Building Bridges
INITIATIVE
Advancing Partnerships. Improving Lives.

Successfully Engaging Families Formed by Adoption: Strategies for Residential Leaders

A Building Bridges Initiative Informational Document

September 2017

Acknowledgements

The Building Bridges Initiative (BBI) gratefully acknowledges the support and commitment of the Substance Abuse and Mental Health Services Administration (SAMHSA).

Substance Abuse and Mental Health Services Administration
SAMHSA
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

The content of this publication does not necessarily reflect the views, opinions or policies of the Substance Abuse and Mental Health Services Administration nor the Department of Mental Health and Human Services.

The Building Bridges Initiative would like to thank the American Institutes for Research (AIR) for their support during the development of this document.

Table of Contents

Introduction

This informational document provides an overview of key issues and strategies for residential leaders regarding how to engage and support families formed through adoption, who have a child in residential. The content of this document was developed based on a literature review, as well as consultations and interviews with adoption experts, practitioners, residential leaders, parent advocates, adoptive parents with residential experience, and youth who have been adopted. The purpose of the document is to raise awareness regarding the unique needs and concerns of families formed by adoption whose children are using residential interventions, and to promote tips and strategies for enhancing the responsiveness of residential leaders to these families, with the goal of promoting the family's resilience and long-term success.

Background: What Residential Leaders Need to Know about Families Formed by Adoption

This section outlines research findings on children who have been adopted, and their families, including risk and protective factors, mental health needs, service utilization, and issues specific to residential interventions.

Overview and Summary of Risk and Protective Factors

- ***Children who have been adopted are impacted by both risk and protective factors.*** When children and youth are exposed to multiple, accumulating risk factors, they are more likely to have negative developmental outcomes. However, protective factors may "buffer against the negative effects" of risk factors (Rutter, 1990). Risk factors impacting children who have been adopted may include genetic vulnerabilities for psychiatric disorders and substance abuse issues, lack of prenatal care, birth complications, exposure to alcohol or drugs in utero, early deprivation in the home or institutional environment, multiple placements, malnutrition, neglect, and abuse (Hussey, Faletta, & Eng, 2012; Tan & Marn, 2013; van IJzendoorn, Juffer, & Klein, 2005). Protective factors may include moving into a safe and loving home environment, and joining a family that experiences high family cohesion (Crea, Chan, & Barth, 2013; van IJzendoorn et al., 2005). Protective factors may also include the child's own resilience, such as the ability to maintain a sense of self-value and a positive vision for the future (Henry, 1999). Some studies also indicate that being adopted with siblings serves as a protective factor (Hussey et al. 2012).

- ***Adoption can have a strong positive impact on children and youth.*** Adoption "offers the prospect of stability, loving care, security, and lifetime family connections" (Brodzinsky, 2011, p. 200; Rampage et al., 2012). Positive impacts are often apparent when considering the alternatives to adoption (Brodzinsky, 2011). Based on a study of children adopted from Romania, Rutter concluded that some children who experience early developmental risks "catch up" in terms of psychological functioning, particularly when adopted at younger ages (Rutter et al., 2007). In some cases, these gains are rapid at early ages, but slow as children continue to develop (Rutter et al., 2007). Children have also been found to catch up in terms of physical development once adopted (Rutter et al., 2007).

- ***Early trauma and adversity have a significant and far-reaching impact on the development of children who have been adopted.*** Children who have been adopted experience the loss of their birth families, previous caregivers, and familiar environments (Gribble, 2007). Children adopted from the child welfare system are more likely to have experienced serious trauma and adversity prior to adoption (Hussey, Faletta, & Eng, 2012). Children who have been adopted internationally with histories of being in institutional care are also likely to have experienced trauma and early deprivation (Pignotti, 2011).

- ***Certain subgroups of children who have been adopted are more at risk for mental health and developmental issues.*** A significant number of studies have indicated that early trauma and adverse experiences faced by children who have been adopted have a far-reaching impact on their development (van IJzendoorn, Juffer, & Klein, 2005). A subset of children adopted from the child welfare system exhibit serious psychiatric symptoms, which can make stable adoptions challenging (Hussey, Faletta & Eng, 2012). Children adopted from institutions and those adopted at older ages tend to experience more adverse outcomes, due to exposure to significant adversity for a longer duration of time, during a critical period in development (van IJzendoorn et al., 2005). For instance, Rutter found that children adopted from Romania before 24 months fared better than those adopted between 24-42 months, in terms of cognitive and social development (1998). Other studies have also found that the length of stay in negative early environments (e.g. abusive homes or orphanages) is associated with more severe impairments, including behavioral problems and developmental abnormalities (Behen et al., 2008).

