

Guiding Principles That Support Effective Mental Health Practice

1. Introduction

1.1 Introduction

Welcome back. This lesson is: Guiding Principles That Support Effective Mental Health Practice with Children and Their Families.

1.2 Section 1: Lesson Objective

The objective for this lesson is to identify and integrate into your practice the guiding principles that inform adoption competent clinical interventions to address the unique mental health needs of children, youth, and their families.

2. Guiding Principles of Clinical Work Relating to Children and Youth

2.1 Guiding Principles of Clinical Work Relating to Children and Youth

As a mental health provider, you may become involved with children and families at many different points in time - while youth are in foster care, when children and families are being prepared for adoption or guardianship, after placement from orphanages and foster care, or in the years following legalization of the adoption or guardianship.

At whatever point you become involved, you play a critical role in helping families thrive.

2.2 Guiding Principles

This curriculum sets forth a set of basic values and beliefs, referred to as Guiding Principles, which guide adoption competent mental health practice. As you review these principles, think about how they fit with your own views and practice.

Let's begin with guiding principles of clinical work that relate to children and youth.

2.3 GP #1: Adoption has a Lifelong Impact

Guiding Principle #1: Adoption has a lifelong impact.

Adoption is a lifelong process that impacts the individual throughout their lifespan.

Virtually all adopted individuals will search for answers to many questions related to adoption throughout their lives, and they often struggle with a range of feelings and issues. This is true even for children and youth who were adopted as infants and have no memory of their birth family.

Adoptees' interests in adoption-related issues fall along a continuum and vary in intensity at different periods of their lives.

Some studies of both adopted teens and adults find the range of interest breaks down to roughly one-third with low interest or preoccupation, one-third with moderate interest, and one-third with intense interest.

2.4 Adoption Questions Video

Research indicates that one's adoption is an increasingly significant aspect of identity through childhood into young adulthood, and it remains important for the majority, even when they are adults.

For example, this clip from the documentary *Adopted: For the Life of Me*, produced by Jean Strauss, recounts the experience of a 52-year-old man still seeking answers to questions he has had for decades.

[Video Transcript]

MODERATOR: I think it's almost impossible for people who aren't adopted to understand what it can be like to go through your whole life without knowing who you were when you were born, without being able to know what your name was, what the names of your birth parents were, and what's it's like to be told you have no right to know that.

Adopted at birth, Dave Kiley, a father of three and a college alumni director, drove over 200 miles to get his original birth certificate on the very first day it was unsealed by the state of Massachusetts.

DAVE: My birth parents are not there to answer any questions at all as I grow older. To find out who my birth mother is is of the utmost importance to me. From a very personal standpoint, I would like to know the reasons I was given up for adoption.

I'm not one who's going to hunt my birth parents. I just would like to meet them and ask a few questions to see if there's any family history of anything that could impact my own children.

And if my children benefit from me finding this out, I can at least go to my grave knowing something that I need to know.

I'd like to try to obtain my birth records. So those are all the record books in there.

CLERK: That will be \$18, sir.

DAVE: Thanks very much. I appreciate your time.

MODERATOR: At the age of 52, Dave was finally allowed to know who he'd been when he was born.

DAVE: Bruce Edward Cagress. Bruce Edward! Mother's name was Isabella Lulu. Gives the mother, no father.

MODERATOR: Dave learned his mother was unmarried and 36 when he was born.

DAVE: She'd be 88 right now.

MODERATOR: Others who were in the lobby were also learning their own original identity.

DAVE: My mother was a secretary. Isabella Lulu was her--

FEMALE: Oh that was it.

DAVE: That got your size on there. I don't have my size.

FEMALE: Where's my size at?

MALE: It's just a piece of paper [inaudible].

FEMALE: Wait a minute. "Number of children born alive previous to this birth: four." So that means I have four siblings.

MALE: Yeah you do. It looks different.

FEMALE: Let me see. No. 5.

DAVE: Where is that? Wow. You've got four other siblings.

FEMALE: Yeah.

DAVE: We've got to get moving on this, Jean. God bless you. Good luck.

FEMALE: Thank you.

MALE: Congratulations.

DAVE: Take care.

MALE: You'll always be Bruce to me.

[End of Video]

2.5 Impact of Adoption Questions

It can be hard to understand Dave's experience of not knowing who you are or where you come from. This creates powerful feelings that can lead to serious challenges, including depression, confused identity, or other emotional difficulties. When not addressed in childhood or adulthood, these challenges will persist. As a therapist, it is important that you understand the power and lifelong impact these challenges have for those you treat.

