

The Impact of NTI Training on Your Clinical Practice

1. Introduction and Objectives

1.1 Introduction

Welcome back to the National Adoption Competency Mental Health Training for Mental Health Professionals. This lesson is: The Impact of NTI Training on Your Clinical Practice.

In this lesson, we will summarize the role of the therapist in working with adoptive and guardianship families.

We will also provide an opportunity for you to consider how this training has impacted your practice and offer a self-assessment to help you consider adoption competency in your current practice.

1.2 Section 1: Lesson Objectives

At the end of this lesson you will be able to identify and describe practice change behaviors to incorporate into your clinical practice as an adoption competent mental health professional.

2. Being an Adoption Competent Therapist

2.1 Being an Adoption Competent Therapist

As we conclude this training, we hope that you have acquired a framework that embodies the knowledge, values, and skills that are critical in meeting the diverse and complex needs of adoptive and guardianship families.

2.2 David Brodzinsky Video

Here is Dr. David Brodzinsky, adoption therapist and scholar, talking about his experience with training clinicians in adoption competence.

[Video Transcript]

DR. BRODZINSKY: Well, as someone who's been involved in training clinicians around adoption and foster-care issues for a long time, it's probably 25 to 30 years now, one of the things that I've come to learn is that most clinicians don't know what they don't know. They get good training typically. They may well be excellent clinicians, but the complexities that adoptive families face are not taught in graduate school. Adoption is not a topic that

typically is part of a clinical curriculum, even in social work, a little bit here and there, but the complexities, no.

So one of the things that is important for them to realize is the sheer nature of what adoption is, the process involved, the complexities that these families face in becoming parents. What the child has been through as they have been moved either voluntarily or not from the biological family into sometimes foster families and another foster family and then another foster family and finally end up into an adoptive home. Or what it's like for a child who grows up for the first year or so in an orphanage, where they experience congregate care, but not really one on one parent/child care and then enter their adoptive family.

So there's so much in the dynamics of adoption that are critical, that's critical for clinicians to know about that they simply don't have training in. There's no question in my mind that clinicians, if they want to be adoption-competent clinicians, need to have specialized training. There's a body of knowledge that needs to be integrated together for them to be able to approach these families in not only clinically effective ways, but sensitive ways, understanding what these families have gone through, understanding what the children have gone through.

[End of Video]

3. The Role of the Adoption Competent Therapist with Parents, Children, and the Family

3.1 The Role of the Adoption Competent Therapist with Parents, Children, and the Family

Now let's review the role of the adoption competent therapist in your work with families.

3.2 Goals for Working with Parents Exercise

As you reflect on your work with adoptive and guardianship families, what are some overarching goals that will guide your practice with parents?

3.3 Goals for Working with Parents Response

Did you consider any of the following?

- Helping parents understand their child's behavior in the context of their experiences
- Helping parents establish realistic expectations
- Supporting parents to have open and honest conversation
- Fostering claiming and entitlement
- Teaching therapeutic parenting strategies, and
- Teaching parental self-care

3.4 Role of the Therapist with Parents

One of the primary goals of a therapist in working with adoptive and guardianship families is to help them understand how adoption issues, especially those related to loss and grief, attachment, and trauma, impact individual dynamics and family relationships across the life cycle.

This is especially important if the parents have not been educated about these issues prior to placement.

Whether families come to therapy soon after placement or later in the family life cycle, it is important to explore how knowledgeable they are about these issues and to provide the needed education so that they can appreciate how adoption might be impacting the challenges for which they are seeking therapy.

The therapist's role is to strengthen the parental capacity through skill development, developing appropriate expectations, and understanding how they can help children overcome previous adversity.

3.5 David Brodzinsky Video

Here again is Dr. David Brodzinsky, discussing how parents feel about finding an adoption competent therapist to work with them.

[Video Transcript]

DR. BRODZINSKY: I do think that families intuitively know when they're working with someone who's adoption clinically competent. They sense the empathy that the clinician has for the unique circumstances that they've gone through and that their child has gone through. Too many families that I've worked with over the years have worked with other clinicians before they've come to me or to come to colleagues who are adoption clinically competent and they've reported that they've had some poor experiences sometimes of never addressing adoption issues, questions about adoption never coming up.

Sometimes when they have come up, adoptive parents feel blamed for not handling the child's problems. Or in the worse circumstances, sometimes get feedback, "Well, why don't you return the child to the agency?" Well, that kind of comment represents a failure to understand the adoption process and a failure to understand what parents are really looking for.

One of the things that clinicians in general don't recognize is the relatively speaking high percentage of adoptive families that are part of the clinical population. If they would, they would be asking, as part of their routine clinical intake, "Are any of the children in the family adopted? Is this particular child, who you are bringing for me to evaluate adopted?" If they don't and if the family doesn't acknowledge the child's adoption, the process may proceed without any focus on adoption issues. Not that all clinical cases involve adoption issues, but you certainly want to be able to rule those out whenever you're working with an adoptive family.

[End of Video]

3.6 Therapist's Role in Guiding Parents

The therapist helps guide the parents in finding ways to understand, cope with, and create an environment for change in their child's behaviors or management of emotions.

This work should be done with an understanding of what purpose the negative behavior serves, always keeping attachment and loss and grief work in the forefront.

3.7 Developmental Concerns

Parents who adopt a child with significant developmental, behavioral, or medical concerns may find their situation overwhelming, and will need the support of a therapist to help them manage what they are not prepared to deal with, understand the nature of the existing problems, and remain committed to the child.

