as well as surrounding themselves in nurturing rather than hostile environments.

**-Child welfare in Arizona:** there are currently over 14,000 children age birth-18 in foster care in Arizona, the highest number in Arizona's history. Over 40% of these children are under the age of 5, (CASA of AZ). This represents almost 6,000 infants and toddlers in Arizona! Many of these infants and toddlers will experience multiple foster care placements during their time in foster care, moving from one home to another, further challenging the child's sense of security, supportive relationships and healthy development. Only about half of the 14,000+ children in foster care will eventually be safely reunited with their birth parents. However, initiatives such as Best For Babies is proving itself to improve the odds of safe reunification for our youngest children.

**-What you can do:** Volunteer your time and energy to improve the state of child welfare in Arizona! This is our future! There are many quality organizations such as ITMHCA that need help in a variety of ways. To find one near you contact us at [www.itmhca.org](http://www.itmhca.org) or check out Community Information and Referral ([www.cirs.org](http://www.cirs.org)) and click on "give help."

**Seeking board members!** ITMHCA is a nonprofit voluntary organization that is made possible by the efforts of a small group of members within the community representing all areas of our state. **There are several positions NOW OPEN on our Board and we welcome any members to join!** If you have a special interest or just want to be a part of the bigger picture within the infant mental health community for the State of AZ, please contact us! For information email us at: [Kate0823@mac.com](mailto:Kate0823@mac.com) or [clay.jones@hotmail.com](mailto:clay.jones@hotmail.com).

### **What is Infant-Toddler Mental Health?**

*This is a common question practitioners are asked. The following definitions are given by the World Association of Infant Mental Health and Zero to Three. Infant mental health is defined as the ability to develop physically, cognitively, and socially in a manner which allows young children to master the primary emotional tasks of early childhood without serious disruption caused by harmful life events. Because infants grow in a context of nurturing environments, infant mental health involves the psychological balance of the infant-family system. [WAIMH Handbook of Infant Mental Health, vol 1, p.25.](#)*

*In young children, mental health is often equated with healthy social and emotional development, which is defined as "the developing capacity of the young child to experience, regulate, and express emotions; form close and secure interpersonal relationships; and explore the environment and learn, in the context of a caregiving environment that includes family, community, and cultural expectations for young children." [Zero to Three Infant Mental Health Steering Committee.](#)*



**UPCOMING TRAININGS:** Click on the [Training & Events](#) link at [ITMHCA.org](#) to register. Trainings sponsored by ITMHCA address core competencies required for Infant Mental Health Endorsement for culturally sensitive, relationship focused practice promoting Infant Mental Health.

**March 28th, 2014 Best For Babies: The Sally Campbell Memorial Best For Babies Seminar**

***Residence Inn, 5075 S Priest Dr, Tempe, AZ 85282 Tempe, AZ 8:30am-4:00pm***

***Co-sponsored by ITMHCA, Arizona State University and Prevent Child Abuse Arizona***

***Featuring [Mary Dozier, Ph.D.](#) Director of Research, Early Learning Center, Univ. of Delaware For the last 15 years, Dr. Dozier has studied challenges faced by young children in the child welfare system in Delaware, Baltimore, and Philadelphia. She has developed interventions to enhance relationships between children and their caregivers. The intervention has been adapted for use with foster parents, birth parents, and parents adopting internationally. Three intervention studies are currently funded by the National Institute of Mental Health and by Edna Bennett Pierce. Mary is the recipient of the 2006 NIMH Innovation Committee Nomination, and the 2007 Bowlby-Ainsworth Award. Both awards have honored her for translational research in interventions for vulnerable children.***

***Also speaking will be [Charles Flanagan](#), the recently appointed director of Governor Brewer's newly created Division of Child Safety and Family Services. Mr. Flanagan has been serving as the director of the Arizona Department of Juvenile Corrections since 2011. This new division was created by Governor Brewer in response to the urgent reforms needed in Arizona's Child Protective Services.***

Upcoming trainings, cont.

