

The Big Picture: Understanding the Factors that Shape Children's Adjustment

1. Introduction

1.1 Introduction

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

This module is: Understanding and Addressing the Complex Mental Health Needs of Children in Adoptive and Guardianship Families.

This lesson is: The Big Picture: Understanding the Factors that Shape Children's Adjustment in Adoptive and Guardianship Families.

1.2 Section 1: Lesson Objectives

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

- Identify and understand the risk and protective factors for children and families through the lens of adoption and guardianship.
- Integrate the impact of risk and protective factors through the exploration of case examples.

1.3 In This Module

Many of the behavioral and emotional problems that lead adoptive and guardianship families to seek help have a complex history involving a web of underlying causes.

This module will help you, the therapist, have an accurate understanding of the mental health needs of adopted children and the complexities intrinsic in the assessment and treatment process.

As we go through this course, we hope to widen the lens through which you view these children and families, so that your assessment and treatment practices can more effectively address the key causes underlying the current challenges.

2. Psychological Risk

2.1 Psychological Risk

What do we know about psychological risk in children in adoptive and guardianship families?

Many research studies of adopted children, including longitudinal studies and those with rigorous research designs, document their enhanced risk for a range of developmental and mental health challenges.

2.2 Risk and Age at Adoption

Children placed soon after birth typically do not manifest significant differences from their non-adopted peers until the early school years.

The impact of adoption often intensifies during adolescence and levels out somewhat when they are young adults.

However, children placed at older ages after multiple adverse experiences are likely to face many challenges that impact their development and mental health over many years.

2.3 Use of Mental Health Services

A meta-analysis conducted by Behle and Pinquart in 2016 integrates the results of 85 studies on psychiatric disorders and treatment in adoptees and non-adoptees.

The risk of adoptees experiencing psychiatric disorders, contact with mental health services, or treatment in a psychiatric hospital was approximately twice as high as that of non-adoptees.

Elevated risks were observed for attention-deficit/hyperactivity disorders, anxiety disorders, conduct disorders/oppositional defiant disorders, depression, substance use disorders, and psychoses.

2.4 Factors Shaping Adoption Adjustment

Most children or youth adopted from foster care or intercountry come to their families after experiencing considerable adversity in their early lives.

Before infancy, many of these children and youth, as well as some adopted privately in the U.S., have experienced genetic vulnerabilities, unhealthy prenatal environments, and possibly birth complications.

Often, they experienced child maltreatment in multiple forms, from pervasive neglect to physical, sexual, and psychological abuse, as well as the stressors of foster or institutional care.

2.5 Genetic Factors in Behavioral and Mental Health

Let's hear from Jack P. Shonkoff, MD, Megan Gunnar, PhD, and Pat Levitt, PhD on how mental health and behavioral problems in children and youth are influenced by genetics.

[Video Transcript]

MODERATOR: How do mental health impairments develop in early childhood?

DR. SHONKOFF: Twenty-first century science at the molecular level is very clear that all aspects of brain function are the result of an interaction between genetics and experience. Mental illness, as most people think about it, has a very heavy genetic component. Mental health, behavior, personality also has a genetic component, but it's much more malleable in the face of environmental influences.

DR. GUNNAR: Genes and experiences, as far as nature is concerned, are just different ways of setting up operating systems, brain systems, neurons.

DR. LEVITT: What happens when a child experiences what we call toxic stress, severe experiences that can be damaging to its developing architecture, those toxic experiences essentially create this unstable environment, this unstable foundation.

MODERATOR: If sound mental health provides a foundation of stability for a child's development, mental health problems can be thought of like a wobbly table. With a child or a table, there may be many reasons for instability. Identifying which factor is causing instability is the first step towards solving the problem.

[End of Video]

2.6 Presenting Problems

There are no clear, simple answers to the complex developmental and mental health problems of children who experience multiple known and unknown risk factors. The impacts are more than just cumulative, they multiply exponentially. The first step is to identify the factors that cause instability.

As a clinician, think about a child who has been exposed to the risk factors we have discussed.

Take a couple of minutes to identify the presenting problems in this family and the top 3 factors that you believe contributed to these problems. Please enter these on the screen, then click Submit.

2.7 Contributing Factors

Please click on those categories that align with the contributing factors you listed.

