

Post-Adoption Therapeutic Services: Working with Families Across the Life Cycle and Across Systems to Maintain Stability

1. Introduction and Objectives

1.1 Introduction

Welcome back to the National Adoption Competency Mental Health Training for Mental Health Professionals.

This lesson is: Post-Adoption Therapeutic Services: Working with Families Across the Life Cycle and Across Systems to Maintain Stability.

1.2 Section 1: Lesson Objectives

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

- Identify key characteristics of post-adoption work across the life cycle
- Assess the need to collaborate and advocate with multiple systems to support family stability and child well-being, and
- Engage relevant professionals and systems in addressing child, youth, and family needs

2. Laying the Foundation for Strengths-Based Therapeutic Work with Families

2.1 Laying the Foundation for Strengths-Based Therapeutic Work with Families

Now, let's talk about laying the foundation for strengths-based therapeutic work with families

2.2 Framework

We hope we have built a strong framework from which you will build a practice philosophy that embraces the following:

- Contact with adoptees and their families will occur at many different stages of the family life cycle - while children are in foster or kinship care, pre-adoption; after adoptive or guardianship placement but before finalization; or during the post-permanency period.
- It is likely that you will see families who need post-permanency support at various times. This requires an open-door policy that fosters ongoing support and check-ins in the future.

2.3 Moms Share Need for Adoption Competent Mental Health Services

Let's learn from some adoptive moms as they discuss the need for adoption competent mental health services. Click on one (or both) of the vides to learn their story.

2.4 Cathy Video

[Video Transcript]

CATHY: Between the ages of 8 and 12, I think, were the most difficult times initially. During those years we did not have adoption competent therapists. We saw therapists through our HMO program who--I think this woman was really a very strong therapist but she did not know about the particular losses and trauma that are involved in adoption. And so I think our daughter and we weren't getting what we needed in terms of being held really strongly with an understanding of how our family with an adopted child of a different race from the parents and biological children in the family--we just had different issues and people didn't seem to know how to help us. So when we were with people who understood adoption, understood all the different feelings and emotions and concerns that parents have as well as understood the depth of the losses that these young children have, things change. She was in a group there. She was with other children who were asking the same questions as she was about, "Why did this happen to me? How could they have done this to me? What if I don't like parts of my adoptive family--this family who's doing good stuff for me but I don't always like them. How do I deal with that?" So there were just a lot of things she could talk about and that could be addressed.

[End of Video]

2.5 Joan Video

[Video Transcript]

JOAN: Hi. My name is Joan, and I have two adopted kids, not really kids anymore because they're 23 and 27. My daughter, Allison, who's 27 now, started to have a lot of problems early elementary years, and as time went on, in elementary school. She had anger and tantrums, and a lot of people called it oppositional behavior. And, of course, we wanted to get help for her and for the whole family. And we started going to a number of therapists, and it was actually at least six therapists that we went to, or possibly a little more. And we went from one to another, and pretty much all they wanted to do was prescribe medication. Each one would pick a different medication and call in another diagnosis. And oppositional behavior was always thrown out, but no real specifics, nothing that we could really hang onto, and we were sort of at a loss about what to do. And around the same time, things were getting pretty bad and she was actually starting to run away, and our relationship was pretty horrible. We ended up moving her into a small, private school. And at that point, there turned out to be a number of other adopted kids.

And a therapist from an organization that was nearby came and started to do group work with the kids. This started to really make a difference because it seemed like underneath all of these problems, there was things that hadn't been discussed. And this therapist was dealing with adoption and discussing with the kids' things like loss and grief and their birth family, the desire to connect to their birth family, their identity, who they looked like or who they didn't look like, other siblings in the household, everything like that, things that were not spoken about at all with the other therapists throughout the years. So this really made a huge difference. It took a while. It was a rocky road. She continued to act out: more running away, more crazy things with drinking with the really bad crowd, with not coming home at nights, pretty horrible stuff like that. But somehow, with the support on and off of this therapist, which ended up becoming individual and/or family--she wasn't with the small group anymore of the kids, things started to click.