**April 4-5, 2014 Texas Association for Infant Mental Health Advocacy Award & Conference**

**Double Tree Hotel by Hilton - Austin, Texas**

*From Birth to Tomorrow: Developing Relationships for Strong Communities. We will be exploring the intersection of clinical practice and advocacy in the lives of very young children. CEUs will be offered in a variety of disciplines. Please visit the website for more information.*

Featuring Keynote Presenter **Joshua Sparrow, M.D.**; Dr. Betsy Busch; Dr. Frances Deviney; Dr. Angelo Giardino

*Joshua Sparrow, MD, DFAACAP, is Director of Strategy, Planning and Program Development at the Brazelton Touchpoints Center at Boston Children's Hospital, where he holds appointments in Psychiatry and Developmental Medicine at Boston Children's Hospital. He is an Associate Clinical Professor at Harvard Medical School and has authored numerous scholarly papers, hundreds of newspaper and magazine articles for the general public and has co-authored eight books with Dr. T. Berry Brazelton translated into more than 20 languages, revised with him the 15th anniversary 2nd edition of Touchpoints: Birth to Three, and co-edited with Barry Lester, Nurturing Children and Families: Building on the Legacy of T. Berry Brazelton. He received his BA summa cum laude from Wesleyan University and his MD from Yale.*

**April 18, 2014 9am-4pm**

**Julie Larrieu Ph.D: Working together for the Baby's Best Interest: Relationship Intervention for Infants and Young Children in the Child Welfare System**

**Maricopa County Juvenile Court-Durango 3131 W. Durango, Room 1164, Phoenix, AZ 85009**

**Co-Sponsored by ITMHCA and Cradle To Crayons, Maricopa County Juvenile Court**

*Dr. Larrieu is a developmental and clinical psychologist, Professor of Psychiatry and Behavioral Sciences at the Tulane University School of Medicine. She is a senior trainer at the Institute for Infant and Early Childhood Mental Health. She also is the Associate Director of the Tulane Infant Team, a multidisciplinary team that provides intensive intervention to maltreated infants and their families. She is the Director for the Tulane site of the Early Trauma Treatment Network within the National Child Traumatic Stress Initiative. This program, funded by the Substance Abuse and Mental Health Services Administration, is a collaborative of four national programs that provides training in Child-Parent Psychotherapy, an evidence-based intervention for young children and their caregivers who have experienced trauma and sudden loss. Dr. Larrieu's ongoing research interests include developmental psychopathology, child abuse and neglect, and symptoms arising from early trauma. She has over 20 years of experience working with high-risk infants and families.*

**May 2014: Infant Mental Health Training Bob and Barb Weigand Details to follow**

# THE INSTITUTE IS COMING!! SAVE THE DATE!!

September 11-12, 2014 Chandler, AZ

The 15<sup>th</sup> annual:

From Risk To Resilience Training Institute is almost here!

**JUST ANNOUNCED:** renowned expert on infant mental health Charles Zeanah, MD, will be our keynote speaker! Dr. Zeanah's responsibilities include Mary Peters Sellars-Polchow Chair of Psychiatry; Professor of Pediatrics; Vice Chair for Child and Adolescent Psychiatry; Executive Director, Institute of Infant and Early Childhood Mental Health; Director of Tulane Infant Team at Tulane University School of Medicine, New Orleans, LA. Dr. Zeanah's major academic interest has been in the area of infant mental health, especially in understanding infants' development in the context of the infant-parent relationships. He conducts research on the effects of abuse, neglect, serious deprivation and exposure to violence on young children and on interventions designed to help them recover. He has also studied approaches to understanding psychopathology in young children, in particular, disorders of attachment posttraumatic stress disorder, as well as interventions for young children who have experienced maltreatment. Questions under investigation include how early experiences affect development, what is similar and different about psychopathology in the early years, and what are the neurobiological correlates of behavioral disturbances in young children?

The **Institute will be in Chandler at the San Marcos Resort** and will feature many dynamic speakers on current issues and trends in infant mental health. Stay in touch and plan on joining your colleagues for this exciting event which is sure to be a sell out! Further announcements and registration information to follow!



