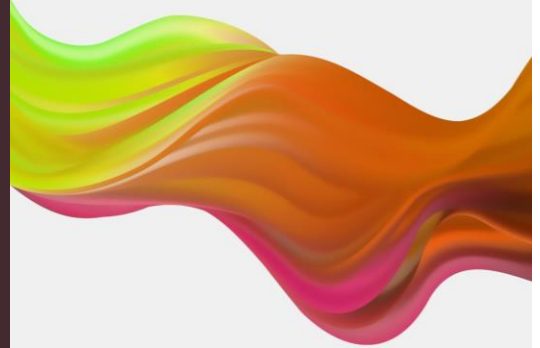# *PERMANENCY BASED FAMILY WORK:*
A Resilient Model for Families Formed By Adoption

ACRC - Workshop Session C
May 18, 2023
Jeffrey M. Friedman, PhD, LCSW, QCSW

1

- **Around 700,000 children are living with adoptive parents**
- **The average age of a waiting child is 7.7 years old and 29% will spend at least three years in foster care.**

2

- 4-7 times more likely to place their children in residential treatment centers.
- Adopted teens are 7 times more likely to end up in youth residential treatment centers.
- 30 to 40% of the residents at adolescent residential treatment centers are adopted.

3

What We Know

- Children are best raised and served in a family
  – *Adoption & Safe Families Act (1997)*
- Permanency creates a sense of belonging
- Extended Lengths of stay works against the capacity to reunify

4

Our Roots – Homage to REPARE (1993)

- **Reasonable Efforts to Permanency through Adoption and Reunification Efforts (REPARE)**
  - *Revolutionary Dedication to Reunification*
  - *Culture of Family Work*
  - *First attempt to create an EBP for residential care – Manual Based*
  - *Radical use of In-home care*
  - *Comprehensive Post-Discharge Services*

5

History of Our Growth

- Trauma Informed Care
- Attachment Theory
- Neuroscientific strategies – assessment and milieu
- Continued systemic family therapy training
- Supervision Supervision
- EBP – Oregon – Common Elements

6

Adoption Competence

"Given the complexity of adoptive family life today, it is clear that **no one intervention technique**, no matter how well validated by research, is sufficient to meet the mental health needs of these families."

The goal here is not to prescribe a specific way of working with all adoptive families, but rather to help clinicians integrate an **"adoption perspective"** into a more comprehensive approach to understanding and intervening with these clients."

7

The most important conclusion of recent research related to the adjustment of adopted children is that the emotional and academic problems they manifest have less to do with being adopted *per se* than with an array of biological and experiential risk factors that pre-date adoptive placement, as well as the failure of adoption professionals to adequately prepare, educate and support parents in managing the challenges they face in the post-adoption years.

8

Adoption Insensitivity

- **Disbelieved, denigrated and blamed**
- **Pathologized**
- **Ill advised**
- **Bad treatment advice**

9

PATHWAY TO ADOPTIVE PARENTING

Only adoptive parents (and foster parents) have to prove their suitability to others before being allowed to raise children; even after being found suitable for adoptive parenthood, they depend upon adoption and legal professionals to facilitate this process.

What about us proving our "suitability" to serve this particular group?

10

In the vast majority of cases, **adoption has proven to be an unqualified success**, especially when compared to the outcomes for children who remain in neglectful and abusive homes, who experience multiple foster placements or who grow up in institutional environments.

(Hoksbergen, 1999; lee, Seol, Sung & Miller, 2010; Selwyn, & Quinton, 2004; Triseliotis, 2002; van Ijzendoorn & Juffer, 2005)

11

Additional Key Findings

Children adopted from the child welfare system are more vulnerable

12

Key findings

- Higher levels of psychological and academic difficulties
- Greater for learning problems and externalizing symptoms
- Problems, especially those placed in infancy, typically do not emerge until the school years
- Higher rates of problems in later-placed boys and girls, especially those identified as having special needs, than in those adopted early in life.
- Problems often intensify during adolescence

13

Hopeful fact…

Fortunately, genetic risk and early trauma do not inevitably undermine development. Being raised in a stable and nurturing home, with parents who are well-adjusted and emotionally attuned to their children's needs, often protects children from developing serious psychological problems and/or facilitates developmental recovery, at least partially, in those who have been affected by earlier life adversities.

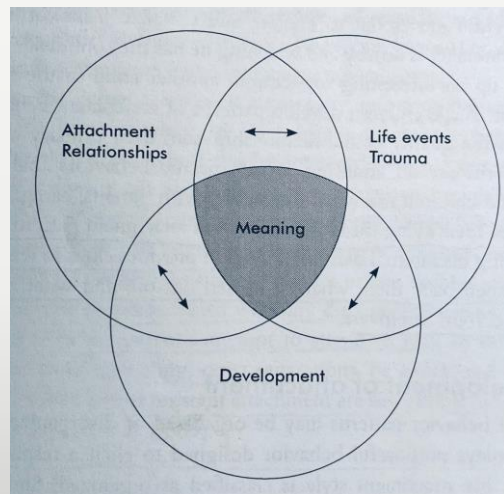(van Ijzendoorn & Juffer, 2006; Palacios & Brodzinsky, 2010)

14

Three Stages of Treatment

| Orientation & Assessment | Treatment & Training | Discharge & Aftercare |
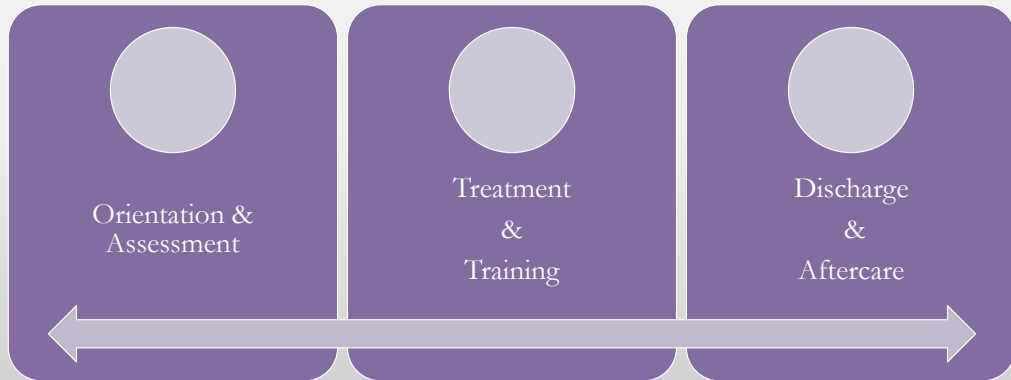
15