In many cases, it is the parent who will need to adjust their expectations and learn to parent the child as the child is. Parents will need help developing their understanding of the complex issues and with finding and engaging the natural supports to be successful.

3.8 Goals for Working with Youth Exercise

Now that we've talked about the goals of your work with parents, we want to shift to focus on the goals of your work with the child or youth. Write down three goals here.

3.9 Goals for Working with Youth Response

As we have said in several previous modules, the therapist helps the child to:

- Explore their feelings and thoughts about what it means to be adopted
- Recognize and express their feelings openly about leaving familiar people and places and joining a new family
- Express grief and loss about those they have been separated from
- Process and heal from previous trauma
- Facilitate healthy attachments, and
- Integrate their story into a coherent and meaningful whole

For children who were placed some time ago these issues may never have been addressed or may have been addressed in the past and then left unexpressed, leading to current behaviors and emotions.

Although it is important for therapists to keep in mind that not all adjustment problems are based in adoption issues, it is equally important to recognize that adoption complicates individual and family dynamics and more than likely will have some impact on the treatment plan and work with the family.

3.10 Detectives

As you have surmised from this training, at times you will feel like a detective, searching for underlying reasons for behaviors, especially when history is incomplete.

When you are knowledgeable about the unique and common issues for children who are adopted or in guardianship, the underlying causes are less likely to be missed, ignored or minimized.

3.11 Goals for Working with Families Exercise

We have emphasized throughout this training the importance of providing clinical services in a family context. Think of the goals you might have for your work with the family. Write three goals here.

3.12 Goals for Working with Families Response

Did you consider any of the following:

- Reframing children's survival behaviors in the context of their experiences
- Promoting felt safety for the child
- Strengthening the attachment between child, parent, and siblings
- Honoring the child's connections and sense of belonging
- Supporting communicative openness in the family

3.13 Integrating Family Therapy with Individual Therapy

While the child may be designated the primary client, the family is the true client.

Click each circle to learn more.

1. The focus of work should be to improve child/parent/family relationships and attachment, regardless of pre-existing conditions or current challenges. Therefore, including the parents or caregivers in the child's therapy is essential.
2. While some individual time with the child and with the parent provides safe space for expression and exploration of feelings and information that might not have been shared with each other, ultimately the goal is for communication to be facilitated so that feelings and information can be expressed openly between the parent and child.
3. Most of the work should be done with the family together, with the therapist facilitating difficult conversations and information sharing. It is important to integrate the perspectives of the parent and child, so that they have a full picture of the situation, understand and respect each other's points of view, and recognize that their clinician understands their side of the story. You are the facilitator of the work that they must do to heal their family.

4. The Impact of NTI Training on Your Practice

4.1 The Impact of NTI Training on Your Practice

Now let's shift to talk about the impact this training will have on your practice.

4.2 Understand the Issues

The skills you have learned are meant to be integrated into your current work using new strategies and practice models with youth and families.

At any time, you can refer back to this training, as needed, to refresh or expand your skills and refer to the rich resources provided throughout the training.

4.3 Reflecting on Training

Now, as you reflect on the impact of this training on your practice, what are some of the practices that you will incorporate in your work with children, youth, and families? You can click on the handout for a list of the practice changes we are seeking to impact.

4.4 Reflecting on This Training

We know there are many skills and strategies included in this training that you can integrate into your practice with children, youth and families. We don't expect you to incorporate all of them, but hope that your work has been or will be informed in ways that will make your work more impactful for the families you serve.

5. Wrapping Up

5.1 Wrapping Up

Let's wrap up the training with a video from Debbie Riley, CEO of the Center for Adoption Support and Education.

5.2 A Message from Debbie Riley

[Video Transcript]

DEBBIE RILEY: Congratulations you have completed the National Adoption Competency Mental Health Training. You have put forth great effort to complete this training and we hope that you will be taking with you a plethora of strategies and treatment protocols, as well as a deeper appreciation of the specialization of adoption competency and your increased commitment to working with adoptive and guardianship families.

I hope that you have found the training to be as engaging and impactful as it was intended. We know that your clinical work is challenging and ever changing. We know that the families that you will be treating will present with very complex clinical presentations that are often embedded in significant trauma, loss, and severed attachments. You are often asked to navigate very sensitive situations that are complex and filled with uncertainty. At the core of what you do is being mindful of ensuring the best outcomes for the children and families you serve.

It has truly been an honor to work with our NTI Staff, our key partners, and colleagues who have contributed their expertise in bringing to you the most relevant, state of the art web-based training for mental health professionals in our country today. I want you to know that we deeply considered the many facets of your work and were committed to developing a product that would broaden and heighten your awareness and skills. You deserve the opportunity to replenish your toolbox so that you can feel confident and assured that you have the skills which align with the needs and expectations of the families you will be serving.

You have opened your minds to hearing what you could do differently to improve the outcomes of our most vulnerable children and their families. Today you have helped us to build the capacity of a national adoption competent mental health community. Together we can and we will change the way we practice.

Thank you for trusting us in part of your important work.

[End of Video]

5.3 CASE Resources

CASE is committed to supporting the community of professionals who are serving families experiencing foster care, kinship care, adoption, or guardianship. If you would like to know about opportunities for continuing training, resources to support families, and ways to connect with other mental health professionals, please click on the screen or the link in the Resources tab to sign up for our learning community.

5.4 Conclusion

Congratulations! You have completed the final lesson of the National Adoption Competency Mental Health Training for Mental Health Professionals.