CLINICAL SKILLS FOR WORKING WITH FAMILIES WHO HAVE BEEN FORMED BY ADOPTION

Darlene Allen, MS, CEO and Executive Director, Adoption Rhode Island
Sarah Kelley-Palmer, LICSW, Vice President, Trauma and Victims Services,
Family Service of Rhode Island
Christine Hunt, Adoptive Mom
Serve as the Adoption Exchange in Rhode Island

Services offered:
- Recruitment, Matching and Placement Assistance
- Education and Advocacy
- Counseling and Clinical Services
- Youth Transition Services
Separate Communities

Adoption Community
- Professionals and Families
- Philosophies and Practices

Trauma Community
- Professionals and Families
- Philosophies and Practices
Current Overlap

Adoption Community

Professionals and Families

Philosophies and Practices

Trauma Community
Need for More Overlap

Adoption Community

Professionals and Families

Philosophies and Practices

Trauma Community
Building Common Ground and Fostering Integration

A trauma – informed practitioner:

• Utilizes interventions that address the consequences of trauma in the individual and to facilitate healing
• Realizes the widespread impact of trauma and understands potential paths of recovery
• Recognizes the signs and symptoms of trauma in clients, families, staff and others
• Responds by fully integrating knowledge about trauma into policies, procedures and practices and seeks to actively resist re-traumatization.
• Uses the best available science to facilitate and support resiliency and recovery

Adoption-competent mental health practitioner has:

• The requisite professional education and professional licensure;
• A family-based, strengths-based, and evidence-based approach to working with adoptive families and birth families;
• A developmental and systemic approach to understanding and working with adoptive and birth families;
• Knowledge, clinical skills and experience in treating individuals with a history of abuse, neglect and/or trauma; and
• Knowledge, skills and experience in working with adoptive families and birth families.


The Center for Adoption Support and Education
Through the Adoption Lens: Overview and Trends

- Adoption Overview
- Types of Adoptions
- Trends in Adoption
Messages, Myths and Challenges from the Field

■ “This child just moved to a new foster home. Starting trauma work now would be disruptive.”

■ “Trauma treatment can wait until the adoption is legalized.”

■ “When treating child trauma, I use the same therapeutic components for children living with their birth families as well as for children living with their adoptive families.”

■ “She is not ready for adoption preparation work because she has been acting out in her group home. When she behaves, she can begin with her adoption specialist.”
Messages, Myths and Challenges from the Field

■ “He is only 5, he doesn’t need counseling. He will adjust to his new family in no time. He has adjusted just fine to his last three placements. He never asks about previous families after he moves. Let’s not rock the boat.”

■ “She has never lived with her brother since entering foster care so she does not need a family that will consider parenting them together.”

■ “Don’t tell him his birth mother passed away because he is behaving in his foster home and I don’t want to disrupt his placement.”
Messages, Myths and Challenges from the Field

■ “Her parents flew half way around the world to adopt her from an orphanage and she was given everything a child could ever want. I don’t understand where this oppositional behavior is coming from.”

■ “Even though my child has a Facebook page, he does not know who his birth family is and would never connect with them on line.”

■ “We shouldn’t talk about the sexual abuse now, wait until he is adopted.”
Through the Adoption Lens:
Adoption is an intergenerational, life-long process

- Understanding Core Issues in Adoption for all members involved
  - Loss
  - Rejection
  - Guilt/Shame
  - Grief
  - Identity
  - Intimacy and Relationships
  - Control/Gains
Through the Adoption Lens: Outcomes

- Adoption Strengths and Satisfaction
- Adoption Challenges: Disruptions, Dissolutions and Unregulated Custody Transfers
- Adoption Competence: Clinicians, Interventions and Approaches
Christine Hunt
A Mom’s Perspective on Adoption from Residential Care
Our Story

- Our Family’s Adoption Journey
- A Story of Learning, Growth, Love, Commitment, Advocacy, Education, Support, Community and Future Opportunities
Christine’s Lessons Learned: Recommendations to Support Adoption of Children in Residential Care

- Support visitation with pre-adoptive families. Visitation should never be withheld as a punishment. It is really important!