**Presenters from the recent Inter-American Attachment conference in San Diego, CA.** Pictured from left to right: Salvador Millan, MD; Patricia Judd, Ph.D.; Sonia Gojman de Millan, Ph.D.; Elizabeth Carlson, Ph.D.; Alicia Lieberman, Ph.D.; Charles Zeanah, MD; Jose Causadias- Ph.D. (graduate student of Alan Sroufe); Arietta Slade, Ph.D.; Mary Main, Ph.D.; June Sroufe, Ph.D.; Alan Sroufe, Ph.D.; Erik Hesse, Ph.D.

**Comments from participants:** "The Inter-American Attachment conference was an amazing experience! The opportunity to listen to so many experts in the field of Infant Mental Health firsthand was priceless. It was motivating, educational and fun! This truly was an experience I will carry with me always. It was a once in a lifetime experience to be able to attend this conference! I am very grateful for this opportunity." P.S.

"It was great to have so many pioneers in one building. The studies and experiences they shared with us really put in context what we are learning in our program. They were amazing people who put in effort for the change they wanted to see in families." B.S.

"The Inter-American Attachment conference was a memorable experience. It was very inspiring and motivating to be amongst some of the most important leaders of the infant mental health field!" S.L.

**ENDORSEMENT NEWS:** Since its inception in 2007, Infant Mental Health Endorsement (IMH-E), has been a cornerstone of the Coalition. Recognition of ITMHCA Endorsement tells employers, parents, health and legal practitioners, and insurance providers that the person endorsed has expertise related to the social and emotional development of infants and young children in families. ITMHCA endorses professionals from many disciplines at four levels, depending on education and experience.

Currently there are 76 coalition members endorsed in Arizona, (see the link “About Us” on the ITMHCA.org website for names and details), with numerous applications currently pending. This growing body of professionalism in the field is rapidly gaining recognition in many programs throughout Arizona dealing with infants and toddlers. After an applicant applies for endorsement through the Coalition, they are assigned an advisor who guides them through the entire process. **[Consider applying for endorsement today, click on the Endorsement link at ITMHCA.org.](#)**

**Recently endorsed members:** ITMHCA is proud to introduce newly endorsed members in 2013! We celebrate their addition to the growing group of Infant Mental Health endorsed practitioners working to improve the quality of care and services to infants and toddlers in Arizona and their families! Congratulations on the celebration of your work!

**Tessa Brock, MC, IMH-E(III) and Leona Pannabecker, LMSW, IMH-E(III)** work closely together as a child therapy team for the Child Parent Centers in Tucson.

**Anjaneane Knudsen, M.Ed., IMHE-(II)**, works with Leah May, IMH-E(III) to form a child service team for the Prescott area of Yavapai County.

**Leanne Millsap, MSW, IMH-E(II)**, works for Superstition Mountain Mental Health Center in far east Maricopa County.

**Heather Sestli, MS, IMH-E(II)**, has a private practice.

**Julie Rhein, M.Ed., IMH-E(II)**, is a Smart Support consultant for Southwest Human Development.

**Sue Branch IMH-E(I), Randi Lewis IMH-E(I), and Melvina Spencer IMH-E(I)** form a dynamite team for Parenting Arizona in Winslow.

**[WWW.ITMHCA.ORG](http://WWW.ITMHCA.ORG) [WWW.ITMHCA.ORG](http://WWW.ITMHCA.ORG) [WWW.ITMHCA.ORG](http://WWW.ITMHCA.ORG) [WWW.ITMHCA.ORG](http://WWW.ITMHCA.ORG) [WWW.ITMHCA.ORG](http://WWW.ITMHCA.ORG) [WWW.ITMHCA.ORG](http://WWW.ITMHCA.ORG)**



*By: Faith Eidson, LCSW, IMH-E® (IV)*

*Member: ITMHCA Board of Directors*

In infant mental health circles, we often talk about Selma Fraiberg's concept of "ghosts in the nursery." Each one of us carries these ghosts with us into our intense and complicated relationships with our babies. I think of these ghosts as the people, experiences and relationships that affect us on many levels as we work to build the strongest bond possible with our infants. We often focus largely on ghosts from long ago, most often from childhood. In the world of adoption, however, I believe there are much more recent ghosts for adoptive parents that can be just as powerful. Like our ghosts from relationships past, our "adoption ghosts" can affect us covertly and creep into our relationships with our children without us even realizing they are there.