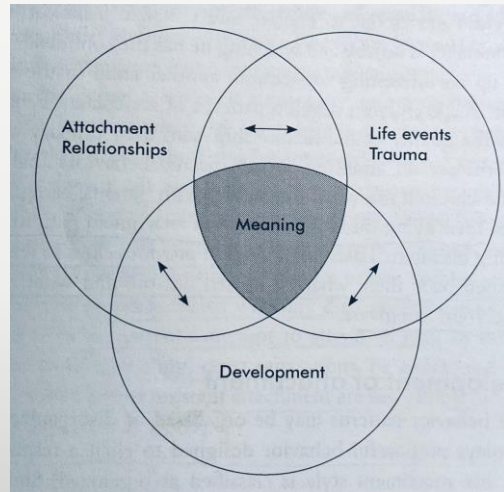# Internal Working Model
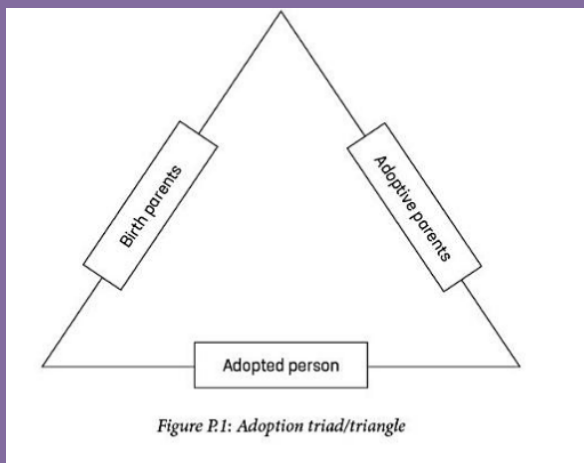(Bowlby 1969/1982)

16

A template of expectations and beliefs about self, others, and relationships.

No two are alike; unique to the individual

Continually modified and updated by new behaviors and experiences.
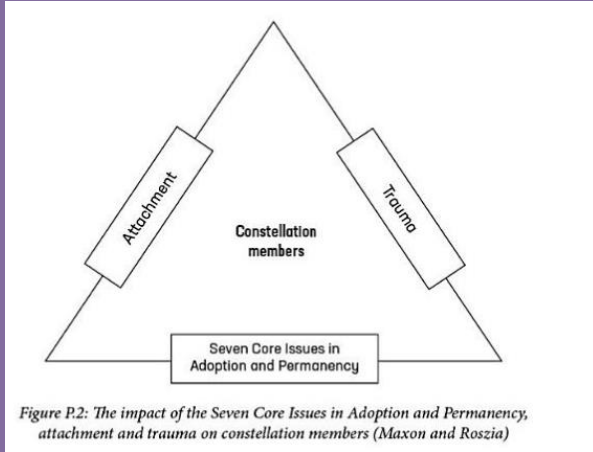

17

Figure P.1: Adoption triad/triangle

BEFORE

18

Figure P.2: The impact of the Seven Core Issues in Adoption and Permanency, attachment and trauma on constellation members (Maxon and Roszia)
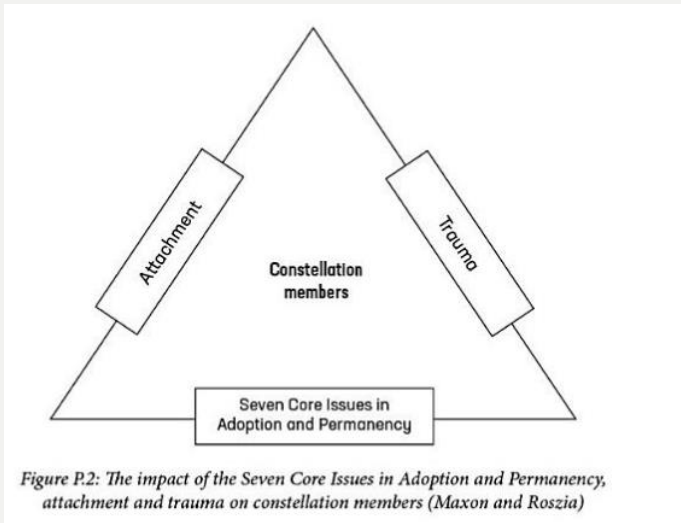
NOW

19

Figure P.2: The impact of the Seven Core Issues in Adoption and Permanency, attachment and trauma on constellation members (Maxon and Roszia)

Individual or family's lifecycle development

Temperament, level of resilience, gender, age, cognitive and language ability mental, intellectual or physical disabilities etc.

Genetic & Epigenetics

20

Trauma

- The duration, the intensity and developmental stage when trauma occurred
    - *Developmental Stage of brain, individual, and family*
- Types of trauma
- Impact on cognitive, verbal and emotional development and skills
- Multiple primary attachment disruptions
- Experienced in isolation or with others: siblings, family or friends
- Acknowledgement of the trauma by family and/or community supports

21

Attachment is about connections between people

Organized

- Secure
- Anxious-resistant (ambivalent)
- Anxious-avoidant

Disorganized/Disoriented

- Often found in children maltreated.
- The person both needs and fears his parent.

22

The internal and external demands for reorganization of the family system over time involve intense demands for emotional change and adjustment – this offers the potential for a positive revision or reorganization of attachments as well as the potential for people to move towards less secure and more defended strategies.