She eventually became at peace with these issues, which I would say for sure she is. She ended up meeting the birth family a number of times, and they've been in touch for a long time. It actually helped us realize that it was important for her to make connections with the birth family since it was important to her. And now, at the age of 27, she still seeks support when there's concerns or questions, but she's actually doing really well. She's got a great job, and she's actually expecting our first grandson. So at this point, I can't imagine that if the therapist didn't have the knowledge of adoption and the kinds of things adopted kids go through, I can't imagine what we would have done. That's why this type of adoption competency training is really so important.

[End of Video]

2.6 Exploring the Impact of Adoption

Remember one of the guiding principles for adoption competent practice: Adoption has significant lifelong impact with variable meaning from one person to another.

If not addressed, it can exacerbate mental health challenges as well as threaten the stability of the family.

That is why it is so critical that families have access to adoption competent post-permanency services.

Your role with children and their families is to help them identify and address salient adoption issues.

2.7 Role of Therapists Video

Through psychoeducation about the lifelong process of addressing loss, trauma, and adoption issues, you can support parents to expect challenges and normalize seeking help whenever it is needed.

This is echoed by Temera Carson as she talks about the important role of therapists.

[Video Transcript]

TEMERA: So as a child welfare and professional, I work with families who have finalized adoptions. And having experienced working with birth families, adoptive families, while children are in foster care, I really strongly value the perspective of really treating the family and really validating the emotions and the feelings and the memories and the thoughts that adopted children have and normalizing them. And letting them know that they have a support system and that it's okay to be angry or sad or miss your mom on Mother's Day or on your birthday.

I think all of those things are really, really important and I think therapists have to address those issues and even foresee those issues. "You have a birthday coming up. How is that feeling? Do you think about your birth parents? Like what are you thinking about?" I think so many adoptees feel like they can't express what's going on around major holidays, and all of those are triggers. All of those can be really emotional times for children. And families will see children have increased behaviors during those times and not kind of make that connection.

So I really feel like a therapist can really help a family understand kind of developmentally what children are going through and how adoption plays into that so that they really can foresee and kind of mitigate some of these things before they happen or at least be that support for that child when those things do come up.

[End of Video]

2.8 Long-Term Support

Competent and consistent therapeutic interventions and parenting can change the life of a child or youth who has experienced the most egregious abuse.

Parents need the long-term support and intervention of an adoption competent mental health professional, who will include them in their child's treatment, help them to learn how to attend to their child's specific needs, and give them the tools to create the loving and supportive environment to heal even the deepest wounds.

Remember, providing long-term supports includes educating or re-educating parents, as needed, about specific conditions affecting their child, such as ADHD or fetal alcohol spectrum disorders, and parenting strategies that are most likely to be effective.

3. Family-Focused Treatment

3.1 Family-Focused Treatment

We will now discuss family-focused treatment.

3.2 Standard Model

We have emphasized that family therapy should be the standard model for adoptive and guardianship families. It is important to include siblings and, at times, other extended family members who have meaningful connections to the child and can provide support.

In some cases, the birth family may be included in the therapeutic process, especially to clarify information and give important messages to the child.

3.3 Kim and Buddy Video

When families become stuck and emotional issues surface, they need to be supported by therapists who embrace the specialization this population deserves.

Now let's listen to Kim and Buddy Stevens, parents to 6 children - two through birth and four through adoption - as they recount their experiences with therapeutic services.

[Video Transcript]

KIM: So they don't even understand what the system impact was. They don't understand that they need to find out what family a kid is even talking about. They don't understand the importance of family therapy as opposed to individual therapy. But if you've got an angry 15- or 16-year-old, who's angry at parents that he lived with his whole life, that he was born to, maybe he does need a private session so Mom and Dad are not messing with him.

But when you have a person who's joining a family brand new and trying to connect to that family brand new, the therapist, when they're an individual therapist, can break that relationship apart. They become the substitute because there's no emotional connection to the therapist. So there can be a lot of division.

Our youngest, Melvin, was in therapy for over a year when he was 18. And the therapist assumed that he was court-ordered, so he never asked him anything about his family, never asked him anything about his history, and didn't know until he finally met me over a year into this that Melvin was adopted by a white family. Melvin is a very dark-skinned black person, living in this family where he feels like people are looking at him all the time. And that had a huge role in the child that he was and the young man that he

became. He had a therapist that never even asked a question about his family; so that was really disappointing.