- Child genetic factors
- Child prenatal experiences
- Child maltreatment in birth family
- Separation and loss from birth family and extended family
- Child adverse experiences in child welfare system
- Caregiver's problems or challenges in parenting

2.8 Contributing Factors and Assessment

Understanding and integrating these contributing factors in your assessment will foster better outcomes and address the inherent issues that are often woven in the clinical dynamics of the child's presenting problems.

These contributing factors add an additional layer of complexity to your assessment and treatment when working with this population.

2.9 Ecological Influences on Adoption and Adjustment

Click on each section of the circle to learn about environmental influences on adoption adjustment.

Child or Youth: We know that adjustment is influenced by a host of interacting ecological factors as well as factors that are intrinsic in the child or youth.

Family and Immediate Environment: Children and youth may be influenced by factors that include multiple family and extended family systems, including birth, foster, and adoptive family and kinship caregivers that shaped their lives in the past and those they live with now.

Community Influences: Examples of influences may be their neighborhood, community, school, childcare setting, peer group, faith group, system of mental health and other services.

Societal Values and Influences: Children and youth may be influenced by their broader society and context.

2.10 Video Examples

Introduction: You are going to see several videos that will provide you with examples of how these factors from the ecological framework impact adjustment. Click on each picture on the left to view each video.

Video 1: Let's listen to Jelani describe the impact of his ten years in foster care starting at age 8 due to his mother's ongoing mental health issues, specifically his role as a parentified child.

[Video Transcript]

JELANI: I worried a great deal about my mother because, while I was at home with her and it was just me and her, I sort of became what they may call a parentified child. And there was a lot of stuff I was taking care of for her, in terms of cooking and in terms of washing clothes at a very early age. And I worried about her and I worried about who was doing this for her, and it took a huge toll on me. It was very stressful.

I also dealt with regret. I thought possibly it may be my fault that I was in foster care and that my family was in the situation now. It was tough because in some ways things were a bit better. I was getting fed three meals a day, which, when I was with my mother, sometimes there wasn't a whole lot to eat. And I sometimes got upset with myself that I enjoyed those things and then I didn't know what was going on with my mother.

So there was a ton of different emotions sort of going on inside me when I first entered care, while also trying to fit into this new family that I was in without causing too much trouble.

[End of Video]

Video 2: Let's hear Jennifer Faro and her family talk about feeling different as she grew up.

[Video Transcript]

MOTHER: We're just a family. After about the first three or four days, she was so much a part of us and has always been. I never thought of her as anything else but my daughter. I have a hard time with the race thing. I was raised not to see race. My mom was really adamant about that.

FATHER: I think it would be nice if she had been a little more open with us that she had problems. But when she runs into an obstacle, a prejudice, she's the only one that can deal with that, and sometimes that's all you can do is deal with it, live with it. Other times maybe there are some things you can do about it, but sometimes it's way beyond my control, and so all we can do is just love her. I think that's her journey. I certainly support her on it.

JENNIFER FARO: I heard my dad talking, and he's like missing the boat. It's not my journey. It's our journey. I don't live alone. The family adopted me. We're an interracial family. This is not my burden, and I'm pissed that I'm the only one holding it. Like I have to ask for them to grab a corner, and if they do, it's a favor and they're wondering how long.

[End of Video]

Video 3: Let's listen to Kristopher talk about his foster care experience as a youth. Lack of supports early on caused multiple placements and schools.

[Video Transcript]

[MUSIC PLAYING]

KRISTOPHER: I was born in Dumas, Texas. It's a small town and the panhandle at the tip top of Texas by Oklahoma. When I was nine, I actually entered the foster care system. And what's common in a lot of poor white communities, a lot of folks use meth. So my mother was addicted to meth. And my father was a Vietnam War veteran and he had PTSD. So when he came back from the war, he suffered from chronic mental illnesses. And unfortunately, he wasn't really able to care for me. So I just kind of shuffled from home to home. I knew as I was a child that I was attracted to guys. And I remember mentioning this to my caseworker whenever I was in the emergency shelter process, that initial 90 days when a young person enters the system.

And I remember she specifically told me, it would be very hard for her to place me with families. But she tried to. So I stayed in a couple of foster families in the kind of area that I was from. And eventually, I think that there was just not really any more places I could go to in that area.

