

# off- script

a mom's journey through adoption,  
a husband's alcoholism,  
and special needs parenting



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*We are unreliable narrators of our own stories  
and I share this memoir with that caveat.  
There may be other versions of these events,  
but this is my heartfelt recollection of my experiences.*



## Chapter One



*Don't judge my story by the chapter you walked in on.*

Unknown

**A**ngry storm clouds, pregnant with rain, screamed with lightning as I gripped the seat handles and stared out the window of the plane, willing this trip to Montana to be over. The dark, tumultuous sky seemed to mirror our family's last two and a half months. I gazed at my thirteen-year-old daughter, Katie, as she clutched her pillow pet, Steve, her fingers white from the pressure. She shifted in her seat and chewed a fingernail, already red and irritated, gnawed to the bone. I gently pushed her fingers from her mouth, so she tugged on her hair instead. I cringed at the bald patch on her scalp and decided to let her be for the moment. This wasn't a battle worth fighting this evening.

A flash of lightning caused her to yelp, so I slammed the window shade shut, wishing it would seal us off from life,

and resisted pulling her to me. When I tentatively put my hand on her shoulder, she shrugged it away, a mixture of anger and fear in her eyes. She hugged Steve's colorless body, worn with love and age, tighter and buried her head in him.

Katie couldn't be comforted. As an adopted child with reactive attachment disorder, she didn't like to be touched. She wasn't like her brother, Nick, older by eighteen months and our only biological child. As a toddler, he loved to snuggle while I read to him, and at fourteen, he still occasionally asked me to rub his back. But she never asked for anything, and it seemed nothing made her comfortable. Katie was suffering, and we were out of options.

The perky flight attendant, in her crisp navy uniform, strapped in across from us, mouthed, "Is there anything you need?"

I automatically smiled and shook my head, then rested my head against the side of the plane. There was so much I needed, but nothing a polished stranger could help with. It was nearly one a.m., and I knew the day ahead would suck every ounce of energy from me. Between the turbulence of the summer sky and Katie's emotional roller-coaster, a few hours of sleep were the best we could hope for.

The last twenty-four hours at our home in Santa Barbara had been excruciating. Katie halfheartedly threw things and cried, "I want to die" and "Can you please just kill

me?" She moaned and snarled like an animal ready to pounce, then fell to the floor, sobbing. Nick watched, then frowned and pushed his shaggy brown hair out of his eyes, grabbed his skateboard, and left to be with his friends. I wished I could do that, too, but as the mom, I had to keep it together.

Shortly after that, my husband joined Katie and me as we left for the airport. Because it was a last-minute trip scheduled in desperation, we'd gotten the seats from Los Angeles, California, to Billings, Montana, but they weren't together. With the turbulence, I wished my husband was sitting with us. He thought he was generous by giving the first-class seats to Katie and me. But it was more likely because of our respective roles. As the mom, I was the primary caregiver and "keeper-together" of the household. Like many moms, I took the kids to school, kept track of the permission slips and grades, provided homemade treats for class parties, helped with homework, grocery shopped and cleaned, managed doctor and dentist appointments, and comforted them when they were sad or sick. Dad, well, he went to work, and when he was at home, he was just there, often passed out on the couch after dinner and a few martinis.

We finally landed at two a.m. and, uncharacteristically, Katie fell asleep almost immediately. Later that morning, we visited a local bakery for a giant, world-famous cinnamon roll before taking Katie to her new home, a residential treatment center where she would live for an unknown amount of time.

Paul and I tried to make small talk with her, but it felt like conversing with a death-row inmate before their execution. *What was there to say?*

We arrived early for the check-in and wandered around the lush green campus under an expansive blue sky with fluffy clouds. A sense of peace and serenity filled the air that smelled of fresh-cut grass. We encountered a pile of rocks and a sign describing a school tradition in which graduating students picked a stone to commemorate their journey and remember the lessons learned. It gave us hope Katie could recover.

A staff member greeted us warmly and invited us into a conference room with an old wooden table surrounded by dated blue upholstered chairs with rounded edges. The treatment team included a case manager, dietician, nurse, therapist, doctor, psychiatrist, and admissions manager. They were all gathered to meet our family and admit Katie to the facility.

After giving a brief introduction of each team member and an overview of the program, the case manager started asking his list of questions, including Katie's name, date of birth, address, parents, siblings, emergency contact information, primary language, household size, and marital status. The warm air felt stifling, and I thought I might be sick.

