Managing Behaviors that Contribute to Adoption Instability

1. Introduction

1.1 Introduction

Welcome back to the National Adoption Competency Mental Health Training for Mental Health Professionals. This lesson is: Managing Behaviors that Contribute to Adoption Instability.

1.2 Section 1: Lesson Objectives

At the end of this lesson, you will be able to:
- Identify and describe challenging behaviors that lead to adoption instability, and
- Integrate into your clinical practice specific therapeutic strategies with parents and youth to manage challenging behaviors

1.3 Lesson Overview

Adopted children are at a higher risk of developing:
- Behavioral (externalizing) issues, such as conduct problems, attention difficulties, and delinquent behavior, and
- Emotional (internalizing) challenges, including anxiety, depression, and social withdrawal

These difficulties often continue into adulthood (Paine, Perra, & Shelton, 2021).

Externalizing behaviors, such as aggression, sexual acting out, and oppositional behaviors place families at the most risk for adoption instability. However, internalizing behaviors such as depression and self-harm also pose a risk. In this lesson, we will focus on some of the following clinical presentations to help you support families and mitigate instability.
1. Depression and suicidality.
2. Self-harm.
3. Lying and Stealing.
4. Aggression

1.4 Parent's Mindset in Chronic, Severe Problem Situations

Parents whose children and teens have very challenging behaviors are often overwhelmed and running on empty. They may withdraw from friends, extended family, and activities due to others' reactions to their children and their own exhaustion. Marital and intimate relationships may also suffer.

In addition, parents often feel intense anguish and sadness. They may feel guilty or at fault for their children's problems. Many reach the point of hopelessness that things will never get better.

1.5 Parent Mindset Video

Listen to Tina Traster's description of her struggles in parenting her daughter, Julia, who had experienced severe deprivation as an infant and had significant attachment challenges.

[Video Transcript]

TINA TRASTER: It took me a very long time before I felt that what was wrong wasn't about me entirely. When I couldn't find my way to her, I had, for a while, become convinced that I was unworthy, that I couldn't parent, that I had made the mistake of a lifetime. I didn't have what it took to nurture a child. I was in a danger zone. She was in a danger zone. Our family was not solidifying.

And there was a lot of sadness, which was really heartbreaking. Because you don't go to the other side of the world twice, to Siberia, in the winter, both times, and take a baby from an orphanage and think for a minute that it's going to be anything less than something you're going to throw your full self into.

When Julia was about three I had mentioned a lot of these odd social behaviors to her pediatrician, and he mentioned, for the first time, I heard Reactive Attachment Disorder, and I wasn't ready to hear that. Well, as a journalist I started to say, "Wait a minute. I'm going to find some objectivity. I'm going to look at this as starkly as I might do a story. It was what it took to send me to the internet, to send me to the library, to Barnes and Noble. And, essentially, our home became Operation Save Julia.

[End of Video]

1.6 Outcomes for Julia

Over time, Julia progressed to become attached to her parents, an honor student, and an accomplished violinist. Tina later reported:
"Progress took time - and the work of staying bonded with a wounded child is a lifetime endeavor. That's okay though, because Julia has stepped out of the danger zone. She's taken off her helmet and armor. She has let me become her mother."

Whether adopted privately, through intercountry, or from foster care, many children and youth with severe difficulties have very complex underlying dynamics contributing to their challenges. When parents struggle to find effective help, their child's negative adjustments may continue to escalate until the parent finds adoption competent mental health and adjunct services. We know from research that when parents do not successfully receive these services, the potential for adoption dissolutions increases significantly.

2. Managing Internalizing Behaviors

2.1 Managing Internalizing Behaviors

In this next section, we will discuss some of the internalizing behaviors that parents may be overwhelmed with and under-prepared to manage.

2.2 Understanding Depression and Related Behavior

Some scholars have observed that many adopted children and youth in treatment use acting-out behaviors to mask depression. A pervasive feeling of profound shame is often at the root of their fears of connection and vulnerability and their self-destructive behaviors.

Research has found that self-criticism and maltreatment, especially emotional and sexual abuse, are strongly associated with non-suicidal self-injury. Some examples of this self-criticism include thoughts of being completely worthless and bad, that they are to blame for traumatic events, that they deserve maltreatment, and that they do not matter to anyone.

These thoughts feed depression and self-destructive behaviors, such as cutting, and need to be addressed both by therapists and by parents.