So I moved all across Texas. I ended up living in over 26 different placements and went to around the same number of schools from the panhandle to El Paso to Austin to Dallas everywhere. But I think also being a gay youth in the foster care system in Texas, it was compounded.

So we're forced to grow up in group homes and residential treatment centers. So that makes it challenging for attachment. So when I turned 18, I was in the Houston area. And I ended up aging out of a residential treatment center. And I was homeless.

I spent the next six months on the streets in Houston, moving from place to place, just trying to survive. Eventually, I was able to get into college. Texas has a very liberal education policy that allows for former foster youth who are in the foster care system to go to college.

And I either had to make it or I didn't make it. And if I didn't make it, then I would be homeless again. I'd be back to where I was. There was no plan B.

And so now, I'm here. I think it's like five years later, finally graduated. And now, I work on Capitol Hill. And I think that these experiences were important for my journey. Growing up in foster care, being homeless and being gay at the same time, they all made me who I am today.

[MUSIC PLAYING]

[End of Video]

Video 4: Let's hear Daryle discuss the importance of his tribe as a child in foster care.

[Video Transcript]

[MUSIC PLAYING]

My name is Daryle Conquering Bear. I am Oglala Lakota Sioux from Pine Ridge South Dakota. My mom is Conquering Bear. And my paternal side and my dad's side is Crow. I do come from a reservation located in South Dakota.

I'm very proud American-Indian, Native American. And I'm very humbled and very honored to be able to help in any way that I can for my people and the future generations to come. My tribe symbol is symbolic of the plains or the colors on my shirt.

My tribal flag has nine teepees, representing the nine districts that are on our reservation. So if you look at the symbol, you would see three triangles in the normal eyes. But in the native ways, we see the colors of our plains. I'm a plain tribe.

And so the plains are located in the South Dakota, Montana, North Dakota. And these colors are very symbolic to me. And I didn't know what these colors meant when I was in foster care. I was ripped away from my family and my tribe.

And when I exited the care slowly within these 10 years reconnecting with my tribe, I'm now understanding that I come from a rich background. And I need to embrace it and share with other people and other youth that are going through the system that are American-Indian, that are my tribe, that it's OK to be Native. From 13 to 18, I was raised on the farm.

I was raised in a Hispanic family. They are my mom and dad. I do have contact with my biological mother. But being grown up in state care, I was dancing when I was younger. Introduced to the circle. Knew part of what it is to be Lakota.

And when I was in state care, all of that disappeared. I wasn't learning the language. And so the state said that we weren't able to do that. We weren't able to go to powwows. We weren't able to go to sweat lodges.

And so that's where my advocacy began in 2005 was to discover, why couldn't I be normal? I just wanted to be like any other child in my reservation to go through rites of passage. What more would help me be connected while I was in care was being connected to my tribal community in Denver.

In the native ways, we go to our doctors. We go to our sacred people for answers or for questions. And in times, it's much like the Pope, they heal us. They give us recommendations.

But when I was placed in state care, I wasn't able to outreach to those people. Through my 10 years of advocacy, I thought I was the only Native American that experienced foster care. I thought I was the only one that didn't feel normal.

It wasn't until a couple of years ago that there was other Native youth that were wanting to be out there and use a voice. A sense of emotion still comes to this day when I tell this story because that was the point where I knew I could use my voice. I could use who I really was as American-Indian, as a big brother to make sure that I made impact on my brother's and sister's life.

[End of Video]

2.11 Range of Environmental Factors

Child well-being is influenced not only by the characteristics of children, parents, and their interactions, but also by a range of factors.

In order to understand the child and their family, it is important to explore the linkages between them and the systems with which they interact.

These include:

- The family's social networks and involvement in the community
- Others' values and beliefs
- The quality of child welfare, mental health, education and other service systems
- The supportiveness of social institutions for adopted children and their families
- The services available to families after adoption or guardianship

2.12 Community Influences

Community shapes children's and youth's experiences.

It is critically important to understand a child's or youth's community context in assessing needs and strengths, children's and youth's beliefs and norms, and how they have been socialized to express both positive and negative emotions.

Also, many groups have a communal focus, while others have a more nuclear family orientation.