Rudi Dallos & Arlene Vetere, 2009
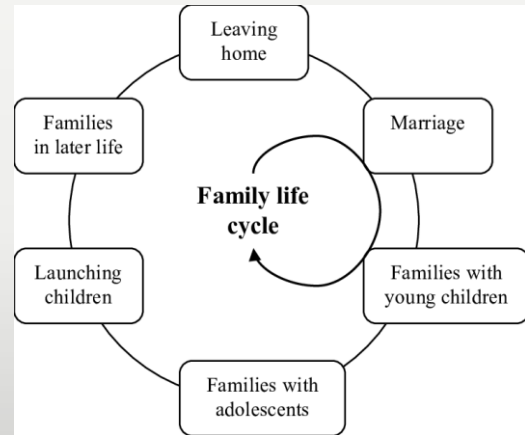
23

SEVEN CORE ISSUES IN ADOPTION AND PERMANENCY

- Lifelong and intergenerational in scope
- Presents in all forms of permanency
- Create dynamics in people's and family's lives that must be acknowledged and addressed in order for healthy authentic relationships to unfold.
- Structure and process

24

7 Core Issues defined

Loss is the center and begins the "journey"

- Loss creates feelings or fear of **rejection**
- Which leads to feelings of **shame and guilt**
- **Grief** is the gateway to healing
- **Identity**: "Who am I?" or "Who am I really?"
- **Intimacy:** allows for attachment, trust and joy to come together in deep, meaningful, sustainable relationships.
- **Mastery and Control** represents the gains in adoption and permanency.

Virtual Training: Seven Core Issues in Adoption and Permanency
https://www.youtube.com/watch?v=PvILgzv1j5w&t=808s

25

Probably the issue around which families become blocked more often than any other is loss…the distortion and "forgetting" in family members' perceptions that occur around loss are among the most important influences on symptom development.
(Norman & Betty Paul, 1986)

Families for Families Adoption Support Group for parents of adopted children

- **Loss of the Assumptive World**
- **1:00:50 – 1:03:03**

26

Beyond DABDA
Kubler Ross

Loss begins the lifelong, intergenerational journey in adoption and permanency.

LOSS

- Loss of the Assumptive World
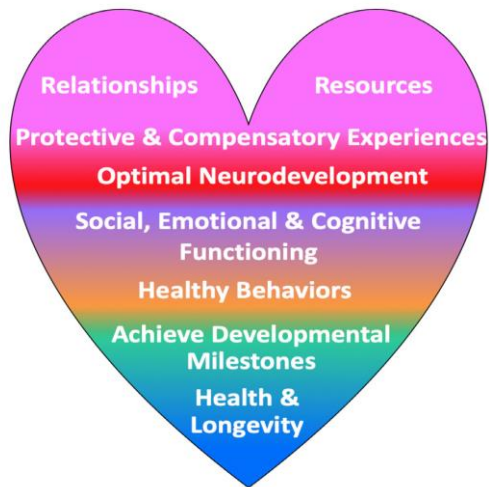- Dual Process
- Continuing Bonds
- Complicated Grief

27

Assessment & Orientation

- Genogram
- TimeLine
- Brain Development – NMT
  - *FASD/NAS/NICU*
- IQ – all available testing
- Individual Development
- Family Development
- Ecomap
- PACES

28

What are Protective and Compensatory Experiences (PACEs)?

Protective and compensatory experiences (PACEs) are positive experiences that can increase resilience and protect against risk for mental and physical illness. In the PACEs Heart Model below, supportive relationships and resources make up PACEs. Adults who had many PACEs in their childhood have fewer problems related to health and wellbeing even if they had a history of ACEs.

29

The Ten PACEs Include

- parent/caregiver unconditional love
- spending time with a best friend
- volunteering or helping others
- being active in a social group
- having a mentor outside of the family
- living in a clean, safe home with enough food
- having opportunities to learn
- having a hobby
- being active or playing sports
- having routines and fair rules at home