2.3 Self-Harm Behaviors

Self-harm behaviors include cutting, burning oneself with a cigarette, sticking pins in the body, eating disorders, or other behaviors that are intended to injure, but not result in death. There is a gender disparity in self-harm behavior. Females are three times more likely than males to engage in self-harm behavior. In particular, females are more likely to use cutting, as a means to numb emotional pain, release intense emotions, or punish themselves.

Helping a youth who self-harms requires getting to the root of the behavior, planning with the youth and parents to keep the youth safe, and implementing strategies to help the youth become aware of, and express, their feelings safely. Depression is usually present in these youth, and medication may be a part of the solution. Over time, cutting can become addictive, and a youth may need more intensive specialty outpatient treatment to address it.

2.4 Surfacing or Resurfacing of Loss, Trauma, and Adoption Issues

For some children and youth, the emotional demands of attaching to adoptive parents, trusting, and yielding control brings a resurgence of early trauma and loss, and their behavior problems intensify. Some of them mask their grief and fears of abandonment with intense anger and defiant behavior. These issues resurface over the life cycle.

A variety of stimuli may trigger complex trauma-based reactions associated with past experiences, such as discussing previous abuse in therapy, experiencing a new trauma, the intensification of birth family issues in adolescence, a crisis in the adoptive family, and/or the hormonal changes that come with puberty. These can take the form of internalizing or externalizing behaviors.

Let's look at an example.

2.5 Yasmina Case Study

Yasmina, a 15-year-old African American female was placed in foster care at the age of 9 after significant neglect and was adopted by Maria, a 39-year-old white single adopter. Yasmina appeared to have a rather smooth transition, but within 10 months of the placement she began to show heightened anxiety and experienced intrusive thoughts related to past trauma. When upset, Yasmina would destroy items in the house and threaten to run away. One evening Yasmina became aggressive towards her mother and when mom grabbed her arm in self-defense, she noticed cuts on Yasmina's arm.

After seeing more on her other arm, she realized that Yasmina was cutting. Mom arranged for her and Yasmina to see an adoption competent therapist. After several sessions, Yasmina revealed for the first time that she had been sexually abused by her birth mom's boyfriend and witnessed her birth mom being threatened with a gun to her head. Yasmina also expressed sadness at not having had the opportunity to say goodbye to her mother, who was in jail.

Image courtesy APAHolding.az / Shutterstock.com

2.6 Yasmina Reflection

Using a therapeutic parenting framework, what would be your treatment plan with this family?

2.7 Yasmina Response

Did you think of any of these? Click each number to learn strategies and treatment goals.

1. Provide psychoeducation with mom to understand the impact of trauma and loss on Yasmina and her use of cutting as a coping mechanism to release emotional pain.

2. Help mom gain insight into the parenting situations that are challenging for her so as to help her cope and reduce power struggles; including exploring her own childhood experiences and how they impact her own parenting.

3. Work with mom to create felt safety for Yasmina at home through communication work, creating routines, and spending fun time together.

4. Provide psychoeducation to Yasmina to help her understand the impact of her trauma and loss and her use of cutting to manage her feelings.

5. Model and teach therapeutic parenting skills to support mom to help Yasmina:
   - Identify and express her feelings through mom's use of reflective listening and daily check-ins
   - Identify the triggers for self-harm through journaling and awareness of arousal states
   - Identify new ways of coping to release emotional pain. These include painting, listening to music, deep breathing, or running ice or a soft brush down her arms

6. Provide grief work with Yasmina to help her address unresolved losses, including lifebook work, loss box, and writing a letter to her birth mother.

7. Explore a referral to teen support groups for adopted youth or those who have experienced sexual abuse, as well as a parent support group for mom.

8. Provide TF-CBT or other trauma narrative work that includes mom so as to address impact of sexual abuse.

2.8 Trauma History

In this case example, Yasmina reveals her trauma history. Too often when working with this population, this information is not disclosed and the depression is treated in isolation of the historical and traumatic experiences. This work will require you as a therapist to do a deeper inquiry with the youth to support the disclosure of abuse.

2.9 Suicidality and Safety Planning

We know that most therapists have had training in treating suicidal ideation. Given that children in foster care are four times more likely to attempt suicide than their peers, we have included a review of safety planning with clients at risk of suicide.