This makes it doubly important to collect information from supportive adults, including extended family, teachers, daycare workers, and others in the child's and family's network and community.

2.13 Community Membership and Mental Health

Sadly, experiences of intolerance are a reality for many individuals as a result of group/community memberships and even physical characteristics that are perceived negatively. Such experiences include verbal and physical violence, hostility, and rejection from others, including from strangers, peers, and even family members.

These experiences have a significant negative effect on both mental and physical health and can result in outcomes such as depression, anxiety, substance dependence, and risky behavior, particularly for youth (for example, alcohol and drug use or unprotected sex).

The next section will explore risk and protective factors that are important to assess related to all levels of the ecological model.

3. Risk Factors Precede Problems

3.1 Risk Factors Precede Problems

It is essential in your assessment process to seek clarity as to the early risk factors associated with children and youth who have been removed from adverse family environments.

Too often the information may be sparse or conflicting. There may be suspicions with limited validation. With many unknowns, it is especially important to keep an open mind to new insights and disclosures as you work with the child and their family.

3.2 The Dark Matter of Love

Throughout the remainder of this lesson, we will be showing clips from *The Dark Matter of Love*, which chronicles the international adoption story of Masha, Marcel, and Vadim, who were all adopted from Russia by the Diaz family.

First let's look at Masha's story, beginning in the orphanage where she was in Russia and ending after her move to an adoptive family in America. While you view the video, please think about the risk factors prevalent in children and youth from compromised beginnings.

[Video Transcript]

NARRATOR: "When I'm upset and I need somebody to hold me, it doesn't happen. And the world can be very scary. And what I do is I have developed a protective wall around myself and I just depend on myself."

LLUBA: Masha came to us when she was small. I felt we were immediately tied together. She sometimes stayed with me and we were happy. Why didn't I adopt her myself? My house is too small and the authorities wouldn't give her to me. She used to say, "I'm not going anywhere. I want to stay with you." But she did always want to be part of a family. She always wanted a mother and a father. So I hope it will work out fine.

MASHA: Sometimes I just feel bad. But I don't want to confide in anybody. Some people even cry when they are sad, but I would never cry. I want everyone to think that I am happy.

FEMALE: You don't want to be called Caity?

MASHA: It doesn't matter to me. They can call me whatever they want.

FEMALE: But Mama said that today when she called you Caity you said, "I'm not Caity. I'm Masha." You have to listen to your mum.

MASHA: I do.

[End of Video]

3.3 Contributing Factors Activity

Using an adoption lens, take a moment and review the list of contributing risk factors below and select the ones you think contributed to the presenting problems in Masha's adjustment to her adoptive family.

- Child genetic factors
- Child prenatal experiences or birth complications
- Early deprivation, including institutionalization and chronic neglect
- Physical, sexual, or emotional abuse, domestic violence, and other traumas
- Child's adverse experiences in foster or institutional care, such as multiple moves and interrupted attachments
- Older age at adoption
- Child's emotional struggles with adoption issues, such as loss, attachment, and identity
- Adoptive parents' own significant problems (addiction, mental health, etc.)
- Parents not honoring the child's identity
- Lack of open communication surrounding adoption

3.4 Contributing Factors Response

In Masha's situation, there are several known risk factors. These include:

- Multiple moves
- Early institutionalization
- Adoption at an older age
- Her parents' failure to honor her identity by trying to change her name, and
- Struggles with issues of loss, attachment, and identity

3.5 Other Potential Risk Factors

It is important to keep in mind that you will not have all the information that you need. However, based on the very nature of the child's adoption experience, in Masha's case, institutionalization in a Russian orphanage, you may also want to consider other risk factors that are inherent in complex adoption histories.

With this in mind, what other potential risk factors would you suspect are impacting Masha's mental health?

3.6 Potential Risk Factors

You may have thought of these:

- Neglect and domestic violence by birth parents or caregivers
- Potential additional trauma in orphanages beyond the lack of opportunity to develop a secure attachment
- Unhealthy prenatal influences, resulting in low birth weight or fetal alcohol exposure
- Possible neurological difficulties suggested by attention and learning challenges
- Attachment challenges
- Parents poorly attuned to issues that may be related to the adoption and adjustment, and
- Parents with unresolved infertility issues

3.7 Understanding Pre-existing Challenges

As exemplified in Masha's case, most behavioral and emotional challenges that adoptees present with stem from risk factors that preceded the adoption.