### **The Bonding Process Ghosts**

Expecting a baby is such a magical time. For many adoptive parents, it comes after a long road of praying, wishing and hoping for a baby. Often following years of grief and loss, waiting for your baby this time is a big leap of faith. As adoptive moms, we don't know when or how our babies will come to us. Depending on the type of adoption one is pursuing, one might get months, years or simply hours to prepare for the new addition. There are many fears. What if we never get a baby? What if she isn't cute? What if I don't love him as much as I thought I would? What if he is drug exposed? The immense number of unknowns makes expecting this baby particularly unique. I had all of these fears when expecting my son. Once we were matched, meaning his birthparents had chosen us to parent him when his birth mom was 7 months pregnant, the hardest unknown of all became clear – would he be mine? My relationship with my son began in a precarious place. I desperately wanted him, but he wasn't yet mine. I knew I needed to bond with him, but at what cost? I had already lost two babies to miscarriages. Previous loss, whether through pregnancy or other failed adoptions, is a common experience for adoptive parents. Protecting my heart had become second nature. It seemed impossible to open my heart fully to this growing miracle knowing that his parents may decide against placing him in my arms.

When my son, Jackson, was born, we received no information. In fact, ultrasounds had told us he was a girl. So, until he was 2 days old and our social worker was allowed to pick him up from the hospital, we did not even know he was a boy. We then had to wait 2 more days for the legal paperwork to be signed. Again, we desperately wanted him, but he was not yet ours. We saw pictures and we began the process of bonding. We allowed ourselves to fall in love with his beautiful brown eyes and his chubby little cheeks. I cried every night, so afraid that something would take him from me...and he wasn't even yet mine. What normally is a time of drinking in your newborn, feeding and changing him, squeezing his cheeks and smelling his sweet smells was instead a time of incredible anxiety and fear for me. While Jackson was being loved and cared for by a foster family, I was doing the hard work of falling in love with a baby who was in somebody else's arms.

When my son was finally placed in my arms, I loved him. I have no doubt about that, but he still did not feel like my son. The only word that can describe those first few hours with him is "surreal." I waited so long to hold my baby, to feed him, to rock him and to kiss his sweet cheeks. I could not yet believe that he was mine. I found the quiet moments in the middle of the night with him were my free moments. These were the times I could soak him in without anyone else watching and wondering and maybe even judging. I could feel

conflicted. I could allow my heart to open up to these big and indescribable feelings that he evoked in me. I could cry. But mostly I could just stare at him and fall in love with him. Finally.

I look back often on my early bonding experience with Jackson. The ghosts are still there. I still wish I hadn't been so anxious, so fearful. I wish that I could have immediately fallen in love like I've heard so many other parents describe. Then, I agonize over how all of that could have affected him. Did he sense my hesitancy somehow in the beginning? Did he know I loved him so much it hurt? Did he even know I was his mom? I had so many expectations of how I would feel when my baby was placed in my arms and I didn't meet them. Did I meet his expectations? Was I what he needed? I will probably never know the answers to those questions.

### **Grief and Loss Ghosts**

“Adoptive parents, their child and their child’s birth parents do indeed have a shared fate. Had any of them had their first choice in life, they would not be together in the adoption triangle.” Glazer, E.S. (1990), The Long Awaited Stork, p.115.

The term “adoption triangle” refers to the three major players in any adoption scenario – the birthparent(s), the adoptive parent(s) and the baby. In most adoptions, each person in this triangle carries a loss into his/her relationships with each other. My son’s birth mom carried Jackson lovingly in her womb for 9 months. She made sure to take care of her body and she made an adoption plan for him so that he could have a mom and a dad and a stable home. She gave birth to her precious baby boy, then spent two days with him in the hospital. She kissed his feet, memorized every inch of his face, fed him his bottles, changed his diapers and lovingly whispered in his ears. Then, on that second day, she handed him to a nurse and left the hospital without him. She said goodbye. Every time she sees him now and has to say goodbye, I see that grief take hold. Her eyes fill with tears. And my heart aches for her.

