

Laying the Foundation for Change

1. Introduction and Objectives

1.1 Introduction

Welcome back to the National Adoption Competency Mental Health Training for Mental Health Professionals. This module is Using Therapeutic Parenting Strategies to Address Children's Challenging Behavior. This lesson is: Laying the Foundation for Change.

1.2 Section 1: Lesson Objectives

At the end of this lesson, you will be able to:

- Describe therapeutic strategies for helping parents develop realistic expectations and support the use of psychoeducation
- Help parents develop a healing environment for their child and establish parents as the primary agents of healing and safety

1.3 Paradigm Shift Needed

Understanding the emotional and developmental needs of children and youth underlying problem behaviors requires a paradigm shift in the way society views the situation. The traditional approach of mental health professionals is to view the child's problems as evolving largely from the family system.

While family and parental difficulties may contribute to family problems; the child's early life experiences, such as trauma and disrupted attachments and the resulting behaviors, bring significant stresses to even the most functional family. Without this understanding, therapists often respond in ways that lead to adoptive parents feeling blamed for their children's difficulties.

Parents also have typically viewed their role as shaping the child's behaviors through traditional discipline, usually through rule setting and doling out rewards or punishments in response to the child's actions. But we know these traditional approaches to parenting often don't work with this population. The key is for professionals and parents to understand the needs underlying the child's behaviors and for parents to be active participants in their child's treatment.

1.4 Family is the Healing Environment

Remember the guiding principle: Healing from trauma, loss, and insecure attachments results from consistent nurturing and supportive parenting within the context of trusting family relationships? In this module, we'll focus on strategies you can teach parents to provide the support and healing environment their children need.

1.5 Rethinking the Presenting Problem

We know that the primary presenting problem in at least 90% of adoptive and guardianship families seeking therapeutic counseling is framed as behavioral and/or emotional problems of the youth.

For example, in a study of adoptive families of all types, and child welfare guardianship families seeking services from a statewide post-adoption program, an assessment of behavior problems was rated by the therapist on 582 children whose cases had closed over a two-year period.

Most of these children had been assessed as having externalizing behavior problems, such as defiance, lying, verbal and physical aggression, and tantrums. In addition, about half of them were identified as having internalizing problems, including depression, grief, and attachment challenges (Smith, 2006).

More recent research has reinforced that children in foster care and those who were adopted have more emotional and behavioral disorders than their peers, and their families are more likely to seek clinical support than families of children by birth (Penner, 2023).

Often, therapists focus on these presenting behaviors, however, providing adoption competent services requires you to dig deeper and focus on the historical and current context for the child, adolescent, and family.

1.6 Parental Involvement in Treatment

Let's learn from an adoptive parent, Debbie Schugg, as she describes her frustration with not being included in the therapy process when she first sought help and the value of later being included in the therapy process.

[Video Transcript]

DEBBIE: "So what did you talk about?" And they said, "Well, that's confidential." And, "Oh. Well, how can I help them if I don't know what you talked about?" And so we would take them home from therapy and we'd have huge behaviors in the car and a lot of self-harming behavior from one of my daughters, and a lot of kind of acting out, aggressive behavior from the other. But without a lot of guidance in terms of what was happening; it was like kind of this big secret that was going on in there for 45 minutes every week that we weren't privy to. It was very frustrating.

We had a therapist who was an absolute godsend. She really understood all the nuances, all of the complexities of adoption, of children growing up in a family they aren't born into. She had personal and professional experience in adoption. She had specialized training in the issues surrounding adoption and permanency, and so she really, really got it.

And for starters, she included me in the therapy, so we were in there together. And she was helping to kind of coach and facilitate me doing the healing with my kids because she recognized that I'm the one and my husband is the one who's living with them 24/7 and they're not going to just heal during that 45-, 50-minute session once a week.

[End of Video]

1.7 Clinician's Focus

As a clinician, your focus is on helping the family provide a therapeutic experience for their child. As Debbie Schugg's experience shows, parental involvement in their child's treatment not only gives parents the insight and tools to provide nurturing parenting, but it helps in other ways - shifting the focus from primarily the child to the parent-child relationship. This shift helps the parent gain a deeper understanding of the child's needs, enhances their child's feeling of acceptance, strengthens the parent child relationship, and improves parental attunement.

1.8 Insights into Patterns of Parent-Child Interaction

As a therapist, teaching therapeutic parenting involves helping parents gain insight into the situations that are most challenging for their children and themselves and the resulting patterns of parent-child interaction.