A critical component of your treatment will be to support adoptive parents' understanding of their children's pre-existing challenges and how these can compound their transition and adjustment to adoption.

Furthermore, you will need to assess the parents' ability to parent therapeutically and address their own risk factors that can impede their child's healing.

As you work with the child and family, it is important to carefully assess these issues, as well as additional complexities which will unfold over time in your clinical work with the family.

3.8 Family Related-Risk Factors

There are also several key characteristics of the adoptive parents which can interfere with and further shape their child's adjustment to adoption. As you continue working with your family you may want to look more closely at these qualities.

Click on each number to reveal the qualities.

1. Parental emotional health
2. Ability to be flexible
3. Parent attachment style
4. History of coping with loss
5. Level of communicative openness about adoption
6. Parental expectations for their children
7. The style of discipline and communication within the family
8. Family structure including sibling relationships and others

3.9 Claudio

Now let's watch a brief clip from *The Dark Matter of Love* where the adoptive father, Claudio talks with therapist, Dr. Bob Marvin, about how his upbringing impacts his parenting.

[Video Transcript]

VADIM: Stupid idiot.

CLAUDIO: I know.

VADIM: Stop. Leave me alone. Leave me. Stop.

CLAUDIO: No, no, no.

VADIM: Mr. Idiot. Yeah, okay. Smell my shitty socks.

MARCEL: Vadim. What Mum is on the phone with Natalia Valrievna.

VADIM: Are we gonna go back?

MARCEL: I don't think so.

CLAUDIO: Yeah.

VADIM: No. Yeah, okay.

CLAUDIO: Come here.

VADIM: [SCREAMING]

CLAUDIO: Just we're going up together. Come on.

VADIM: Stop. Leave me alone.

CLAUDIO: Just come to me.

VADIM: What? I have to love you? My ass.

CLAUDIO: Okay, come on.

VADIM: Stop. Idiot! I am not a stupid baby. [HITS THE MALE]

CLAUDIO: Hey, no hitting.

VADIM: I'm not a baby.

DR. MARVIN: How about your dad? See if you can come up with five adjectives or words/phrases that you think do a good job of describing your relationship with your dad.

CLAUDIO: Unfortunately, the first one right out of the gate is disciplinarian, distant, teacher/student, wise, and non-accessible. Later on, in my teenage years, I asked my dad to say "I love you" to me. I mean, I taught him the gift of that four-letter word, saying, "Dad, you got to love me. You're my dad, right? So what is your hesitancy in saying it?"

DR.MARVIN: How do you think that your childhood experiences with your parents have affected how you parent your kids?

CLAUDIO: Oh, yeah, the apple didn't fall too far from the tree.

[End of Video]

3.10 Related Risk Factors

After listening to Claudio, what family related risk factors are present?

Please highlight all that apply.

- Lack of relationship with Masha, Vadim, and Marcel prior to the adoption
- Lack of adequate preparation and education in parenting a child adopted at an older age
- Unresolved infertility issues
- Compromised parental attachment style

3.11 Related Risk Factors Response

Claudio didn't have the opportunity to parent Marcel from birth.

His own experience with his father was one of being parented by an avoidant dismissive father.

He describes yearning for his father's love.

He is cognizant that he doesn't want to repeat that pattern and is open to working with the therapist to improve his engagement.

In the next slide, let's watch as he practices some new parenting skills.

3.12 Family Related Protective Factors

[Video Transcript]

[MARCEL RUNNING INTO HOUSE TO GET AWAY FROM NOISE OF WEED WHACKER]

TRANSLATOR: Did you want to leave the orphanage?

MARCEL: Yes.

VADIM: I wanted to.