And our daughters had--I think our daughters had probably a total of 7 or 8 therapists in the course of 2 years. So we finally just started paying for therapy out-of-pocket so that at least the therapist would be consistent. And after 4 years of monthly hundred-buck, hundred-buck, hundred-buck, the girls finally said to me, "That Ann, she's not doing anything to help us. This is useless. You're a better therapist than she is."

So there's a lot of it. And I think fortunately we're getting to a place where people are more and more aware of how important it is to understand the system, to understand the impact of adoption, to understand the impact of foster care, and are being more proactive about doing the right thing by our kids.

BUDDY: Yeah, I don't know that much about therapists. I will say I don't think that the ones we run to, as Kim said, were really trained or understood the issues of somebody who's been moved to multiple homes, somebody who's been abused as a child, somebody who's been torn out of their birth and all of a sudden they're living--I mean, yeah, I think they eventually took us in as parents. And I think things have worked out swimmingly. But I can't imagine being 7 or 8 years old and having been in a bunch of different houses and all of a sudden I'm in this house and these are my parents. And I don't think these people understood that if they would deal with the issue of today--if that makes sense.

It was like, "Right now she's kind of not doing this," but they didn't, in my estimation, truly under--or get into, "What got you here?" I mean, I can't understand it. Like I said earlier, I mean, I never met my father, but at least I had a consistent mother, sort of. But--you've met her.

But anyway, so I can't--and I've talked to my children a million times, so--it seems that that would be a training people really need is to truly appreciate how broken somebody--or just what--the life that they lived early on. In some cases it's really horrendous, but just--I can't imagine the pain of just being taken from your family. I can't imagine being a 15-year-old and being left on a front porch by somebody who's supposed to be my foster mom, with a plastic bag full of my clothes and said, "Yeah, he's out there."

And so, I don't know because I'm not a therapist, but I know what these kids need I think and I think they need somebody who can really sit down and say, "Okay, let's talk about how you got here rather than where we are right now," if that makes sense.

[End of Video]

3.4 Case Example

Now, let's consider the following case of Lisa, her family, and their experience.

Click on each number to learn each part of the case.

1. Lisa, age 11, was placed in her first week of life with a family who had one child by birth but could no longer have children biologically. The family had some level of openness in that they had met Lisa's birth family and had some ongoing contact with birth family members. The adoptive family was aware of the birth mother's legal problems and viewed her as a bad influence on Lisa.
2. Recently Lisa presented with behavioral and emotional problems, including lying, stealing, and hoarding items. These problems intensified when she began middle school. According to her mother, Lisa was *"always just a very angry child."* Lisa also was identified as having learning disabilities and had difficulties getting along with other children.
3. There was ongoing conflict and sibling rivalry with her sister, who was considered to be the "good kid." Lisa demonstrated distrust of adults, withdrawal, and feelings that she did not fit in with her family.
4. As Lisa's behaviors escalated, her parents fought about how to handle the situation and were on the brink of divorce when they finally sought counseling from a clinical post-adoption program.

3.5 Therapy Inclusion and Focus

Here's how Lisa's mother explained the adoption competent approach to her family and what she thought was helpful:

I think what was most helpful for us was the fact that the services were very comprehensive...They helped with individual counseling for Lisa and family counseling for our whole family.

She worked with my husband and I individually as well as together. She had a session with my daughter, Sarah, and I individually because she could see that there were some things Sarah and I needed to address.

And then, she worked with Sarah and Lisa because their relationship was really pretty conflictual. And I really do believe it was the comprehensive nature of the whole program that helped us the most.

The therapist went with us when we had IEP meetings, she did a lot. She worked very closely with us for quite a long time (Smith, 2006, p.180).

3.6 Comprehensives Services, Multiple Levels

Another adoptive parent served through the same program spoke about how they were seeing a private therapist and a worker from the post-adoption program, and both professionals worked together to help their family.

The adoption support worker came to their home, court, and the detention center. The mom stated:

Moral support is tops. Our worker has spent time in the police station with us, gone to detention to visit my son; we've had on-call workers come to our house at night to work through a crisis situation.

The cases we have just discussed point to the need for adoption competent mental health services to be tailored to the unique circumstances of each family. This includes your willingness to take your practice outside of the 50-minute session in order to meet these complex needs.