30

GTE
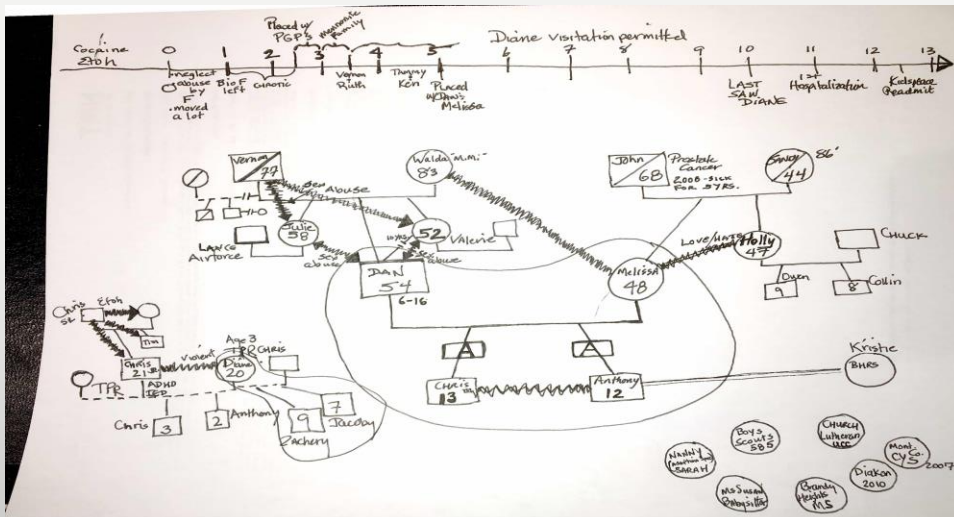
31

Figure 5.16: Fernando Colon: Foster Care

Adoption & Foster Genogram

32

Brain Organization – Key Neural Networks

■ **Develop Hx & Risk**

33

CMR & (F) Domains

(F) Domains Recommendations

Sensory Integration

Client Score: 68   Age Typical: 92   Percentage: 73.91

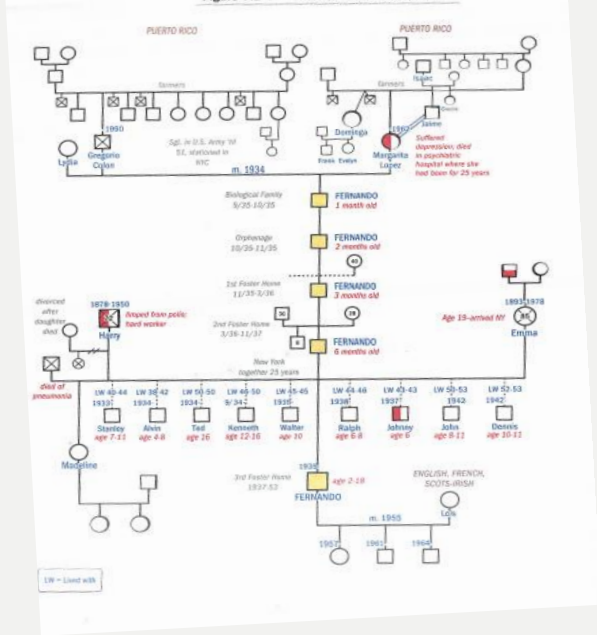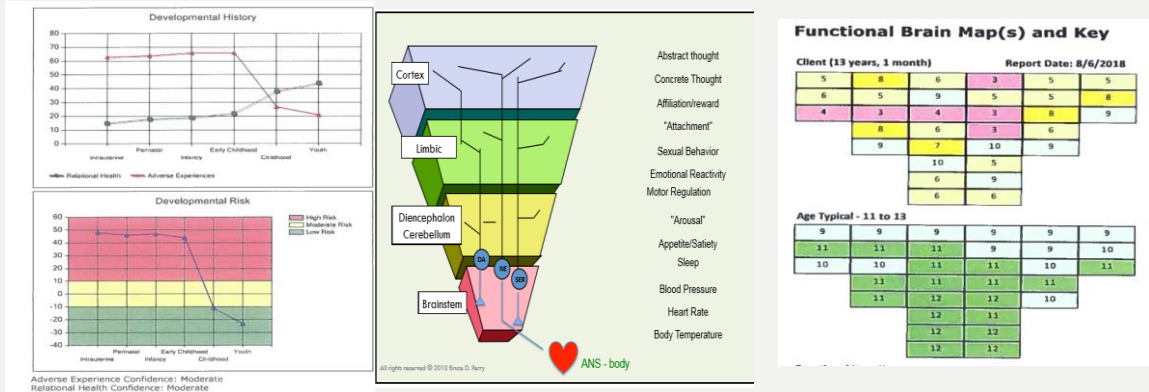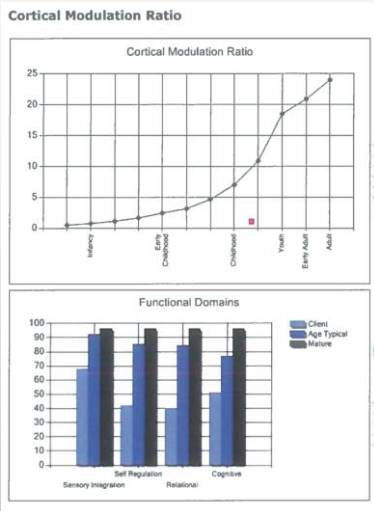**Therapeutic:** (65% - 85%) – Scores between 65% and 85% suggest that the child has some difficulty in somatosensory functioning. Building in patterned, repetitive somatosensory activities across settings in which child spends time (home, school, etc.) are required for necessary reorganization to take place. Somatosensory activities such as music, movement, yoga, drumming or massage woven throughout the child's day will have the greatest impact.

Self Regulation

Client Score: 42   Age Typical: 85   Percentage: 49.41

Essential: (below 65%) – Scores below 65% of age typical functioning suggest the child has poor self-regulatory capabilities. These children may have stress-response systems that are poorly organized and hyper-reactive. They are likely impulsive, have difficulties transitioning from one activity to another, and may overreact to even minor stressors or challenges. Children in this category require structure and predictability provided consistently by safe, nurturing adults across settings. Examples of essential activities in this category include: developing transitioning activity (using a song, words or other cues to help prepare the child for the change in activity), patterned, repetitive proprioceptive OT activities such as isometric exercises (chair push-ups, bear hugs while child tries to pull the adults arms away, applying deep pressure), using weighted vests, blankets, ankle weights, various deep breathing techniques, building structure into bedtime rituals, music and movement activities, animal assisted therapy and EMDR.

Relational

Client Score: 40   Age Typical: 84   Percentage: 47.62

Essential: (below 65%) – Scores below 65% of age typical functioning suggest the child has poor relational functioning. Children who have a history of disrupted early caregiving, whose earliest experiences were characterized as chaotic, neglectful, and/or unpredictable often have difficulties forming and maintaining relationships. In order to make sufficient gains in relational functioning, essential activities must include interactions with multiple positive healthy adults who are invested in the child's life and in their treatment. Examples of essential relational activities include: art therapy, individual play therapy, Parent-Child Interaction Therapy (PCIT), dyadic parallel play with an adult, and when mastered, dyadic parallel play with a peer. Once dyadic relationships have been mastered supervised small group activities may be added. Other examples of essential activities include animal assisted therapy and targeted psychotherapy.

Cognitive

Client Score: 51   Age Typical: 77   Percentage: 66.23

Therapeutic: (65% - 85%) – Scores between 65 and 85 percent suggest that the child has some difficulty with cognitive functioning. Once fundamental dyadic relational skills have improved, therapeutic techniques can focus on more verbal and insight oriented or cortical activities. Examples of therapeutic activities include: insight oriented treatment, cognitive behavioral therapy, reading enhancements, and structured storytelling.

34

# Psychosocial Model of Adoption Adjustment

35

The internal and external demands for reorganization of the family system over time involve intense demands for emotional change and adjustment – this offers the potential for a positive revision or reorganization of attachments as well as the potential for people to move towards less secure and more defended strategies.