Jackson carries his own loss. He learned the rhythm of his birth mom’s voice, the movement of her body, and, after he was born, the smell of her skin. I have no doubt he found warmth and comfort as she held him close and snuggled his sweet newborn body. And then after 9 months in her womb and 2 days in her arms, she was gone. His mother left him. While she did not abandon him, I do believe his “felt experience” was one of abandonment. His first mom let him go. No matter how great his “forever” mom is, I don’t believe I will ever fully understand the power of that loss for him.

As for me, I came to this adoption with a lot of grief. I grieved my two babies lost to me before I ever had the chance to hold them in my arms. I grieved the loss of confidence in my body, confidence that it could do what I needed it to do. I think, just as heartbreaking, I was grieving my loss of control. I don’t believe that many adoptive parents start out their journey to parenthood with the hopes of adopting. Many of us begin by taking the “normal” path and trusting in some way that our family will be built that way. When we realize it won’t, we have to shift our thinking. We have to open our hearts to a new path. A “Plan B” if you will. Infertility teaches a hard lesson – we never really had any control in the first place.

I can see these ghosts weaving their way in and out of my role as Jackson’s parent. When Jackson is sad, especially if it is due to something I did, I have a gut reaction that is deep and painful. I worry that each time he is sad, his grief is getting bigger. I find myself wanting to protect him from any more pain and sadness in life.

After all, hasn't he already experienced enough? Yet, isn't pain and sadness a normal part of development? There is much to be learned in those hard times, even for babies and their parents.

I remember when Jackson was 4 months old and this ghost showed up in a normal parenting milestone for me. It was time to move him to his crib and to start helping him learn to sleep on his own. I knew I had to let him cry for a little bit, but I agonized over this big step. He had already experienced a separation so great that I couldn't imagine it myself. How could I ask him to separate from me? I knew I needed to try this as I had another baby on the way and needed him to be able to fall asleep on his own, but those ghosts haunted me. Many parents worry about harming their babies. I agonized about harming my baby *more*, and so it has gone with many decisions I have made in parenting Jackson. I find myself facing these ghosts frequently. I'd like to think that being an Infant Mental Health Specialist has allowed me to notice these ghosts so they do not guide my every move, but I wonder about the adoptive families we work with. Are they as aware of the potential harm these ghosts can cause?

I have witnessed other adoptive parents dealing with their own grief at the expense of their children. For example, keeping the adoption a secret from their children because, "it may hurt them." I often wonder where this comes from - their worry that their child will be sad or their worry that if the subject of adoption is open will their own grief be exposed too? I also wonder if this is the way that they try to take back some control and, if so, what will the cost be to their child? I have watched parents have a difficult time setting boundaries with their children because they never want their children to be sad again. I don't know that they always realize this is their reasoning. Consequently, these children lose their footing. Without boundaries, how do they know how to stay safe? Ghosts can be sneaky and quiet, gently weaving their way into our relationships with our children.

### **The Urge to Be Perfect...in *Their* Eyes**

My son did not come to me by chance, as it feels like my daughter (who was born to me) did. Two people who loved him more than life itself sat down, looked at our pictures and the letter we wrote and then decided to give us the biggest gift one can imagine – their son. They basically said to us, "You are perfect for our baby. Please take care of him." The job is so big, the responsibility so powerful, it's hard to explain to someone who hasn't experienced it. I do truly believe that all moms want to be the best moms they can be. However, not all moms feel like they have another mom to answer to. When I make decisions or when I have rough moments with my son, I think to myself, "What would T (his birth mom) think?" In my darkest moments, I wonder if she would still want me to be his mom if she knew how angry I had gotten or how overwhelmed I was. Maybe she would not think I was the best mom for my beautiful son. The thought is almost too scary for me to even entertain. It isn't just Jackson's birth mom that I consider. I think about his birthfather and his birthfather's parents. They are also involved in Jackson's life. They say things to us all the time about how wonderful we are. In fact, a recent note from Jackson's birth-grandparents suggested we were a "perfect family." That is a hard description to live up to! I almost feel accountable to all of them. All moms have moments they are not proud of. As an adoptive mom, I have the added layer of feeling like *they* wouldn't be proud of me, either, and that hurts. After all, if not for those people, Jackson would not be my son. So I want desperately to be good enough for them. I always want them to have peace in their decision to place Jackson in my arms. If I think I am not good enough in a particular moment, the guilt becomes a large part of my emotional experience.

