

# Guiding Principles for Adoption Competent Child Welfare Practice

## *Guiding Principles of Clinical Work Relating to Children and Youth*

### 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' interest 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.

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

**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 transracially, 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 or rage.

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 it hard to accept the finality of the loss. Also, the adopted person's grief is typically not acknowledged or supported by others. We will discuss impact of loss in more detail in a later module.

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 is in a crisis of adjustment - changing worlds, particularly if they are from another culture, economic class, religion, or community. The family can soften the negative impact of these changes by being flexible, having realistic expectations, and appreciating the child's individuality.

You can help the family 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 in crisis increases their comfort and fosters a sense of being known by, and mattering to, the parents.

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

All is not lost for children and youth with compromised beginnings. 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.

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 origin complicates one's identity. Other factors that complicate identity development include the child's or youth's perception of their relinquishment, their experiences of maltreatment, and the stigma of being in foster or institutional care.

Guiding Principle #6: *Feeling different impacts identity and one's sense of belonging*

Feelings of differentness and sense of belonging 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 ~~adoptees~~ 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, and do not feel a strong sense of belonging, 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 a sense of identity and belonging.

***Guiding Principles of Clinical Work Relating to Parents and Families***

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

Separation from birth family, and often from one's culture or country, continues to impact individuals who are adopted and their families throughout their lives and into future generations.

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.

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.

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.

**Adults Provide the Healing Environment:** Creating a healing environment within the family is the job of parents. They need to understand that children and youth often bring negative behaviors with them that may have served a survival purpose in previous environments, and that many children and youth come into care with behavioral and mental health challenges.

**Family is Central to Healing:** Parents have the responsibility to provide a safe environment in which children and youth are helped to learn new relationship and coping skills so their negative behaviors are no longer necessary. Every child and youth is different, but regardless of what issues they present, the family is central to their healing.

**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.

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.

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 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.

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 for their parents, and fewer feelings of alienation than their peers with less open communication.

One study classified family communication patterns into four styles (consensual, pluralistic, protective, and *laissez-faire*), finding that externalizing behaviors in adopted adolescents varied from 3 percent in families with consensual styles to 27 percent in those with *laissez-faire* styles.

While you may typically assess family openness or communication styles, focusing on this for this population is essential, as enhancing communicative openness in adoption can mitigate many family challenges.

Guiding Principle #12: *Unresolved parental grief impacts parenting.*

Therapists must assess parents' previous losses and trauma and help 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 struggles with grief and trauma can trigger resurfacing of the parents' past experiences.

***Guiding Principles of Clinical Work for the Mental Health Practitioner***

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.

**Child's Assessment:** Assessment of the child or youth includes a thorough exploration of past experiences and historical psychosocial information to fully understand their current behaviors and mental health needs. This includes as much birth family and cultural 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, and their expectations about parenting a child or youth with specific challenges and needs. Assessment should also include parental insights into how adoptive parenting is different than biological parenting.

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.

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

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

Guiding Principle #16: Acknowledge that family challenges often relate to the child's compromised beginnings.

Professionals must acknowledge that adoptive and guardianship parents aren't usually the cause of their child's problems. Most challenges relate to their child's experiences prior to permanency.

Maltreatment and Interrupted Attachments: One critical perspective that is essential to your work with adoptive and guardianship families is an understanding of the impact of maltreatment and interrupted attachments on children and youth, as well as the adaptations that they make to these experiences and bring to their adoptive families. This knowledge base dictates a paradigm shift from the traditional approach, in which a child's or youth's problems are thought to have evolved largely from the family system.

Balanced Recognition: Mental health professionals need to make a paradigm shift in understanding that, as a result of adverse experiences, children and youth bring problems to the family system that add significant stresses to even the most functional family. Without this understanding, mental health providers often respond in ways that leave adoptive parents feeling blamed for their children's difficulties. At the same time, there needs to be a balanced recognition that adoptive parents are not perfect and may unintentionally exacerbate problems.

"Troubled Transplants": It also is important to understand that when families come to you after years of unsuccessful attempts to modify the negative behaviors of a challenging child, you are seeing families at their worst; this is not what families looked like at the time of adoption. Some adoption scholars coined the term "troubled transplants" to describe the process through which negative dynamics develop within a family that is trying to integrate a child or youth with challenges.

**National Adoption Competency Mental Health Training Initiative (NTI)**

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