Psychologists Dr. Gregory Brown and Dr. Barbara Stanley developed a brief intervention for safety planning. The basic components of the plan include:

1. Recognizing warning signs of an impending suicidal crisis
2. Employing internal coping strategies
3. Utilizing social contacts and social settings as a means of distraction from suicidal thoughts
4. Utilizing family members or friends to help resolve the crisis
5. Contacting 988 Suicide and Crisis Lifeline or other local mental health professionals or resources, and
6. Restricting access to lethal means

See a detailed description of their safety plan intervention in their article in the Resources tab, *Safety Planning Intervention: A Brief Intervention to Mitigate Suicide Risk*. Similar planning can be used with youth who have other self-harming behaviors.

You can also see the safety planning tools developed by the National Training and Development Curriculum for Foster and Adoptive Parents (NTDC) that are available in the Resources tab. These handouts include a parent guide to developing a safety plan, an example of a filled-out safety plan, and a blank safety plan that is available for families to use.

3. Managing Externalizing Behaviors

3.1 Managing Externalizing Behaviors

Now, let's turn our attention to externalizing behaviors that contribute to adoption instability. Some of this information is from the CORE Teen Curriculum. Please note that the CORE Teen Curriculum is open source, was developed for use with parents, and contains a wealth of information, videos, and resources to support families dealing with both internalizing and externalizing behaviors. Check out the Resources tab for a link to access the curriculum.

3.2 Anger and Aggression

Let's talk about anger and aggressive behavior and youth violence towards peers, parents, other family members, and animals.

A teen's aggression can be scary, not just for those it is directed at, but for the teens themselves. It is hard to understand how frightening it must be to feel such intense emotions and not know how to manage them.
Many teens who exhibit aggression may be triggered by their traumatic past. Recall the information we discussed about the arousal continuum and how common it is for youth with complex trauma to have an overly reactive response. Different cues - such as a loud male voice or authority figures - may cause an externalizing response such as hypervigilance, hyperactivity, or impulsive and aggressive behaviors.

Let's examine some forms of aggression.

3.3 When One Sibling Poses a Danger to Others

Sibling assault is one of the most common forms of victimization in families, with violence toward both siblings and parents a serious problem among adopted teens who reenter foster care.

Over a 4-year period, the safety of other children in the home was cited as a reason for 20% of adoption dissolutions according to the Florida Governor's Office annual report of adoption dissolutions (Florida Office of Governor, 2013).

Another study in England on the role of sibling relationships in adoption instability found that in over 75% of families in crisis or with the youth placed out of the family there were disturbed sibling relationships characterized by violence and aggression, control and manipulation of a sibling; extreme jealousy and concerns about not being loved equally; sexual abuse; and for a few, overdependence on each other to the point of anxiety when separated (Selwyn, 2019).

3.4 Addressing Violence Toward Siblings

Physical aggression within the normal range of sibling relationships needs to be differentiated from physical abuse or victimization of a weaker sibling.

With regard to sexual abuse, distinctions need to be made between sexually reactive behavior, for example, inappropriate sexual touching between children close in age, and sexual abuse by a more powerful sibling. This determination tells you whether the safety risks are moderate and can be managed through closer supervision, therapeutic parenting, and clinical treatment.

If there is an ongoing threat of physical or sexual abuse, the therapist will work with the family to determine if a safety plan can be maintained in the home. If not, the therapist will need to work with the family and community resources to ensure safety for all.

Parents need to set clear boundaries that should be followed by all family members. See the NTDC handout on House Rules that gives good tips on setting clear boundaries and rules to keep all family members safe.

3.5 De-Escalation of Aggression: Regulation

Think about Dr. Perry's: Regulate, Relate, Reason framework. It is essential for therapists to help parents and caregivers to remain calm and regulated during these times, which is not always easy to do and will take practice. A stressed out response will increase the teen's behaviors. If a parent is able to remain calm, they will also be modeling how to cope with intense emotions.

In a crisis or confrontational situation, such as a teen screaming or throwing things, the first concern is de-escalating the crisis and avoiding harm to anyone.

If harm is not about to happen, de-escalation will take patience on the part of the parent. The therapist can help them learn to remain calm, not engage in the confrontation, keep a respectful distance, and be empathic or just stay present but quiet. Nonverbal messages should convey calm.

When a teen is escalated, it is not the time to talk about consequences or try to reason with them. Parents may need to give them physical and emotional space and could state, for example, "I *can see you're really upset. Why don't you go outside and listen to music for a while?"*

3.6 Addressing Anger and Aggression: Relate and Reason

Once the teen is regulated, it is important for you to help parents help them identify their feelings and validate them. For example, a parent can state, "I know you're disappointed that your friend couldn't come over. What are other ways to express your feelings without exploding and punching the wall?"