MARCEL: *The school boys hit us there.*

TRANSLATOR: *The school boys hit you?*

VADIM: *They scared us with the vacuum cleaner.*

CLAUDIO: *What?*

MARCEL: *[YELLING]*

CLAUDIO: *Machine? Machine? You want machine?*

MARCEL: *Da. (Yes.)*

CLAUDIO: *Okay, it's making noise. Wah! Is that why you're running in? Do you want machine?*

MARCEL: *I want to go on the car.*

CLAUDIO: *Okay, let's go. Come on. It makes a lot of noise. [LAWNMOWER STARTING]
[YOUNGER BOY IS SCARED]*

VADIM: *They always hit us, and Olga said if they hit us again she would call the police.*

MARCEL: *Yeah, and they would sit in a cell.*

VADIM: *All of them.*

MARCEL: *But they hit us.*

VADIM: *Yeah, they hit us.*

TRANSLATOR: *They hit you?*

MARCEL: *Da. (Yes.)*

VADIM: *Da. (Yes.)*

CLAUDIO: *He's probably hiding in one of the closets. Something must have been tragic with the landscaper or something. Okay, got a hold? Here goes. [LAWNMOWER STARTS]
[MARCEL RIDING ON LAWNMOWER WITH CLAUDIO]*

[End of Video]

3.13 Promoting Successful Adoption Adjustment

What an amazing change we saw in Claudio's response to Marcel's fear of the lawnmower's noise.

His ability to respond with empathy and understanding to Marcel's fear is a protective factor that fosters his adoption adjustment.

Here are four more protective factors that promote successful adoption adjustment. Which of the following did Claudio exhibit in the video clip?

Click the bullets to select your answers

- Realistic expectations
- Parenting skills appropriate to the child's capacities and needs
- Capacity of parents to manage their own response
- Unconditional commitment to the child

3.14 Protective Factors

If you selected all of these items, you were correct. We will discuss each of these further, noting that in your therapeutic work with adoptive parents you may help them to enhance these protective factors.

Click on each picture to learn more about each factor, and when you are finished, click "NEXT" to move on to the next section in the lesson.

3.15 Realistic Expectations

Parents' understanding of their child's history, and its impact on the child's functioning, helps to shape their attitudes and expectations about their child, their efforts to cope, and their overall commitment to parenting.

When there is a wide gap between parental expectations and the reality of their situation, the family system becomes extremely taxed and increases parental dissatisfaction, both with their child and themselves as parents.

A study of adoptions of youth from foster care concluded that parental perceptions were more important for success than the youth's behaviors.

It identified 4 specific parental perceptions that facilitated adjustment:

- Finding strengths in the youth overlooked by others.
- Viewing behavior and growth in the context of the youth's history.
- Reframing negative behaviors, and
- Attributing improvement in behavior to parenting efforts

3.16 Parenting Skills That Are Appropriate to the Child's Needs

Every child needs parents who have the skills to parent to their capacities and needs.

Adoptive and guardianship parents who adopt domestically may receive formal parent training. However, it may not provide the depth of understanding necessary to align with the nature of the child's story.

Parents who adopt internationally may receive even less training or preparation to parent children with known or unknown challenges.

This means that many parents may seek help after spending years without effective tools for parenting children. They often will look to you to work with them to develop therapeutic parenting strategies that can help them manage their children's varied needs, identities, and behaviors.

3.17 Capacity of Parents to Manage Their Own Responses

To parent children with attachment and trauma-related histories, parents need the emotional maturity and self-awareness to nurture their child who is not compliant or able to give or receive affection.

Parents need to be able to depersonalize their child's negative responses and not view them as intentional hostility.

They need to be able to empathize with their child's feelings and to offer love and nurturing even when it is not returned.

They must be able to find ways to meet their own needs for affection and connectedness.

3.18 Unconditional Commitment to Their Child

Parents must have a strong sense of empathy and claiming, that this child is part of their family.

No matter what may arise, they must not waiver with their love and commitment and must sustain their commitment in the face of ongoing family stress and discord.

When there are two parents, they must be able to present a united front, support their partner, and relieve each other when stresses become intolerable.

3.19 Protective factors for Children Adopted Across Communities

Given the prevalence of adoption across communities or countries, we want to consider some additional protective factors that are particularly important for these children. Click each number to learn some of these factors.

1. A positive identity of origin: Fostering authentic connections with the child's or youth's community of origin, including extended family and "like kin." Community connectedness serves as a protective factor.
2. Spiritual activities: Honoring and supporting spiritual connections and rituals.
3. Intentional Interactions: Engaging in intentional interactions with people from the child's community of origin.
4. Societal and community acceptance: Having people around your family who value and honor the child's connections to their community of origin.