4. Need for Collaboration with Multiple Systems

4.1 Need for Collaboration with Multiple Systems

The challenges of adoptive and guardianship families seeking mental health services are often embedded in a multilayered context with adoption adding an additional layer of complexity.

4.2 Enhance Quality of Assessment

Collaboration with others involved with the child and family is likely to enhance the quality of assessment, intervention, and treatment outcomes.

Click on each icon to learn more.

1. Work with multiple systems often makes the difference in achieving and maintaining major changes in youth, their families, and their interaction with systems that support or hinder healthy adjustment. However, few community professionals understand the complexities of adoption and are sensitive to the ongoing influences of early adversity or unique identity-related concerns of adopted youth.
2. Adoption competent therapists may need to help the family negotiate between multiple systems, including school, juvenile justice, medical, child welfare, and other systems. For example, pediatricians often lack adoption-related knowledge that impacts their treatment, particularly in working with families from intercountry adoption.
3. Collaboration with multiple systems includes both advocating on behalf of families with other professionals, as well as teaching families how to advocate for themselves.

4. Two examples of intervention focused on collaboration between families and the multiple systems in which they are involved are Wraparound and Multisystemic Therapy or MST.

4.3 Promoting Family-School Collaboration

As with Lisa's case, one of the systems that is a part of multi-systems work is the school. School often is where adopted children face the most challenges and parents express the most concerns.

We strongly recommend that you include in your assessment questions that can gauge the youth's educational functioning and the relationship between family and school. This may include discussions with school personnel.

Click the numbers to learn what questions you might ask as part of these discussions.

1. What grade is the youth in? Is it appropriate?
2. What type of school placement: special education, home schooling, residential treatment, private, or public?
3. What is the youth's academic history, including successes or problems including retention, suspension, expulsion or truancy?
4. Are there any learning disabilities? Describe any evaluations.
5. Does the youth receive tutoring?
6. Does the youth receive appropriate special services?
7. Does the youth have an Individualized Education Plan (IEP) or a 504 Behavioral Intervention Plan and is it being followed?
8. Is the youth's achievement commensurate with abilities?
9. What is the impact of the youth's emotional or behavioral problems on school performance?
10. Is the learning environment at school supportive or unsupportive to the youth's needs?
11. What is the relationship between the parents, school, and the youth?

4.4 Collaboration and Advocacy

The answers to these questions will help you determine if collaboration or advocacy with the educational system will be a part of your treatment plan.

In one qualitative study about the school-related experience of 32 parents of children adopted between ages 2 and 8, parents encountered complex challenges in establishing and maintaining appropriate school supports. Almost half of them chose to switch schools for their children (Goldberg, Frost, & Black, 2017).

At least one-third of parents had to fight for appropriate educational services for their children. Even when they were promised and incorporated in IEPs, they were inconsistently provided. Others were concerned about a lack of sensitivity of teachers to family-related assignments or bullying of their children.

Please see the Resources tab for a fact sheet for teachers.

4.5 Collaboration with Other Disciplines

While collaboration and advocacy with the school system is a common area of need for children with early adverse experiences, there are a host of other systems or disciplines with whom therapists may need to collaborate.

For youth with significant physical, sensory or developmental challenges referral to, and collaboration with, occupational therapy, physical therapy, and/or speech therapy may be an essential part of your work and the child's overall treatment plan.

If you are working with youth who have court involvement, collaboration with juvenile court counselors or probation officers and/or providing written reports to the courts may be an essential function of your work.

As well, if you are working with youth with histories of substance abuse, you may need to collaborate and coordinate treatment with other treatment professionals.

The same is true when working with youth placed in group homes or residential facilities temporarily, in which case you may be coordinating treatment with, and involving, residential staff in addition to parents in treatment.

4.6 Making Referrals for Specialized Assessments

As a therapist, you may need to refer children and youth for specialized assessments or evaluation. This could include psychological testing, developmental testing, psychiatric evaluation.

Adopted youth may be involved with psychiatrists or others who are missing key information about the youth's past.

It is important when making referrals to share information that describes behaviors in the context of the child's unique history and clarify how the child's current diagnosis relates to behaviors emanating from trauma, loss, and other issues.