2.6 GP #2: Loss Is at the Heart of Every Adoption or Guardianship

Guiding Principle #2: Loss is at the heart of every adoption or guardianship.

Loss is at the heart of every adoption or guardianship and cannot be ignored.

Too often, however, we focus on the gains. For example, a child or youth finds a family, or we fill the void for infertile couples, without acknowledging and honoring the losses inherent in adoption or guardianship.

Click on each of the images to learn more about the unique aspects of these losses.

Children Adopted As Infants: Generally, children adopted as infants do not become aware of the loss aspects of adoption until they are school age. However, some preschool adoptees, such as those adopted interracially, may react to differences between themselves and adoptive family members and begin to grapple with separation from their birth families.

Children Adopted At Older Ages: For children adopted at older ages, loss becomes particularly salient. They have endured multiple losses over a long period of time, including foster parents, siblings, friends, and homes. Too often they have not been afforded the opportunity through supportive, clinical experiences to mourn these losses. We know that unresolved losses contribute to compromised attachments, tenuous placements and profound emotional discord.

Intensity of Grief: The intensity of grief related to adoption loss is often difficult for others to understand. If the sadness is not addressed, it will often find alternative expression through anger, rage, internalized behaviors, self-harm, substance abuse, and other harmful behaviors.

Ambiguous Loss and Disenfranchised Grief: Two aspects of adoption loss that make it more difficult to resolve are the nature of ambiguous loss and disenfranchised grief. Those whom the child or youth have lost are likely to be living, which makes accepting the finality of the loss much harder. Other losses may not be seen or acknowledged by others, including loss of identity, community, connection, and/or language. Also, the adopted person's grief is typically not acknowledged or supported by others. We will discuss the impact of loss in more detail in a later module.

2.7 GP #3: Children and Youth Should Not Have To Change Who They Are To Fit Into A Family

Guiding Principle #3: Children and youth should not have to change who they are to fit into a family.

Becoming a family is a two-way street.

Every child or youth who changes homes experiences a period of adjustment. The family can support the child by being flexible, having realistic expectations, and valuing the child's individuality.

You can partner with the family to better understand the child or youth they are embracing. This includes understanding their habits, likes and dislikes, interests, traditions, and fears. Parents also need to understand the child's or youth's previous experiences and their impact on the child's or youth's development, behavior, and coping strategies.

While every family has its established patterns and schedules, you can help parents recognize the importance of being flexible and intentional in embracing routines, activities, and interests of their child. Providing a sense of familiarity for children and youth increases their comfort and fosters a sense of being known by, and mattering to, the parents.

2.8 GP #4: Secure Attachments Can be Built or Re-Built

Guiding Principle #4: Secure attachments can be built or re-built.

A child or youth who has experienced poor nurture and impaired attachments can build new, secure attachments when the proper therapeutic work is done by the parents, with the help of mental health professionals.

We will be fully exploring attachment in a later module, including how reparative work can be done.

If we hold this belief in the potential for resiliency, mental health providers, parents, and their children can have hope and strive for positive outcomes.

2.9 GP #5: Identity Formation is Complex

Guiding Principle #5: Identity formation is complex.

The work of identity formation is more complex for individuals in adoptive and guardianship families.

Not knowing one's origins can complicate one's identity. Other factors that complicate identity development include the child's or youth's perception of their relinquishment or termination of parental rights, their experiences of maltreatment, being in a family that is different from them, and being separated from biological connection, heritage, and community.

2.10 Helping Clients with Presumptions

You may see clients who have filled in the blanks with presumptions that may be untrue. Part of your job as a therapist may be to help them find and manage the missing pieces to foster a more cohesive sense of self.

2.11 GP #6: Feeling Different Impacts Identity and One's Sense of Mattering

Guiding Principle #6: Feeling Different Impacts Identity and One's Sense of Belonging.

Feelings of differentness and sense of mattering that develop from the factors previously mentioned play a role in adoption and guardianship practice and in the positive identity formation of children and their parents.

Mental health practitioners must develop awareness of how these factors impact assessments, placement decisions, self-esteem, identity formation, how others see and treat children and their families, as well as other aspects of adoption or guardianship.

They must also be skilled in having difficult conversations and educating parents to do the same. When children feel or look different from their families, they may not feel they belong. It is very important for parents to recognize and respect these feelings, honor and appreciate the uniqueness of their child's identity and provide socialization experiences that facilitate belonging. This will be explored further in a later module.

3. Guiding Principles of Clinical Work Relating to Parents and Families

3.1 Guiding Principles of Clinical Work Relating to Parents and Families

Let's continue now with guiding principles of clinical work that relate to parents and families.