In addition to helping parents understand their unique child and the specific issues underlying their child's behaviors, needs, and capacities, therapists need to increase parents' awareness of themselves as parents and the factors that shape their responses to their child's behaviors and feelings.

1.9 How Therapeutic Parenting Helps Parents

Therapeutic parenting seeks to help parents in several ways.

Click each shape to learn more.

1. Parents become aware of the dynamics influencing parent-child interactions in challenging situations.
2. Parents can be attuned to their own emotions and responses in interactions with their child.
3. Parents become attuned to their child's triggers, needs, and feelings.
4. Parents connect with their child through respect of their feelings, positive, nurturing interactions, play, praise, and promotion of felt safety and secure attachments.
5. Parents give voice to their child through reflective listening, verbal empathy, and encouraging children to identify feelings and express their needs.

6. Parents balance nurture and structure in their parenting.
7. Parents teach their children new skills for negotiating relationships and developing self-regulation.

2. Expectations vs. Reality

2.1 Expectations vs. Reality

One of the key factors contributing to adoption instability is unrealistic parental expectations.

Before we jump into discussing parenting strategies, let's explore the importance of helping parents set realistic expectations.

2.2 Parental Understanding

Parents' understanding of their children and any difficulties they may encounter helps to shape both their attitudes about their children, their efforts to cope, and their overall commitment to parenting.

When there is a wide gap between their expectations and the reality of their situation, they experience stress and increasing dissatisfaction, both with their children and themselves as parents.

2.3 Expectations

Previously you saw some clips from a documentary, *The Dark Matter of Love*, which follows the Diaz family as they adopt three children from Russia and work with Dr. Bob Marvin, co-creator of Circle of Security.

We are now returning to the Diaz family to further illustrate the need for therapeutic parenting strategies to assist you in applying what you have learned into practice.

[Video Transcript]

[People introducing themselves in an open doorway.]

DR. MARVIN: Bob, Cami.

NICOLE MILLIREN, LPC: Bob, Cami.

DR. MARVIN: Why don't we start by you telling us a little bit of your histories.

CLAUDIO: We used to work at Disney, at Walt Disney World in Orlando, Florida. We always had the vision of having four children. And for whatever reason we did have some miscarriages. And that was a dream of ours to really get four children and be able to grow a family like this. So this is truly a dream come true without a doubt, for us.

DR. MARVIN: I don't see it as my role to tell a family what to do. When I found out that they were going to adopt three Russian orphans at the same time my job at that point wasn't to go to them and say, "No, no, don't do it." It's my job and it's Nicole's job to help them understand some of the special things that we've discovered about kids who have been neglected and then adopted.

You're going to bring three kids home at once. I mean, one is a big enough deal; three is really something. It will be a good idea if we talked a little bit about what it would mean on a weekly basis, or whatever, if you and Nicole do this work. She would be the one who would actually be face to face working with you, and she and I would be consulting.

CLAUDIO: Okay.

NICOLE MILLIREN, LPC: One of the things that could happen once the children are here, it would appear that Cami will be very accommodating and really welcoming. She knows how important this is to her parents. I mean, she hears the story of years, 10 years of trying, 11 years of wanting to bring another child into the world, and I think she's very connected to that.

CAMI: Up until maybe the beginning of the year I just thought, "You know, it's really not going to happen." But then we got the news and just been so overjoyed that I'm going to be sharing a bond with two little boys and a sister.

DR. MARVIN: One of the things that we are kind of alerted to is that both of the Diaz parents, in fact all three of them, have a very idealized view of what's going to happen. The question is if their hopes don't turn out to be the reality, are they going to crash?

[End of Video]

2.4 Idealized Perceptions

As we continue to explore this case, it is important to consider the prevalence of idealized perceptions of family life after the child or children join the family.

Too often, for those families who have adopted older children, their belief system is such that their love will overcome the child's previous adversities.

This line of thinking can pose significant challenges as the parents are not prepared to cope with the behaviors and emotional turbulence that children experience.

As Dr. Marvin points out, our role as therapists is to help parents understand the complexities of parenting children who have been neglected and traumatized.

2.5 Contrast

Now contrast the Diazs' idealized expectations with the reality they begin to confront as the placement begins.

[Video Transcript]

CAMI: Marcel threw a tantrum and screamed his lungs out. And this little old lady turned around, and she was like, "You need to be quiet." I agreed with her, but I was, at the same time, like, "You can just turn around and live through it like the rest of us are because he's my brother and I'm the only one who can insult him." Masha stole some juice from the airport, and that's not a good thing.