Help parents recognize that they might not always know what triggered the outburst, so they should be careful not to make assumptions. The ultimate goal is to help create a relationship where teens are comfortable letting their caregivers know how they're feeling and wherein parents and caregivers support their teens to be able to express themselves verbally.

Expectations for behavior should be clear but allow space for a teen to come up with thoughts about their behavior as well. Help parents choose carefully what they insist on and be as flexible as they can.

3.7 When De-Escalation Doesn't Work

Sometimes aggressive behaviors can become potentially dangerous. It is essential to have a safety plan and a supportive team to help families manage potentially dangerous aggression.

Safety plans for aggressive behavior should include the warning signs in the youth that aggression is likely and strategies to respond to verbal or physical aggression. Click each image to learn more.

1. Warning Signs: Warning signs in the youth that indicate aggression is likely include:
   - Making verbal threats
   - Using abusive language
   - Assuming threatening posture (e.g., with fists raised)
   - Physically striking out at peers or adults

2. Strategies to Respond to Aggression: Strategies to respond to verbal or physical aggression include:
   - Removing others from the immediate vicinity of the youth (to protect their safety and eliminate an audience)
   - Taking a 'supportive stance,' stepping slightly to the side of the youth and orienting your body so that you face the youth at an angle rather than head on

- Respecting the youth's personal space and ensuring your physical safety by standing at least a leg's length, and preferably more, away from the youth
- Maintaining a calm tone of voice and body posture to project acceptance and support for the youth
- Not blocking the door unless you have a compelling reason to do so, as the youth may interpret a blocked exit as a threat and attempt to go around or even through you to escape

If nothing is working to reduce the frequency and duration of a teen's aggression, additional therapeutic support may be needed.

3.8 Non-Violent Resistance (NVR) Parenting Program

Dr. Haim Ober in Israel developed the Non-Violent Resistance (NVR) Program that has been applied with youth violence toward siblings and parents, as well as with suicidal teens. The program was piloted in Kent, England and found in a preliminary analysis to be a successful intervention.

Parents identified de-escalation techniques and acts of unconditional love to be the most useful interventions. This program also teaches parents self-control strategies, how to establish parental presence at home and in other environments, de-escalation of conflicts, recruitment of a support network, building alliances for treatment, and respect and reconciliation gestures.

For example, in establishing greater parental presence, the parent would spend more time with an aggressive youth, as well as become more available and aware of what a youth is doing.

Tools for preventing escalation of conflicts include avoiding power struggles by delaying addressing the issue until the youth has calmed down, refusing to engage in debates, and having a friend or relative who has a good relationship with the youth act as a mediator to step in to resolve conflicts when youth are likely to become aggressive.

3.9 Sexualized Behaviors that are Excessive or Harmful to Others

Now let's talk about teens whose sexualized behaviors could be viewed as excessive or harmful to others.

Some common behaviors of teens include:

- Watching pornography, especially sexually aggressive porn or porn involving children
- Exposing oneself or peeping
- Compulsive masturbation
- Sexually explicit conversations with others
- Grabbing, groping, and explicit sexual threats

This behavior may be more common among youth who have been sexually abused. Teens who were sexually victimized as children may be re-enacting what was done to them. Their behavior is more about power than about sex.

3.10 Sexual Perpetration

Families may need your help to manage more serious sexual acting out behaviors such as sexual perpetration. Click the topics to learn more.

Protecting Other Children: When parenting a teen with these behaviors, the protection of other children in the home is most important. It may require significant changes in household rules and routines so that the teen is not alone with other children. In some cases, families may need to change bedroom arrangements, use alarms on bedroom doors, and closely monitor behavior.

Specialized Treatment Services: The riskier the behaviors, the more there is a need to engage professionals to help change them. A teen who is sexually abusive to others, especially a teen who victimizes younger children, will require specialized treatment services. Some of the programs designed to address sexualized behaviors require that the teen live in a residential setting for short-term treatment, and others allow the teen to live at home while they attend treatment as an outpatient.

Support of the Family: Treatments for sexual perpetration can be very successful, and one important key is the support of the family. These programs also provide critical peer support for parents so that they can learn how to be more effective in supporting their teen. For more extensive information and resources on this topic, check out the Resources tab.

4. Dishonest Behaviors

4.1 Dishonest Behaviors

Let’s talk now about dishonest behaviors.

4.2 Reframing Stealing

Many parents find dishonesty, including lying and stealing, to be particularly challenging. These behaviors cause parents embarrassment and a sense of betrayal that the youth violated their trust. It also violates the norms and values of the family. Parents often describe these lying and stealing behaviors as “crazy.”