Anticipate anything else that the professional would need to know to accurately understand the child's needs in the proper context.

For example, one adoptive family in a clinical post-adoption program shared with the post-adoption therapist that the child's psychiatrist had never asked about past trauma, which included sexual abuse. After obtaining releases from the family, this therapist was able to help the psychiatrist better understand the child.

4.7 Seeking Consultation

Because the symptoms of complex trauma and attachment challenges overlap with symptoms of many psychiatric disorders, many children and youth receive improper diagnoses and medications.

Often as they go from one professional to the next, they just accumulate diagnoses and medications, some of which may exacerbate symptoms and delay effective treatment.

4.8 Medication

Listen to three youth describe aspects of this issue.

[Video Transcript]

BROOKE: My name is Brooke, and I'm 7. These are the meds that I've been taking since I was 4: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13.

GIRL: I told my adoptive mom and dad that, "I want off these meds. They don't make me feel right. You feel like the meds are taking over your whole body." Now that I don't take these pills I feel free.

BOY-1: Since I'm not taking anymore medication, I feel as if I am in control of myself and no one else is. I'm doing very well. I got the honor roll three times in a row.

BOY-2: It is not right. And people that are over-medicating the children, you should stop it right now.

BOY-1: What I really want people to know is that you can make it through the process as I have. Even though you're in foster care you should never give up and always have hope.

[End of Video]

4.9 Medication Considerations

Medication may be an appropriate and helpful intervention for many adoptees and youth in foster care, but it should be part of an overall treatment plan, with periodic re-evaluation and close monitoring of side effects by parents and professionals.

4.10 Active Collaboration

The reality is that your work with many children and youth and families will require your active collaboration with other professionals, as well as advocacy on behalf of families with other systems.

5. Maintain Communication with Other Professionals

5.1 Maintain Communication with Other Professionals

When families are involved with multiple helping professionals, including child welfare, therapists, crisis-intervention workers, psychiatrists, and specialized assessment resources, cross-communication on a regular basis is important to share information.

5.2 Shared Information

The information shared can be related to:

- Important issues and events that occur in the child's or youth's life
- Key findings from the screening or assessment process
- Case planning and treatment planning, and
- Tracking progress and revising plans as needed

Many child welfare and mental health professionals assume that relevant information cannot be shared, even when policies and procedures are in place. This is a significant barrier to informed decision-making and protecting the child's or youth's best interests.

5.3 Communicating with Child Welfare Workers

If the youth and family with whom you are working are involved with the child welfare system, it is essential that you receive important information on the child's unique story and important events in the present that may affect the child's well-being. For example, if lifebook work with a caseworker is causing grief to resurface, you need to know that.

You need to provide input to other professionals that is necessary for sound case or treatment planning.

Child welfare systems have regular planning meetings for each child or youth, often referred to as the "Child and Family Team." Ideally you would participate in these meetings, either in-person, by phone, or talking with the caseworker before the meeting.

5.4 Updating the System of Care Concept and Philosophy

In some communities, public mental health services have been increasingly moving to a System of Care approach to more effectively meet children's and youth's mental health needs.

The handout, *Updating the System of Care Concept and Philosophy*, in the Resources tab, describes a system of care as:

“A coordinated network of community-based services and supports characterized by a wide array of services, individualized care, and services provided within the least restrictive environment, full participation and partnerships with families and youth, coordination among child-serving agencies and programs...(Stroul, Blau, & Friedman, 2010).”

The federal government has made a significant investment in supporting this approach, which includes collaborative services across service systems, resulting in more integrated care for children and youth.

Therapists serving children and families in the public sector may be expected to work within the system of care approach and participate in collaborative treatment team meetings to support more integrated care.

6. Wrapping Up

6.1 Wrapping Up

In this lesson, we have emphasized the importance of being available to families across their life cycle and being willing to do multiple systems work with adoptive and guardianship families.

As we have already said, it is important to remember that this work means that your time with, and work on behalf of, these families will not fit neatly into 50-minute sessions.

6.2 Your Journal

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

6.3 Journal Reflection

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

6.4 Journal Response

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

6.5 Conclusion

Congratulations! You have now completed Post-Adoption Therapeutic Services: Working with Families.

In the next and final lesson, we will focus on how this training has impacted your practice.