CLAUDIO: You just don't know if you're communicating. You don't know if they're requesting a sandwich or to go to the toilet or they need a drink of water. All my faculties, from mental, emotional, spiritual, were tested.

CHERYL: I think Claudio was ready to give up. He said, "Why did we get these kids? It's all your fault. You wanted these kids." I said, "No, I thought we wanted these kids."

[People holding a sign that says, "Welcome Home Diaz Family."]

CLAUDIO: The reality of how difficult this is going to be hit Cami really hard. She feels this potentially was more than we can handle, and I can't deny I went there myself, wondering if it was really smart of us to do so many, especially with these two rambunctious twins.

[End of Video]

2.6 Expectations for Masha

When Masha first arrived, she rejected parental overtures of affection and inhibited her own expression of feelings.

In this clip, Dr. Marvin describes Masha's behavior.

[Video Transcript]

DR. MARVIN: So here you have these parents, the Diaz's, doing this beautiful job of wanting to come in and be close to the child.

[Masha and her adopted mother looking through windows observing a dance class.]

DR. MARVIN: And basically the message that these parents send is, "I want to take down your protective wall. I want you to dance with me." And the child is like, "Whoa, that's scary." One of the things that will really indicate that this has worked would be that Masha will be able to come to her parents and say, "I'm really having trouble with this. This is making me feel horrible."

If Masha is not able to make the shift, what all the research in this area would suggest is that she's going to have real difficulties in relationships, especially close relationships.

[End of Video]

2.7 Family Tension

As the Diaz family demonstrates, the integration of children who have not experienced healthy parental relationships into an existing family causes considerable stress for all family members and a shifting of family relationships and roles.

Often there is tension between parents, as well as stress and resentment among children who are already part of the family. When parents and siblings are unable to manage and cope with the challenges, adoption instability can result.

As reflected in the video clips, the traditional parenting style is not adequate. It is critical that parents have realistic expectations and learn therapeutic parenting skills in order to promote child and family well-being and stability.

2.8 Helping Parents Identify Vulnerabilities from Their Own Parenting

It is also important for therapists to assess the extent to which individual and family problems interfere with the parents' ability to manage their own responses. The therapist also needs to help parents explore their own experiences being parented and their influence on present interactions with their child.

Those who experienced significant wounds in their own childhoods need to work through these issues so that they don't continue to be open wounds that still trigger pain and interfere with their ability to connect with their child.

Families with individuals that have experienced trauma previously, or where the family has experienced a collective or generational trauma in their history, may not be aware that the source of the triggers may be their own. You may recall *Assessing Attachment-Readiness and Capabilities in Prospective Adoptive Parents* by Deborah Gray, discussed in the module on trauma and provided again here in the Resources tab. This work was developed to help adoption professionals assess key parent issues during a home study, but it is also useful for therapists working with adoptive or guardianship parents.

2.9 Parent Vulnerabilities and Continued Healing

Continuing with family from *The Dark Matter of Love*, Cheryl Diaz experienced low involvement and affection from her own mother, which contributed to her difficulties in building attachments with all three children, particularly Masha. She personalized Masha's withdrawal, refusal to accept nurture, and hesitation to fully express affection, as shown in the following video clip.

[Video Transcript]

[Masha on stage singing.] [Clip of the audience and Masha's adoptive parents.] [Masha joining the family after the performance; they congratulate her.]

CLAUDIO: Masha, that was beautiful. Give me a hug. Can you give me a hug?

MASHA: Yes.

CLAUDIO: That was wonderful. You did so well.

MASHA: Really?

CLAUDIO: Yeah, I think so. Don't you?

MASHA: Okay, I want to see my mom.

CAMI: Fifteen years without a sibling and [CROSSTALK] just to let you know.

MASHA: Okay.

CHERYL: You did a great job. I loved it.

MASHA: Did someone told you that I have solo?

CHERYL: No.

MASHA: You're like every day you were telling me, "Do you have solo?" Did you know?

CHERYL: You [CROSSTALK] solo. But you did a great job.

MASHA: Okay.

CHERYL: You looked great up there.

MASHA: Oh, there's Maddie's parents.

CHERYL: Oh, okay. Hi, Maddie. Hi.

FEMALE-1: Nice meeting you.

CHERYL: Nice meeting you too.

[End of Video]

2.10 Video Interpretation

Let's see how Dr. Marvin and Nicole Milliren interpret this interaction and address it with Cheryl.