As with lying, stealing requires that parents look beyond the behavior to understand the underlying needs.

Listen to adoptive parent, Debbie Schugg, talk about how their family’s therapist helped her to understand her daughter’s problem with stealing.

[Video Transcript]

DEBBIE SCHUGG: In terms of stealing, we thought we were really clever because we got a clear backpack for my daughter and did all kinds of, "We're going to find out." And I was--and again, I'm so embarrassed, but I share it for the greater good--I was that crazed mom who was like counting the cookies at night. If we had had cell phones or digital cameras when my kids were little, I can't even imagine. I mean, I'd be taking pictures of like how things were arranged and all that. Because I put tape on the door, looked and counted the cookies, because I just knew she was taking the cookies during the night, right, and I was going to be able to prove it in the morning. Like to what end?

And our therapist got me to kind of back down a little bit and say, "Well, what's the purpose of what you're doing? What are you trying to prove by catching her in the act?" So the shift for us on stealing was really to look at, for kids who have had chronic neglect, what that looks like and how hard it is for them to believe that they're ever going to get a chance, the impact of trauma on impulse control and them being very much younger, I wouldn't expect a 2-year-old to just leave the cookies right there and not reach over and take one.

And for our kids, a big piece of the stealing was connection. I have I don't know how many earrings that are missing mates because my girls would take an earring. And it was making me crazy, and I was just like, "Is nothing sacred? These are Mommy's. These are my earrings. You can have your own earrings." And sometimes they had been a special gift, they had sentimental value. They were from a travel or something. And it would just make me crazy that they would take one because it basically rendered the earrings useless, right.

So when the therapist was able to help me see that it was about connection and that if I had one and she had one then we were connected. And helped me learn about the invisible string that connects us and what are some things that I could give my kids so they could always feel my presence. And how could we tap into sensory stuff so they could have something that smelled like me to help meet that need? That was hugely helpful and I just ended up--I just started wearing earrings that didn't match and it just reminded me to keep my perspective and see what is it really about.

[End of Video]

4.3 Suggestions for Addressing Dishonest Behaviors

Therapists can work with parents to use a variety of strategies to address dishonest behaviors. Click each number to learn more.

1. First, gain insight into the need or reason that underlies the child’s behaviors. Often these behaviors are a way of inappropriately expressing a need. You can help parents learn more about the meaning of their child’s behaviors and how to help them express their need in an appropriate way.

2. If youth have problems telling the truth, it is important to learn the reason for the lie, for example, do they lie primarily to avoid getting into trouble, does the lie reflect magical, wishful thinking, or do they seem unaware that the truth is obvious. It's important for you, as a therapist, to understand the adaptive mechanisms of this behavior as it relates to the child's prior history and that the lying is a survival mechanism.

3. If they steal, parents need to determine from whom do they take things? What types of things do they steal, and what do they do with them? Does the child come from a community where there is little or no personal ownership of things, such as in traditional Native American families?

4. Parents need to be helped not to overreact or fail to react at all. Often parents overreact in negative ways, such as shaming the child, or setting up elaborate ways to catch the child in the act, as Debbie Schugg shared. It is important to teach and model honesty as well as explain the link between honesty and trust. Conversely, it is important not to just ignore the behavior.

5. Minimize the number of questions parents ask and help parents to teach the child to interrupt the behavior when it happens and correct it. A parent may teach the child to think before answering, so as to interrupt habitual or compulsive lying.

6. Maintaining boundaries is crucial to avoid triangulation, including splitting the parents or the parents and the therapist.

4.4 Manipulative and Controlling Behaviors

We have already discussed how traumatized youth often feel powerless and vulnerable. One way they may protect themselves is through trying to manipulate and control others, as well as through defiance.

Some youth manipulate their parents by telling them lies about each other or playing one parent against the other.

Manipulative and controlling behaviors are challenges to parental authority and are likely to escalate the power struggle between them.

For example, one adoptive mom described her daughter in these words:
"She is a master manipulator and she can make you think you are going crazy. My heart is breaking, and it is not only a strain on my marriage… but a strain on our other children, too."

4.5 Manipulative and Controlling Behaviors Video

Take a moment to listen to Dr. Purvis talk about how to handle manipulation and control.

[Video Transcript]

HOW DO I HANDLE MANIPULATION AND CONTROL?