3.2 GP #7: Family Formation is a Lifelong, Intergenerational Process

Guiding Principle #7: Adoption and guardianship family formation is a lifelong, intergenerational process.

Click the colored tabs to learn more.

1. **Impact of Separation:** Separation from birth family, and often from one's heritage, community, or country, continues to impact individuals who are adopted and their families throughout their lives and into future generations.
2. **Developmental Phases:** There are predictable developmental phases in adoptive families that are different than in birth families. One example is the child's or youth's changing perception and awareness of what their adoption means to them.

3. Understanding and Education: As a mental health professional, you must be aware of the developmental framework of adoption, and be open to exploring these issues, no matter the age of the client, or how long the family has been together.

3.3 GP #8: Healing Happens Best in the Context of a Family

Guiding Principle #8: Healing happens best in the context of a family.

Children or youth who cannot live with their birth parents need nurturing and support from safe and stable adoptive or guardianship families, whether relatives or non-relatives, to build secure attachments and felt safety, and to enhance their development and well-being. When possible, they are best served in families where they have existing attachments, with relatives or fictive kin.

Click on the boxes to learn more about the parents' role in creating a healing environment.

Provide a Healing Environment: Caregivers need to understand that behavior communicates needs. Children and youth may have experienced significant challenges, and their coping mechanisms may not be adaptive in the current home environment. Children need families for healing so they can receive what they didn't get before.

Family is Central to Healing: Families have the responsibility to provide a safe environment in which children and youth are supported to build trust and felt safety. Every child and youth is unique, but the family is central to their healing. Parents/caregivers may need to do their own therapeutic work to appropriately support their children.

Meet the Needs of Their Children: As a mental health professional, you must assess and enhance parents' flexibility and capacity to embrace children and youth with complex needs. Even experienced parents may have to learn new ways to parent to meet the needs of their children with complex challenges.

3.4 GP #9: Connections Matter

Guiding Principle #9: Connections matter.

Once a strong attachment has developed, it is never wholly replaceable by another, nor should it be. This connection is important, regardless of whether the person is physically present or biologically connected.

It is important to understand that children and youth, whether placed at birth, never knowing who their birth parents are, or having been separated from them later in life, may intensely think about their birth parents at varying times throughout their lives, some more intensely than others, even if they do not have contact.

In your work, you may have parents who minimize the importance of their child's birth family. Children or youth may be afraid to talk about them because they fear being disloyal. Your task is to help them address these fears and loyalty issues. Older siblings may have an especially difficult time if they are separated from younger siblings whom they have helped to parent.

Orphanage caretakers, former foster parents, relatives, or siblings, past social workers or mental health providers, and even teachers, coaches, and other role models may all be very important to the child or youth, and these relationships should be explored carefully and maintained, when safe to do so.

As a therapist, you need to be aware of the importance of the psychological connections children and youth have and help them and their families to honor their place in their child's life.

3.5 GP #10: Services Should Use a Family Systems Framework

Guiding Principle #10: Services should use a family systems framework.

Services should be strengths-based and empowerment-oriented, using a family systems framework.

The families you will be working with interact with multiple systems. Child welfare and legal systems; medical, mental health and education systems; extended social support networks; and other environmental systems all impact the family's success and stability.

All work with children, youth, and families must include the family's significant relationships, past and present. Change is facilitated when parents, children/youth, and professionals are in partnership, with parents as the agents of change and you as the facilitator of change.

Because of the systemic nature of this work, it will be important in your role to provide advocacy and collaborate with other disciplines. The reality is that this work may require you to step out of the 50-minute office visit framework.

3.6 GP #11: Supporting Communicative Openness in Adoptive Families is Critically Important

Guiding Principle #11: Supporting communicative openness in adoptive families is critically important.

In all families, family communication patterns affect children's and youth's adjustment, and openness in communication is critically important in adoptive families. Communicative openness is important whether the adoption is closed, open, or somewhere in between.

Research on both adopted children and adolescents indicates that youth experiencing more open communication about the adoption had fewer behavior problems and better overall family functioning. Youth with high levels of open communication about their adoption report higher self-esteem, more trust in their parents, and fewer feelings of alienation than their peers with less open communication.

Assessing family openness or communication styles with this population is essential, as enhancing communicative openness in adoption can mitigate many family challenges.

3.7 GP #12: Unresolved Parental Grief and Trauma Impacts Parenting

Guiding Principle #12: Unresolved parental grief and trauma impacts parenting.

Therapists must assess parents' previous losses and trauma and work with them to understand how these unresolved issues can impact their ability to parent a child or youth who brings similar emotions into the family.

The child's or youth's experiences with grief and trauma can trigger resurfacing of the parents' past experiences.