[Video Transcript]

DR. MARVIN: There's so much of a message there from Masha. "I need you to delight in me. Were you delighted?" And Mom says the right words, that she was, but then attention shifts and Masha hadn't gotten enough. What is it from Mom's own history that puts her in a position of having that reaction at that moment?

[Reviewing clip.]

CHERYL: I wanted to give her a hug but I was afraid. Claudio gives hugs and doesn't even think. I always am apprehensive, sometimes a little more apprehensive. I think she could have used a hug there. I think she wanted a hug there. And believe me, I love to hug. I just know that she's pushed me away, but the door was open and I could have walked in. I didn't know that at that time.

NICOLE MILLIREN, LPC: What else? When you say, "The door's wide open," and she says, "Here I am," what else is she bringing to you and Claudio?

CHERYL: Emotion. She's bringing everything that was kind of closed in at the time. Because even later that evening she showed us that she could cry too. It's the first time I've seen her cry, even leaving Russia we did not see her cry. When she was leaving somebody who was very influential in her life, we did not see her cry, but that night she cried, and it's not like she was trying to hide it.

[End of Video]

2.11 Masha Reflection

As a clinician, what strategies would you utilize to further strengthen the attachment between Cheryl and Masha?

2.12 Masha Response

You might have thought of some of the following:

- You could continue to use videotaping as a tool to help Cheryl become more attuned to Masha's emotional needs and Mom's challenges surrounding attachment.
- You could encourage Mom to keep a journal reflecting upon the positive interactions and ones that were more challenging, or were missed opportunities for connection.
- You could role-play with Mom ways that she could affirm Masha's emotional vulnerability.
- You could work with Masha in being able to communicate with her mother to share what feels good to her and what her needs are. For example, you might encourage her to say, "I really need to hear you say that you are proud of me" or "I like it when we do things together."

3. The Need for Psychoeducation

3.1 The Need for Psychoeducation

To address the emotional and behavioral challenges as reflected in these video clips, the integration of psychoeducation in your treatment is essential to helping parents understand the origins of the child's behaviors, the triggering of their own responses, and strategies that can foster positive attachment and adoption adjustment.

3.2 How Parents' Understanding Helps

The following video segment from TBRI's Trust-Based Parenting DVD series illustrates how parents understanding why their children behave the way they do helps them have compassion and hope. The new ways of parenting that they learn will help their children move from fear, anger, and sadness to self-regulation and increased ability to experience joy.

[Video Transcript]

DR. CROSS: They act this way simply because they don't know how to act any other way.

DR. PURVIS: For our children, two of the most dynamic drivers of most behavior are fear and pain. Most of our kids have been afraid so long they don't even realize they're afraid anymore. It's just the state of their existence.

[FEMALE HOLDING SCREAMING CHILD]: I'm going to listen. You want me to call your mommy? She's in the other room.

DR. CROSS: A child who is afraid is very often angry. A child who's sad may lash out. For adults, lots of times it doesn't make sense. We think, "Well, if they're sad, why don't they act sad?" But that's not the way it is with children lots of times.

MOTHER-1: I had this whole--like the light switch went on. And I couldn't understand why he acted that way and the kind of help that we needed to get for him. So as a parent, it changed the way I parented, the way I thought about him, our emotional bond.

FATHER-1: And it makes more sense to me that he's got all this stuff going on in his brain. And it's not just Brendan kind of making some poor choices or being a bad kid for that time. I mean it's Brendan kind of trying to manage stuff that's happening and going on in his world. Yeah, I look at him very, very differently now than what I did before.

MOTHER-2: It's about their fear, their fear of losing us. their fear of not being able to articulate why life is so confusing or difficult for them. And that's important for me to learn.

NARRATOR: They say it's been a life-changing experience that has renewed their hope for the future.

FATHER-2: It's much easier to be compassionate and patient when you understand the drivers.

[FATHER-2 ON VIDEO]: Very good, Chloe.

MOTHER-3: It's amazing the progress that I've seen in Dillon. He's smiling. He's looking people in the eyes. And he's dancing! It's just like a totally different child. He's just amazing. And I think he has joy now, and he just has never really had that.

DR. PURVIS: And I have never seen a child that couldn't come to dramatic levels of healing, but we have to know how to guide them.

[End of Video]

3.3 Integrate Strategies

As we saw in the video, harm that has come to children in the context of early adverse experiences needs to be healed in nurturing, caregiving relationships.