Rudi Dallos & Arlene Vetere, 2009
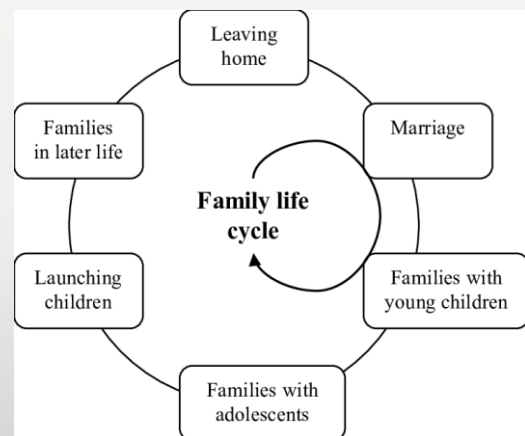
36

Fetal Alcohol Spectrum Disorder

- Fetal Alcohol Syndrome (FAS/FAE)
- Alcohol-Related Neurodevelopmental Disorder/ARND
- Partial Fetal Alcohol Syndrome (PFAS)
- Alcohol Related Birth Defect (ARBD)
- Neurodevelopmental Disorder-Prenatal Alcohol Exposure (ND-PAE)
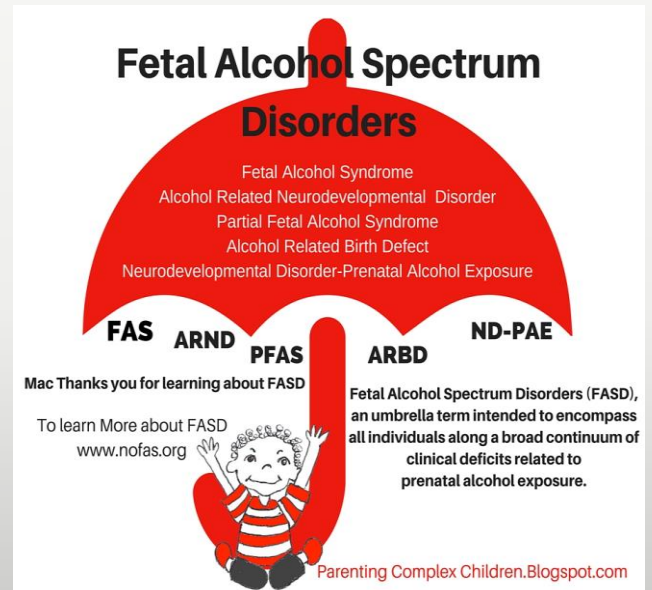
37

NEONATAL ABSTINENCE SYNDROME (NAS)

KEY POINTS

- NAS is a group of conditions caused when a baby withdraws from certain drugs (most often opioids) he's exposed to in the womb before birth.

- Most babies with NAS get treatment in the hospital after birth. Most babies who get treatment get better in a few days or weeks.

- During treatment, your baby may be fussy and hard to soothe. Skin-to-skin care, swaddling, being gentle and breastfeeding can help calm your baby.

- NAS may lead to long-term health and development problems, including hearing and vision problems and problems with learning and behavior.

- If you're pregnant and taking opioids, tell your provider right away. Don't stop taking the opioid without talking to your provider first.

38

■ **More complicated over the years**

■ **Significant parenting challenges**

Brdzinsky, 2008; Casey Family Services, 2003; Smith, 2010; Tan & Marn, 2013; Tarren -Sweeney, 2010; Tarren-Sweeney & Vetere, 2013

39

Before you go down the behavioral rabbit hole…

Successful therapeutic work with adoptive families is supported by maintaining a developmental, multisystemic and ecological perspective of the factors impacting family members.

40

TREATMENT & TRAINING PART 1: HOT ZONES

41

HOT ZONES
Critical Family Life Cycle Issues in Families Formed by Adoption

MOTIVE	SPECIAL NEEDS & INTEGRATION	TRANSRACIAL ADOPTION	OPENNESS IN ADOPTION	THE D'S

42

**Born In June
Raised in April**

April Dinwoodie

I think adoption is one of
**THE MOST AMAZING
MANIFESTATIONS OF
THE CAPACITY OF
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━ **TO LOVE** ━
AND BE A CARING SPECIES.

What Adoption can Teach the World
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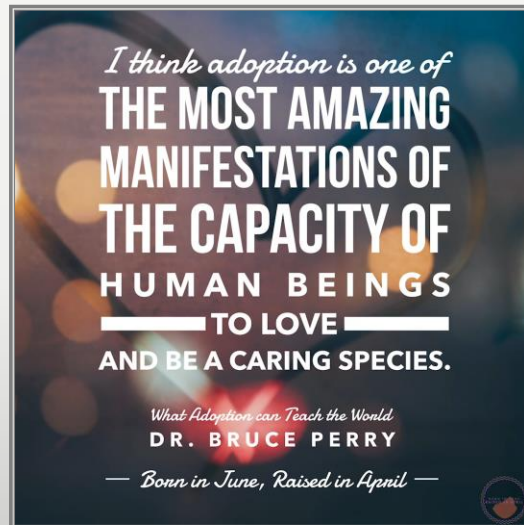
43

Motive

- **Key Assessment Questions:**
  - How the decision to adopt was made by the parents,
  - The reasons for pursuing a specific type of adoption or a specific type of child
  - Extent of support for adoption from extended family and friends
  - Parent's experiences in working with the adoption agency
    - Home study/Transition/Support system
  - Pre-placement history (as it relates to)
    - Potential impact of that history on parenting and child development

44

Motive

Assessment questions lead you into the adopted parent's world of

past and present

unaddressed, unresolved, deeply felt, committed

beliefs and feelings of:

Motivation

Loss

Ambivalence

45

DECISION TO ADOPT: MELISSA & DAN

46

Special Needs & Integration

- Integrating an adopted child into a family is a gradual process, and often a complicated one especially when the child is beyond the infancy years at the time of placement.

  - Examining the success with which **parents have fostered secure parent-child attachment** is a critical part of the assessment process

  - **Reframing their children's challenging behaviors** as adaptions to previous deprivation, trauma, and relationship disruptions can be reassuring to parents and foster hope in their ability to support developmental recovery.

47

Children adopted from Child Welfare (foster care)

Traumatic Stress in Childhood increases the risk for:

- behavior problems, juvenile delinquency, school dropout, and adoption dissolution;
- Special health needs
- PTSD/Other mental & emotional disorders
- Cognitive deficits/Learning Disabilities
- Adaptive behavior deficits

Affects on Adoptive Family

- Higher levels of stress
- Effect on mental health and wellbeing
- Miss more days off from work
- Financial and support resources
- Coping & resilience

48

Transracial Adoption

- Parent's attitudes
- Expectations
- Actions related to raising a child of another race
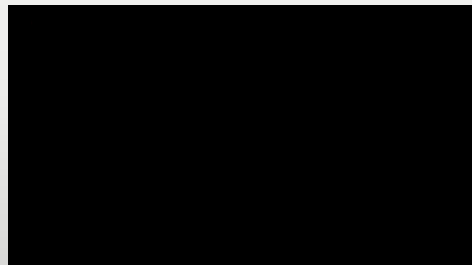- Family identity
- Birth Family Contact

49

Transracial Adoption

Families raising children adopted transracially understand the importance of attending to two issues:

1. Cultural Socialization
   - *Providing exposure to the child's cultural background*

2. Preparation for Bias (PfB)
   - *Preparing the child to deal with stigma and discrimination*

50

A Model of Factors Related to Cultural and Racial Socialization Practices Among International Transracial Adoptive Parents

http://counselingpsychologyresearch.weebly.com/cultural-and-racial-socialization-self-efficacy-scale.html

51

As of September 2020, 407,000 children were in foster care, and 57,881 children had been adopted that federal fiscal year. Diving deeper into those numbers paints a clearer picture of the state of adoption in the United States:

- **Black children:** 92,237 in foster care and 9,588 adopted
- **Hispanic children (of any race):** 88,111 in foster care and 11,631 adopted
- **Multiracial children:** 31,669 in foster care and 5,304 adopted
- **American Indian/Alaska Native children:** 9,851 in foster care and 936 adopted
- **Asian children:** 2,061 in foster care and 206 adopted
- **Native Hawaiian/Other Pacific Islander children:** 1,070 in foster care and 156 adopted
- Between 2017 and 2019, around 28% of all adoptions were transracial. White parents of children of a different race or ethnicity represented 90% of them.
- According to the State Department, there were 1,622 international adoptions in 2020. The top countries of origin were Ukraine, China, South Korea, Colombia and India.

52

TODAY, ALMOST 60%-70%
OF DOMESTIC ADOPTIONS
ARE NOW OPEN ADOPTIONS

Since then, "open" adoptions have become much more common in the United States and makeup between 60 to 70 percent of all domestic adoptions. In this process, many birth parents have contact with the adoptive families, and they may stay involved in the child's life if that's what the parties want.

53

OPEN ADOPTION, CLOSED ADOPTION, AND SEMI-OPEN ADOPTION. WHAT IS THE DIFFERENCE?

54

Openness in Adoption

- **Structural**
  - Refers to contact with birth families

- **Communicative**
  - Ability of family members to share their thoughts and feelings about adoption with one another in an open honest, non-defensive and transparent way.
  - Stronger indicator of children's positive adjustment than structural openness. (Brodzinsky, 2006)

55

Openness: Hard Truths

- **Children often have different views about adoption than their parents**

- **For adoptive parents, openness in adoption is positive only when they feel comfortable and in control.**

- **Foster care adoptions are less likely to have an open adoption arrangement and less post-placement contact, although these children are more likely to have lived with their birth parents.**

56

https://consideringadoption.com/adopting/open-adoption/open-vs-closed-adoption-an-honest-comparison/
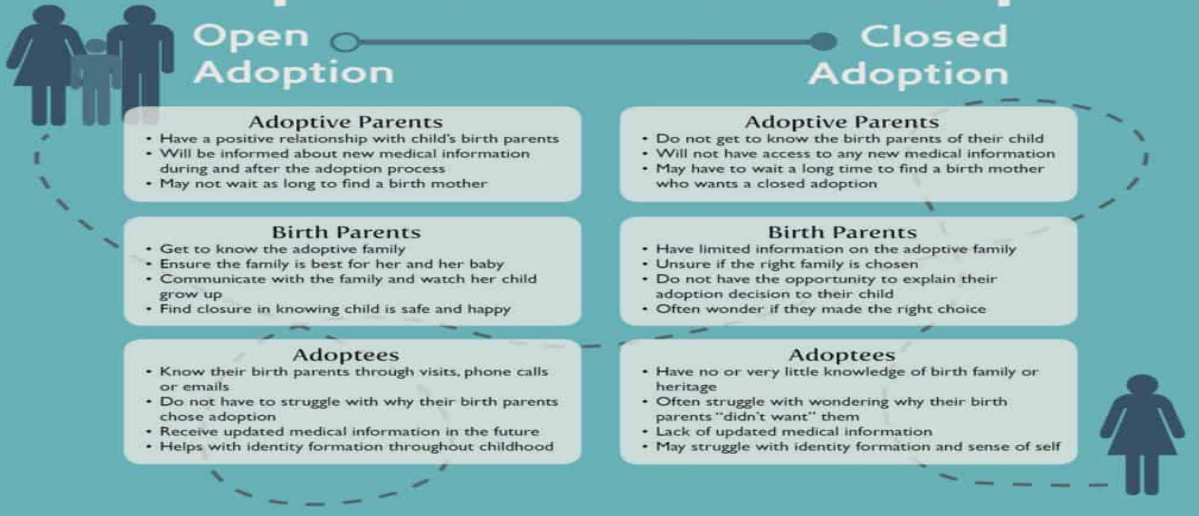
57

Communicative Openness

Richie Seeing Birth Mother

- 18:32 – 24:57

- Exploring when, how, and under what circumstances
- Event vs. ongoing process
- The extent and the barriers
- Reframe "difficult" information
- Closed does not mean closed

58

The Dirty D's

- Whether through foster care or intercountry adoption, the placement of children <u>over age five</u> poses unique challenges for the adoptive family and are the adoptions most likely to end in:
  - *disruption (before legalization) or*
  - *dissolution (after legalization) of the placement.*

- Collision of expectations
  - *Pre-placement experiences vs. adoptive family readiness*

59

TREATMENT & TRAINING
PART 2: MODALITIES &
SPECIAL CHALLENGES

60

Empirically Supported Treatment Modalities

What's in your toolkit?

"Often their problems require specialized interventions targeting attachment issues and complex trauma symptoms"

- **PBFT**
- **TANT**
- **DDP/Attachment Focused Family Therapy**
- **Attachment Based Family Therapy**
- **Family Attachment Narrative Therapy**

61

HTTPS://WWW.LEARNTRAUMAART.COM

Trauma Art Narrative Therapy™

Trauma Art Narrative Therapy™ (TANT) is a structured cognitive exposure technique for the purpose of narrating traumatic events and providing symptom resolution.