4. Guiding Principles of Clinical Work For the Mental Health Practitioner

4.1 Guiding Principles of Clinical Work For the Mental Health Practitioner

Finally, we will discuss the Guiding Principles that relate to your clinical work.

4.2 GP #13: A Clinical Assessment Must be Comprehensive

Guiding Principle #13: A clinical assessment must be comprehensive.

The clinical assessment must include factors that impact the child's and family's adjustment to adoption and the child's unique story and perspective.

The assessment process relies on practice that considers the dynamic context of the child's and family's past experiences and current needs through an adoption lens. Click the child and the parent to learn what must be considered for the assessments of each.

Child's Assessment: Assessment of the child or youth includes a thorough exploration of past separations, losses and trauma, and historical psychosocial information to fully understand their current behaviors and mental health needs. This includes as much birth family and community history as possible. It's not just the facts that are important, but also the child's or youth's perceptions and views of past experiences and how these shape their current beliefs about self and others.

Parents' Assessment: Assessment of the adoptive or guardianship parent(s) should include their path to adoption or guardianship, previous history of trauma or loss, prior parenting experiences, community history, perceptions and views, and their expectations about parenting a child or youth with experiences of loss and trauma. Assessment should also include parental insights into how adoptive parenting is different than biological parenting. We'll discuss more about assessment in a later module.

4.3 GP #14: Normalize the Recurrent Need for Help

Guiding Principle #14: Normalize the recurrent need for help.

Normalize the recurrent need for help as issues resurface.

Because adoption is developmentally processed, the families you serve are likely to need ongoing support and will come back as issues resurface. Parents often will seek support to help answer questions that their children have surrounding relinquishment as they mature and experience various milestones.

Asking for help is a strength and should be welcomed and honored therapeutically.

4.4 GP #15: Acknowledging Personal Beliefs is Essential

Guiding Principle #15: Acknowledge how personal beliefs impact your work.

Acknowledging your own beliefs and assumptions is essential to your ability to support the child or youth and their adoptive or guardianship family.

For example, think about how you feel about placements across different backgrounds, religions, and communities. Is it your belief that children and youth should be raised in a family and community that resembles the one they were born into? Do you believe that single parents should be allowed to adopt? What about older adults? Do you believe that older children come with more problems?

Whatever your beliefs and assumptions may be, acknowledging them and being open is critical to your ability to effectively work with and support children, youth, and their families.

4.5 GP #16: Acknowledge the Impact of a Child's Early Adverse Experience of Family Challenges

Guiding Principle #16: Acknowledge the impact of a child's early adverse experiences on family challenges.

Professionals need to recognize the significance of a child's experiences with loss and trauma prior to permanency and acknowledge their impact on family challenges.

Click each box to learn more.

Dynamics at Play: Too often, adoptive parents are blamed for the difficulties experienced in the family because therapists don't understand the dynamics at play – children who have experiences of loss and trauma and parents who don't have the therapeutic parenting skills to support their children emotionally or behaviorally.

Balanced Recognition: Mental health professionals need to make a paradigm shift from the traditional approach in which the presenting problems are thought to have evolved largely from the family system. Early adverse experiences carry forward dynamics in the adoptive family that often add significant stressors to the most functional and adaptive family. Without this understanding, mental health providers often respond in ways that leave adoptive families feeling blamed for the challenges they experience. It's also important to understand that when families come to you after years of unsuccessful attempts to address their challenges, you may be seeing them at their worst. How they look and act today may not be how they looked and acted at the time of the adoption. At the same time, there needs to be a balanced recognition that adoptive parents are not perfect and may exacerbate problems or respond in ways that are not therapeutic and productive. It's the therapist's job to support healing from loss and trauma and provide psychoeducation and therapeutic parenting strategies.

5. Conclusion

5.1 Wrapping Up

These principles were derived from theory and practice, specifically geared to work with adoptive, foster, and kinship families. We know that when you integrate these principles, you can make a difference in the lives of the children, youth, and families you serve. In the next slide, you will have a chance to reflect on how you will integrate these guiding principles into your practice.

5.2 Learning Journal

Please click on the journal page to write down your reflections on this lesson.

5.3 Journal Reflection

Reflecting on this lesson, what are your key takeaways and how might you apply these in your practice?

5.4 Journal Response

Click the "Print Results" button to print and save your answers.

5.5 Conclusion

Congratulations! You have completed this lesson, Guiding Principles That Support Effective Mental Health Practice with Children and Their Families.

Our next lesson will focus on the impact of impermanence on children and some of the evidence that supports adoption and guardianship as permanent plans for children and youth who cannot be raised by birth parents.