As children get older, it often becomes more difficult to reframe defiant and resistant behaviors and empathize with the underlying feelings.

3.4 Teens From Hard Places

For example, watch this video of teens from hard places:

[Video Transcript]

MODERATOR: While the teenage years are challenging for most children [man hugging a boy and telling him, "Don't do that."] the lives of these adolescents have been filled with far more than typical growing pains. Most have suffered heartbreak greater than many of us experience in a lifetime.

[Teenagers writing a letters]

DR. PURVIS: They have come from loss. They have come from desolation. They have come from impoverished environments.

[Clips of teenagers contemplating.]

DR. CROSS: These young people in particular are struggling, "Who am I going to be? What's my identity? Who am I?" That's hard for all young people, but for kids who've come from some of the places they have, that's particularly hard. If I had to think of one word to describe these young people I would use the word vulnerable. And I think everything they do comes from their vulnerability. It's like an open wound.

And so if I have a cut on my arm, I'm going to protect that. The kids are doing exactly the same thing. Their vulnerability is a wounded heart. So how do they protect that heart? Their task is to keep people away. "Well, how can I keep people away?" [People playing games.] I don't participate. I'll be defiant. I'll be obnoxious. We know very clearly now how those experiences scar the brain, literally scar the brain, as if they had just a number of concussions or something.

[End of Video]

3.5 Case of Dwight

Now, let's consider the case of Dwight.

Dwight entered therapy with an adoption competent therapist at 14 years of age. Dwight's parents, James and Vanessa, brought him to therapy as they were concerned about his lying, stealing, increasing defiance, and mounting academic failures. Dwight's defiance was causing mounting distress at home, impacting his younger sister who was 10 years old and was the birth child of James and Vanessa. Dwight had several previous therapists beginning at age 11.

Dwight's parents were guided to use a tough love approach and were told they needed to show Dwight who was in control, reinforcing that they, as the parents, were in charge. The more they set limits, the stronger his opposition was. Dwight communicated with the therapist that his parents had too many rules and the only way to deal with them was to lie. He hated school and said that his teachers were stupid like his parents and felt that everyone was on his case. The therapist learned that Dwight was adopted at 2 years old following severe neglect that resulted in his removal from his birth family. A developmental assessment indicated challenges in executive functioning.

What do you think the focus of psychoeducation with Dwight's parents should be?

3.6 Dwight's Treatment Plan

Click the numbers to learn steps that the therapist took with Dwight and his family.

1. During the early stages of treatment, the therapist provided psychoeducation to the parents, helping them to understand Dwight's behavior in the context of his experiences, as well as how their increasingly restrictive discipline was contributing to an escalation of his behavior. This involved a significant amount of work to help them differentiate won't and can't behaviors and learn new parenting strategies, including the need to adjust their expectations and simplify instructions.
2. The therapist supported Dwight and his parents to navigate the ebb and flow of the adolescent task of individuating while solidifying his attachment.
3. The therapist recommended the family join a support group for parents to help normalize their family's experience.

4. The therapist provided psychoeducation around executive functioning and self-regulation work to help Dwight become more aware of his feelings and arousal states.
5. The therapist also taught breathing exercises and other activities he could engage in when he has feelings of frustration or anger.
6. The therapist began grief work with Dwight, approaching him through an appropriate developmental lens to help him understand his adoption story.
7. The therapist worked with the family to help them clarify realistic expectations for both parents and Dwight, as well as strategies the family could use to communicate about, and problem solve, challenges.
8. The therapist worked with the parents and the school system to seek more appropriate interventions through the IEP process.

3.7 Learning from Dwight's Case

This case illustrates the importance of therapists looking at cases through an adoption lens to see beyond the surface.

It also illustrates the important role of the therapist in helping parents understand and reframe their child's behavior, establish realistic expectations and learn the therapeutic parenting strategies that are most effective in supporting their children or teens.

4. Conclusion

4.1 Wrapping Up

In this lesson, we discussed the need for professionals and parents to make a paradigm shift from focusing on the presenting problem or behavior to understanding the need behind the behavior.

We also discussed the importance of involving parents in treatment, managing realistic expectations, and the use of psychoeducation as integral components of therapeutic parenting.

4.2 Learning Journal

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

4.3 Journal Reflection

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

4.4 Journal Response

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

4.5 Conclusion

Congratulations! You have now completed Laying the Foundation for Change.

In the next lesson, we will discuss therapeutic parenting strategies you can support parents to use.