I exhaled loudly. "Is this really necessary? I sent all the documents over last week."



The case manager explained they wanted to hear the information from us. Paul and I slumped in our chairs as seven pairs of eyes waited expectantly for our responses.

“Religious affiliation?”

“Christian,” I replied.

“Current legal status?”

I paused. “I’m not sure what you mean. We legally adopted her from Russia, and she is a U.S. citizen. Here are her U.S. and Russian passports,” I said as I slid them across the table.

“Great,” the case manager said. “But we’re really looking for whether she’s been involved with law enforcement or the courts.”

“Oh ... no,” I replied, embarrassed I misunderstood the question.

“Approved contacts?”

“Approved contacts?” I asked, not wanting to misunderstand the question again.

“It’s a list of people who are allowed to call, write, or visit Catherine.”

My face tightened, annoyed they called her by her formal name when I told them she went by Katie.

“Oh,” I replied and looked at Paul. “Us, her brother, her grandparents, her aunt, and uncle...”

Then the psychiatrist inquired about the problems which brought us to the school.

“Most of it’s in the fifty pages of documents,” I said sharply.

“It would be good for us to hear directly from you,” he replied gently

My stomach clenched, and I took a breath. Katie was sitting next to me. It felt so impersonal and awkward to be answering these questions in front of her. But she wasn’t going to respond, so I started listing things off. “She ran away and is anxious and depressed. She’s having suicidal ideations and allegedly tried once.”

The therapist nodded. “Self-injurious behaviors?”

“She’s been pulling out her hair, if that’s what you mean, and I think done some cutting,” I replied as I glanced at her medium-length, mushroom brown hair and the spot where there was none. Her tattered burgundy sweatshirt and faded jeans covered any indication she’d been cutting recently.

His list of questions continued—physical or verbal aggression, fire setting, animal cruelty, stealing, destructive behaviors, impulsive, sexualized behaviors, physical abuse, difficulties with authority?

“No, no, no, no, no.”

“Hallucinations or paranoia?”

“Not that I know of,” I replied.

“Is she non-verbal?”

We all turned toward Katie, who had her head resting on the table. She didn’t respond, and I didn’t know if she was ignoring us or checked out. I started to say something to her and thought better of it.

“No,” I replied.

“Self-care skill needs?”

“Yes.”

“Can you describe those?”

“Right now, she barely gets out of bed. We have to force her to eat and shower. She knows how to dress and brush her teeth ... is that what you want to know?” I asked.

He nodded. “Current diagnoses?”

Oh, where to start. “Reactive attachment disorder, anxiety, depression, sensory integration issues, and fetal alcohol syndrome.” I glanced over at Paul. “Did I miss Anything?”

He shook his head and said, “None that I can think of.”

“Current medications?”

I pulled a list from our binder and handed it to the doctor.

“Previous placements?”

“None.”

The case manager asked about Katie’s family history.

“We adopted her from Russia at sixteen months old. She was only fifteen pounds and severely malnourished. You could see every bone in her body ...” my voice trailed off, not wanting to discuss it in front of Katie. While she knew she was adopted, she had never wanted any information about the orphanage or her birth mother, and we never offered any.

After what seemed like hours, we stood up and stretched. The team invited us to tour the campus. The well-used school was cozier than the junior high at home, and the horse arena where they did equine therapy piqued Katie’s interest momentarily. A church filled one corner of the property and offered Wednesday night youth groups and Sunday services. Welcome signs and encouraging notes decorated the single-story, brick, ranch-style lodge where Katie would live. Her new housemates were boisterous and chatty, excited to meet Katie. As we said goodbye, the warm chaplain with his ruddy, Santa-like face prayed over our family.

As the case manager walked Paul and me to the car, he said, “Take a week off, Valerie. You have done so much. Don’t feel guilty, you didn’t cause this.”

Words could not adequately describe the emotions surrounding that day. Paul and I were numb but grateful; sad but relieved Katie would be safe under someone else’s watch. We were utterly depleted.

After leaving the campus, Paul and I drove a meandering road showcasing Montana's gorgeous mountains, enormous hats, and endless blue skies. It soothed us as we tried to leave behind the trauma of the previous months. We returned to Santa Barbara to figure out what life without Katie would be like.