## **The Guilty Ghosts**

There are many reasons a mom feels guilt. For me, it is usually centered on not engaging in the perfect parenting I always envisioned for myself. Like many adoptive moms, I had the experience of wanting and trying for my babies for a very long time. I spent that time fantasizing about the mom I wanted to be, the mom I knew I would be. I saw other families forming so easily and taking it all for granted and I swore I would do it differently with my babies. So, when Jackson came along, and I inevitably made mistakes, I was really hard on myself. I felt like such a failure. I also felt guilty for not living up to my expectations. After all, I wanted this so desperately, and now I had my baby - why couldn't I just be happy?

There is another powerful experience that evokes guilt in me – the grief I see in Jackson's birth mom's face every time she has to say goodbye to him. I see the same grief in his birth-grandmother's face when she sees him. I watch the tears well up and I know that they are feeling grief as a result of one of the greatest joys of my life – becoming Jackson's mom. It is a very difficult experience to know that you became a mother because another mother had to let her baby go. It is heart-wrenching. I believe it is natural for adoptive parents to feel some guilt and sadness because of this, especially if they have ongoing relationships with the birth family and have opportunities to experience their grief on a regular basis.

All of these ghosts can show up in a single, normal interaction between my now-toddler son and me. For example, one day I had to confine Jackson so I could go clean up a mess. When I came back to “rescue” him from his pen, he was so angry with me. He refused to allow me to calm him. He ran from me crying. He shot angry glares my way. He did not hesitate to show me the full force of his rage. In that moment, I remembered his whole life flashing before me. I immediately worried that he was behaving this way not because I was his mom, but because I was his *adoptive* mom. I began worrying that my early ambivalence lived on in our relationship. I wondered if the fact that he had experienced abandonment as an infant affected his ability to be separated from me and I felt intense guilt for not thinking of that sooner. All of the previously mentioned ghosts converged in this one interaction and overwhelmed me. I spent the entire evening worried and full of anxiety. Thankfully, with Jackson, I stayed present for him and he came around and we repaired this small snag in our relationship. However, I spent time after he went to bed going over the interaction in my mind and in my heart. I so desperately wanted to be his perfect mom, and this particular experience proved that I very much wasn't. I took time to process this and put these emotions in their place. The next morning, the ghosts were safely tucked away and Jackson and I carried on in our usual way. I wonder if all the adoptive parents we work with as infant mental health specialists are able to do this? What a gift it would be for them to have someone sitting there during these difficult interactions, allowing them to speak about these deep and powerful fears. As we know, when the ghosts are lurking in our subconscious, we have no way to acknowledge them and their impact on our relationships with our children. Until we can acknowledge them, these ghosts can be guiding interactions with our children in ways we don't want them to. Being present to hear a story, to listen for the ghosts, and to hold an adoptive family's many feelings is a special skill that I believe many infant mental health specialists hold.

## **Our Angels**

I could not end this piece without acknowledging the beautiful ways in which adoption has touched my life and Jackson's life, as well. Ghosts don't always have to be scary. There are always angels as well. Because I spent so long waiting for my cherished baby and because I see the beauty in how he was placed in my arms, I do believe our relationship is unique and special. My connection to him is intense and fierce. Jackson has so many people who love him and would protect him with their lives. We do not go one week in our home without

hearing from one of those people. They are desperate to be close to us, close to him. He has brought all of us together in love. Adoption changed our lives. It showed us the rainbow at the end of the storm and it showed us what can happen when strangers come together around the love they have for one very special little baby. Yes, adoption complicates things, but when it is entered into with love, trust, openness and the best of intentions, adoption is a beautiful thing.



*Faith and Jackson Eidson*

Photo credit: Ashley Elicio Photography

*Comments? Questions? Email the editor: [clay.jones@hotmail.com](mailto:clay.jones@hotmail.com)*



©2014 [www.itmhca.org](http://www.itmhca.org)