DR. KARYN PURVIS: Primary tools for children who didn't have a voice are manipulation and control. Now, all children explore manipulation, even in the most loving homes. All children explore control in even the most loving homes. Again, this is a normal developmental exploration. For the child, from the hard place, manipulation may have become the way they believed they survived. Control may be what they believe stood between them and death.

Now, when we look at a child with these issues, obviously those issues are not okay. But again, I don't want to overreact. I don't want to label my child a controller or a manipulator. I want to stand back from the behavior and realize it has a function.

So we know from child development that there's a continuum of two poles that predict the best development, long-term. Predictability and control. So some of our children have come from very unpredictable environments. Some of them have come from very controlling environments. But appropriate levels of predictability and control will help our children let go of the need to control the world.

[End of Video]

4.6 Suggestions for Addressing Manipulative and Controlling Behaviors

As Dr. Purvis said, all behavior has a function. For children from hard places, the function was often survival. It is important for you to embrace this and understand that the switch from using these survival skills to new strategies will take time, practice, and consistency before youth are willing to give up the skills that help them survive. You will also need to help parents understand this. Click the images to hear some suggestions for helping parents respond to manipulative and controlling behaviors.

Exercise Control: Help the teen learn to exercise control, such as by giving choices where appropriate. By making small choices, the teen will gain some sense of control. Predictability helps youth let go of their need to manipulate and control to feel safe.

Strategies for Addressing Severe Behaviors: Work with the parent and other caregivers to develop strategies for addressing severe behaviors. For example, if a teen has a problem with chronic stealing, the parent needs to give a clear message that this is not OK, and is likely to have serious long-term consequences. When stealing occurs, it is important to help youth make restitution, such as returning the item and requiring them to pay for it.

4.7 Suzanna Case Study

Here is an example of a plan that a mom and teacher developed to help Suzanna, age 9, stop taking items from her schoolmates. The mom told her the following:
"Suzanna, you and I both know that many times you have other people's things in your pockets. You get in trouble when this happens. We don't like to see you in trouble, and we want to help you with this problem. Therefore, I am going to help you check your pockets every day before you leave for school to make certain that you are taking only the things that are supposed to go to school. Mrs. Greenblatt is going to help you check your pockets once again before you leave school, so that everything can be returned to its proper place or to its owner. That way, you won't get in trouble."

Gradually, both teacher and parent help Suzanna pay attention to her pockets on her own. If only her belongings are in her pockets, she is praised. If she returns objects before leaving school, she is praised.

4.8 Addressing Impact of Challenges at School

Achieving significant improvement for youth with emotional and behavioral challenges is best accomplished through multi-systemic interventions, particularly in the family and school. Therapists often need to advocate with parents for the most appropriate educational placement and to educate teachers about effective strategies for supporting youth in the classroom.

School is often a very stressful environment for youth with challenges, and bullying from peers or negative treatment from teachers only adds to the youth's stress and dysregulation. A movement toward trauma-informed schools has begun in the education field. To learn more about these strategies, see the links in the Resources tab. Given this need for all professionals to be operating from an adoption competent lens, there is now a companion training for school-based mental health professionals. Check out the Resources tab for more information.

4.9 When Families are Overwhelmed

We know that these challenges can be overwhelming for families. There may be times in your clinical work when a family that has been trying to manage these challenges and are now communicating that they are considering relinquishing their rights as parents - either because they are depleted and/or they are not able to access the higher level of services that their children may need. Too often we hear from parents that some therapists have recommended a child's reentry or entry into foster care as a solution. This should never be a recommendation or solution.

Sometimes the clinical severity and safety issues may warrant hospitalization, short term residential, and/or temporary alternative living arrangements with kin. The goal is always to maintain child and parent connections, parental involvement in treatment, and reentry into the family.

As we integrate adoption-competent care into the mainstream treatment of children in foster, adoptive, and kinship families we can intervene earlier, more effectively, and with a repertoire of skills and tools to help the youth and family manage the lifelong impact of their children's early life experiences.

It is important for you, as the therapist, when higher levels of care are used that you stay engaged to provide support for the family needs and create a bridge to support reentry into the family.

5. Conclusion

5.1 Wrapping Up

This lesson examined the behaviors that are among the most problematic for families. To help facilitate healing, therapists need to help families see beyond the challenging behaviors to the youth's underlying needs and provide a repertoire of therapeutic parenting strategies and clinical interventions to help children, youth, and parents heal.

5.2 Your 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 will 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 now completed Managing Behaviors that Contribute to Adoption Instability.

Our last module will focus on post-permanency family stability.