3.20 Interweaving Factors

We know that the interweaving of risk and protective factors that children and youth have experienced and that exist in their current families and environment help to shape their adoption adjustment.

Please review the handout: *Risk and Protective Factors Influencing Adjustment in Adopted Children* in the Resources tab, or click the icon below.

3.21 Dr. Brodzinsky

Now that we've reviewed the various risk and protective factors at the child, family, and environmental level, let's listen to Dr. Brodzinsky discuss how these various factors create complexity in the assessment process when working with adoptive and guardianship families.

We will go into much more depth about the tenets of an adoption competent assessment in a later module.

[Video Transcript]

DAVID BRODZINSKY PhD: So a number of years ago, when I was writing about children's adjustment to adoption, I created a model, a biopsychosocial model. It was really a guide, a framework, for understanding the multiple factors that impact on children as they're growing up and how it informs their sense of themselves.

In particular, how they appraise adoption, or how they view it as a core part of their life and how they eventually learn to cope with it, to adjust, and how that leads to different patterns of adjustment.

And the bio-psychosocial model is really simply a way of bringing together all of the factors. It starts with an awareness of the biological heritage of the child. In fact, it really is a model to help in the assessment process to keep in mind what you need to go after in your questioning.

So it starts with a focus on the child's biological heritage. What do we know about the child's birth parents, in terms of their physical health, in terms of their psychological health? What do we know about the child's experience prenatally? So many of these children have complicated prenatal environments. The pregnancy may be a high stress pregnancy; in fact, it usually is. The child may be exposed to substances prenatally, drugs and alcohol. There may be birth complications, all of which can impact on a child postnatally.

And of course, many children these days have a history before they come into the adoptive family. So what's been the history of this child? What experiences did they have when they lived with the biological parents? How long did they live with them and what has been the experience? Were they neglected? Were they abused? Were they exposed to other kinds of difficult life experiences? Did they know their extended birth family? Did they have siblings? All of that history in relationship to the biological family is really critical to understand.

Also, what was the process like that was kind of controlled by the system, the child welfare system? How many placements did they have? Children adopted from the foster care today seldom go from the birth family directly into an adoptive home. One, two, three, four, a half a dozen or more foster placements is not uncommon. I've worked with children who were preschoolers who've had as many as eight or nine foster placements before they've come into the family. Every life--every placement is a life disruption. Every place involves a certain amount of gain, protection, but also loss when they move on.

The current family circumstances in the adoptive family are critical. We assess not only the usual care-giving activities, how the parent disciplines, the quality of the marital relationship, the quality of the attachment process, but we also focus in on how the family has handled adoption issues, what we call normative issues.

These are not problems per se; they're just unique experiences that other families don't have. Talking to your children about adoption is something non-adoptive families don't have to do. Adoptive families must do this.

Helping the child to cope with the loss associated with adoption, which is much more pervasive than most people recognize, than most not just adoptive families, but clinicians. It's not just the loss of the birth parents, but the extended birth family. Sibling separation and loss. The loss of non- biological caregivers, all of those foster parents, teachers, previous therapists, previous friends, coaches, that the child had formed connections with that typically are gone once the child is moved from wherever they were to their adoptive family.

There's stigma associated with adoption, a feeling of being different. In trans-racial placement, there may be the loss of connection to one's racial, ethnic and cultural heritage. And then there's that loss of self, that part of the self that often is missing for adopted individuals.

Many years ago, I wrote a book, and when we interviewed the adults for the book, so many of them used spacial metaphors. "There's a hole, a gap. It's as if part of me has been amputated." And it may only be a small part in their eyes, but it's a nagging part. It's a part that they don't know about themselves that everyone else takes for granted or that everyone else can go to their parents or their siblings or others in the family to ask those questions. For many adoptees that's not possible.

[End of Video]

4. Conclusion

4.1 Wrapping Up

Specialized knowledge in identifying and understanding the impact of experiences common in this population of children and youth is foundational to your clinical work.

As you continue through this training, consider these risk and protective factors and their assessment and treatment implications.

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 might 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 completed The Big Picture: Understanding the Factors that Shape Adjustment.

In the next lesson, we will focus on understanding the child's unique story, especially from the child's vantage point.

Don't forget to refer to the Resources tab. Here you can find links to handouts, websites, and important documents from this lesson.