62

ATTACHMENT FOCUSED FAMILY THERAPY DYADIC DEVELOPMENTAL PSYCHOTHERAPY(DDP)

63

■ **Multi-Dimensional Family Therapy**
  – *Howard Liddle*

■ **Attachment Based Family Therapy**
  – *Guy Diamond*

64

FAMILY ATTACHMENT NARRATIVE THERAPY

65

Essential Tools for Your Toolkit

"

- ■ **NMT**
- ■ **Therapeutic Parenting**
- ■ **Dare to Parent**

66

Neurosequential Model of Therapeutics (NMT)

67

68

34
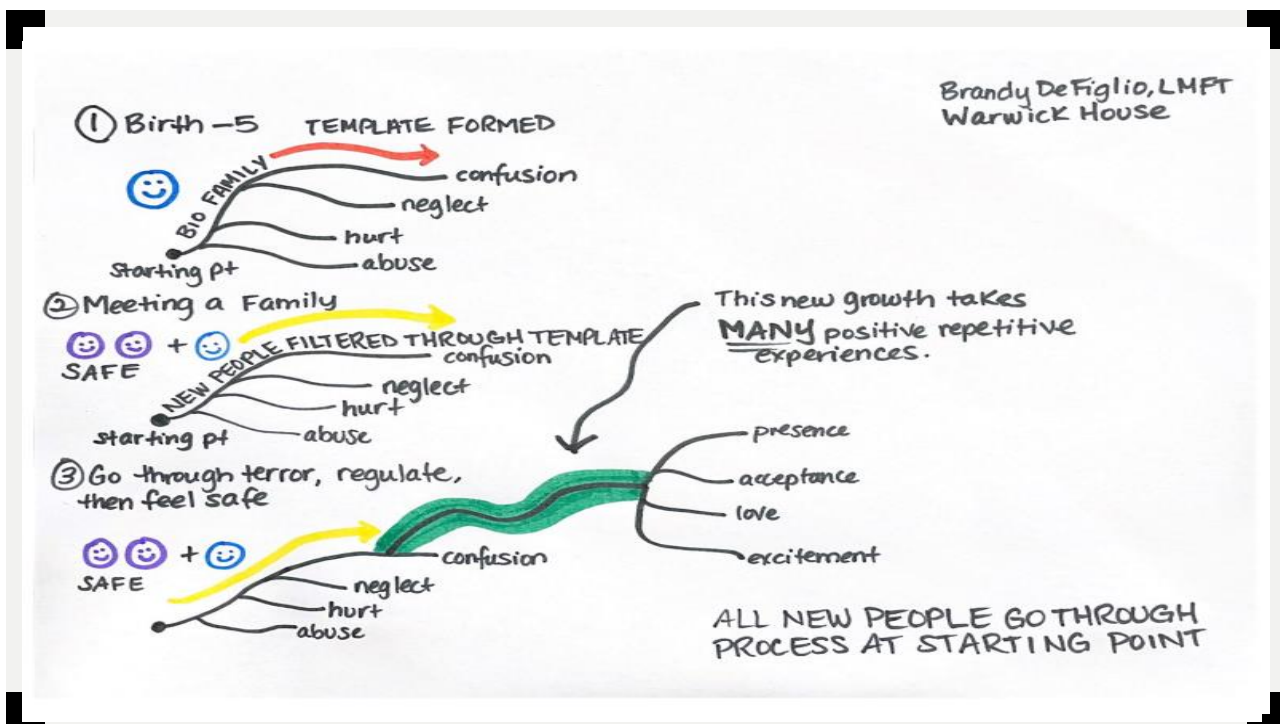
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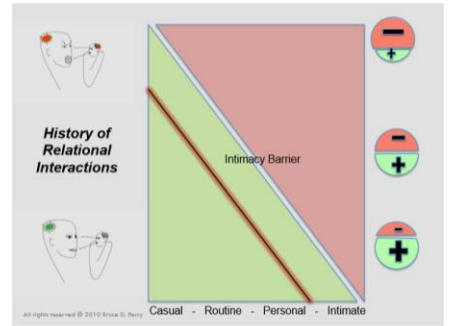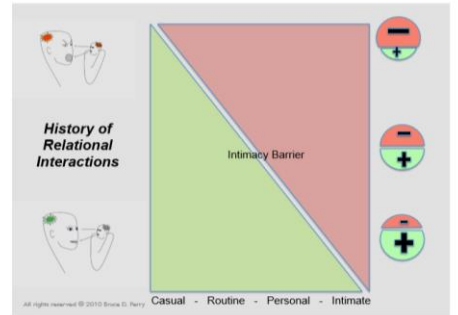
69

THERAPEUTIC PARENTING

70

DARE TO PARENT

What Doesn't Work
Parenting Techniques Doomed to Failure

- Rewards
- Withholding Parental Love
- Punishments
- Time Out
- Grounding
- Deprivation
- Anger
- Equality

71

DARE TO PARENT
What Works
Cycling Your Way to Health and Happiness

- Control Issues
  - *Avoid control battles whenever you can*
  - *Choose your battles carefully*
  - *Win the ones you take on*
- Consistency
- Praise
- Flexibility
- Good versus Bad
- Tough Paybacks

- Singing (in public)
- In & Out of the Body
- Expectations
- Win – Win
- Managing Anger
- Nurturing & Fun
  - *Prescribing the Symptom*
  - *Joining In (Mirroring)*
  - *Paradox*

72

Challenging Issues: What's in Your Caseload?

- Addressing the treaters before you
- Fire of Love
- Split Loyalties & Search as Intervention
- Sibling – collision of need and why do they get to stay?
- Helping parents get out the anger: Adoption Support Group
- Radical Self-Care: Adoption Support Group

73

FIRE OF LOVE

74

Challenge of the Split Loyalty

- **Charlie with Birth mother: Mary, Uncle Josh, and Grandmother: Jeanie.**
- **Adoption Support Group: Birth Family Reframe:** 1:06:08 – 1:06:52

75

Siblings

- **To separate or NOT**
- **Additional adopted sibling, not biological, and younger (and cuter) may need to be held all the time**
- **Mixed with bio siblings**
- **Replace a lost child**
- **Adopt then unexpected birth of bio child**

Wishmaker
10:35 – 16:23

76

Helping Parents get out the anger

Adoption Support Group
Anger : 1:03:05 – 1:05:21

77

Radical Self-Care

Adoption Support Group
51:32 – 54:46

78

More Challenging Issues: What's in Your Caseload?