- Every child deserves a family. Support efforts to achieve family for all kids. Create a home-like atmosphere while they spend time in residential care. Remember residential care is temporary and families are forever.

- Children are often on many medications. Reduce the use of medications whenever possible.

- Social skills, social skills, social skills...help these kids develop social skills.

- Clothing is really important to kids, especially adolescents. Make sure they have well-fitting clothing of their own. They need to feel comfortable in their clothing which supports their self identity. Help them feel like other kids and not stigmatized by being a “foster kid”.

- Remember there are kids in residential care that do not have a family to visit or rely on. These kids need extra support and care as the residential staff are temporarily fulfilling a role of family until one is found.

- Kids need time to just be kids. Every child deserves a childhood. They need positive memories to look back on.

- Increase focus on education. Give these kids the skills to achieve in adulthood.
Individual trauma results from an *event*, series of events, or set of circumstances *experienced* by an individual as physically or emotionally harmful or life-threatening with lasting adverse *effects* on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.
Adverse Childhood Experiences Study
12 Core Concepts for Understanding Child & Adolescent Trauma
Trauma Systems Therapy

- Trauma-focused treatment intervention that focuses on:
  - Child/ Adolescent impacted by trauma
  - Environment surrounding the child

- Clinical Interventions:
  - Focus on Safety, Emotion Regulation
  - Moment by moment assessment
  - Trauma Safety Plan
  - Trauma Narrative
We can’t just treat the trauma!

- In a survey conducted in 2012 by C.A.S.E 25% of adoptive parents reported that they believed their mental health professionals were adoption-competent
Areas Adoptive Parents Viewed Therapists as Unhelpful or Insensitive

- Failing to validate or believe their experiences
- Blaming parents for their children's problems
- Pathologizing adoption and viewing the family as pathological
- Questioning the parents' motives for adoption
- Advising parents not to talk about adoption with children because it will "stir things up"
- Seeing children with attachment problems without parental presence or input
- Telling parents to just give their children back to the state
- Failing to gather information about the children's histories or to address the impact of previous maltreatment

A Need to Know
Enhancing Adoption Competence among Mental Health Professionals
Overlapping Theme of Shame

- Shame associated with adoption or trauma is common yet counterproductive
- Open and clear dialogue and psychoeducation about adoption and trauma are hallmarks of reducing shame
- If adoption is not brought into the therapy we can inadvertently increase shame about adoption
- If trauma is not brought into the process of adoption we can inadvertently increase shame about trauma
Re-framing the Myths

- Children that have interrupted attachments and placements often need help, support, and clarification to process the grief and loss, above and beyond trauma treatment.

- Trauma treatment can help to facilitate healing and support the adoption process.

- Trauma treatment can facilitate the acquisition of coping skills that assist with a decrease in externalizing behaviors that can assist in placement stability.
Re-framing the Myths

- Trauma and loss affect children of all ages. Processing trauma and loss can help to encourage healthy attachments.

- Sibling relationships are the longest standing familial relationships, the impact of siblings being separated in foster care can be traumatic for children

- Being honest and present with a child through grief and loss can help healing. Assisting resource parents to be therapeutic in dealing with grief and loss can increase placement stabilization. It may get worse before it gets better.
Re-framing the Myths

- When children are having symptoms as a result of trauma or loss, a caregivers love may not be enough. They may need treatment to learn how to cope and address grief, loss, and trauma.

- Children are connecting with their birth families through technology every day.

- Trauma treatment can assist a child in feeling safe and give them coping skills that can help through other life transitions.
PARTNERSHIP
CONTACT INFORMATION

Darlene Allen, MS, CEO and Executive Director, Adoption Rhode Island
EMAIL: dallen@adoptionri.org

Sarah Kelley-Palmer, LICSW, Vice President, Trauma and Victims Services,
Family Service of Rhode Island
EMAIL: kellysa@familyserviceri.org