- Convincing rigid and inflexible systems to not be rigid and inflexible
- Rehoming and relinquishing: When is enough enough…? Right time, wrong fit. Ways to stay together but not living with each other.
- The Unchangeable _ Neurodiverse Issues: FAS, ASD
- Social Media gone wild
- Attachment Struggles through the lifespan
- Managing your Countertransference

79

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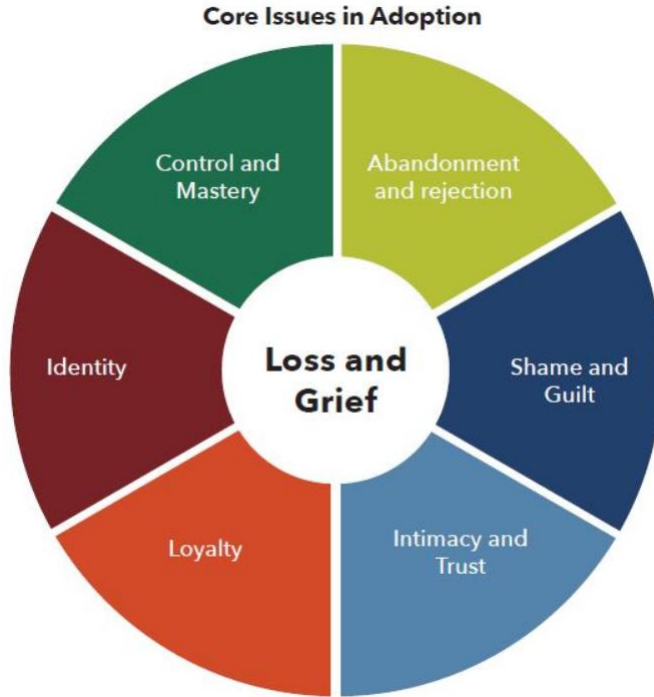
80

Interventions Targeting Adoption Loss & Identity

- Adoption Loss
- Lifebooks
- Therapeutic Rituals
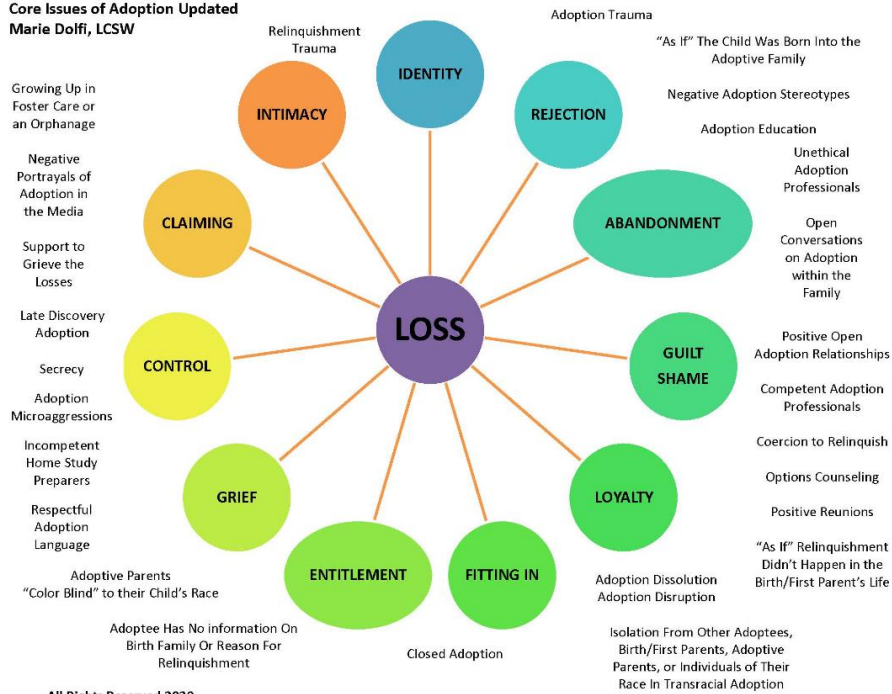- Narrative Strategies
- Search as Intervention

81

Adoption competence

Adoption:
The Long View
with *Lori Holden*

ADOPTION ISN'T AN EVENT.

IT IS A LIFELONG JOURNEY.

6:20 ———— -28:18

82

Core Issues in Adoption

Core Issues in Adoption wheel with center "Loss and Grief" surrounded by: Control and Mastery, Abandonment and rejection, Shame and Guilt, Intimacy and Trust, Loyalty, Identity.

83

Core Issues of Adoption Updated
Marie Dolfi, LCSW

Core Issues of Adoption diagram with center "LOSS" surrounded by: IDENTITY, REJECTION, ABANDONMENT, GUILT SHAME, LOYALTY, FITTING IN, ENTITLEMENT, GRIEF, CONTROL, CLAIMING, INTIMACY.

Surrounding text labels: Relinquishment Trauma; Growing Up in Foster Care or an Orphanage; Negative Portrayals of Adoption in the Media; Support to Grieve the Losses; Late Discovery Adoption; Secrecy; Adoption Microaggressions; Incompetent Home Study Preparers; Respectful Adoption Language; Adoptive Parents "Color Blind" to their Child's Race; Adoptee Has No Information On Birth Family Or Reason For Relinquishment; Closed Adoption; Adoption Dissolution Adoption Disruption; Isolation From Other Adoptees, Birth/First Parents, Adoptive Parents, or Individuals of Their Race In Transracial Adoption; "As If" Relinquishment Didn't Happen in the Birth/First Parent's Life; Positive Reunions; Options Counseling; Coercion to Relinquish; Competent Adoption Professionals; Positive Open Adoption Relationships; Open Conversations on Adoption within the Family; Unethical Adoption Professionals; Adoption Education; Negative Adoption Stereotypes; "As If" The Child Was Born Into the Adoptive Family; Adoption Trauma.

84

Two important factors that facilitate recovery for these children are:

■ **comprehensive pre-adoption preparation and education of families,**

■ **along with the availability and utilization of mental health services following placement.**

(Brodzinsky, 2008; Casey Family Services, 2003; Smith, 2010; Tan & Marn, 2013; Tarren-Sweeney, 2010; Tarren-Sweeney & Vetere, 2013)

85

In the vast majority of cases, ***adoption has proven to be an unqualified success***, especially when compared to the outcomes for children who remain in neglectful and abusive homes, who experience multiple foster placements or who grow up in institutional environments.

(Hoksbergen, 1999; lee, Seol, Sung & Miller, 2010; Selwyn, & Quinton, 2004; Triseliotis, 2002; van Ijzendoorn & Juffer, 2005)

86