- ***Families formed through transracial adoption may experience sociocultural scrutiny and judgment.*** Historically, families formed through transracial adoption have been subjected to "a polarization that either supports or berates the suitability of the environment provided in such homes", due to issues of racial and cultural identity (Barn, 2013). Research on the outcomes of children who are of a different race than the parents who adopt them is contradictory and difficult to interpret, with some studies suggesting no adverse effects to the child, and others suggesting that children may experience struggles related to identity, belonging, and culture (Barn, 2013). While the literature on this topic is difficult to interpret, some of the clinicians interviewed for this document discussed the importance of parental cultural competence when children are adopted transracially, as well as the need for culturally competent mental health professionals to assist children and youth as they explore their cultural and personal identity.

- ***Parents who are gay and lesbian may also experience judgment and a lack of support when adopting children.*** Rates of adoptive parenthood among gay and lesbian parents have nearly doubled in the last decade (Gates, 2011, as cited in Lavner, Waterman, & Peplau, 2014). Gay parents often perceive greater scrutiny and a lack of support, particularly when adopting a child from the child welfare system (Lavner, Waterman, & Peplau, 2014).

- ***A subset of children adopted from institutions, often in acutely traumatic circumstances, may experience significant clinical issues, including Reactive Attachment Disorder[1], which presents specific challenges within the family.*** Children and youth with RAD struggle to develop attachments and close relationships

[1] While Reactive Attachment Disorder is prevalent in the literature on children who have been adopted with significant trauma histories, some of the clinicians and parents interviewed for this guide resisted this label/interpretation, and asserted that trauma-informed frameworks are more appropriate.

with others, may experience a "lack of discernment" between parents and strangers at an early age, and may struggle with behaviors such as mood swings, hoarding food, and verbal or physical aggression (Vasques & Stensland, 2016). It is important to note, however, that many adoptive children who experience significant adversity demonstrate resilience in spite of institutional neglect (Pignotti, 2011).

International Adoption

Children who have been adopted internationally, with histories of being in institutional care (e.g. orphanages), may:

- ***Have been exposed to the accumulation of multiple risk factors prior to adoption.*** Children who have been adopted internationally, with histories of being in institutional care (e.g. orphanages) experience a lack of social interactions and few opportunities for cognitive stimulation. In some institutional environments, these children may be confined to cribs and their most basic needs go unmet. These children are not exposed to adult interaction, stimulating toys, or even opportunities to move around freely. Poor nutrition, increased levels of stress hormones, and the lack of individualized attention from a loving and responsive caregiver (given high child to caregiver ratios) have been shown to contribute to delayed brain growth, neurocognitive delays, and cognitive dysfunction (Behen et al., 2008; Gribble, 2007; IJzendoorn et al., 2005). Children who have been adopted internationally, with histories of being in institutional care often have few opportunities to develop secure attachments with caregivers, creating confusion and significant relationship challenges when they join a normative adoptive family environment (Roman, Palacios, Moreno & Lopez, 2012).

- ***Experience unique risk factors compared with other children who have been adopted***. Children who have been adopted internationally may have experienced severely deprived environments that in no way mirror the experience of living in a family (Gribble, 2007, Pignotti, 2011). While some children who have been adopted internationally, with histories of being in institutional care, show positive developmental gains, a subset exhibit autistic behaviors, attachment difficulties, inattention, overactivity, and cognitive impairments due to extreme early deprivation (Rutter et al., 2007). In addition to risk factors including neglect, abuse, malnutrition, deprivation, and lack of medical care (prenatally and after birth), these children are separated from their original language and culture, which can create significant developmental challenges (Juffer, 2005).

- ***Experience both challenges and early gains post-adoption***. Studies of children who have been adopted internationally, with histories of being in institutional care have found that 70-90% of children had impairments in cognitive function, attachment difficulties, and developmental delays at the time of adoption, with more impairments based on the duration of time in the orphanage (Judge, 2003; Rutter, 1998). However, most children displayed significant gains in the early months post-adoption.

- ***Have adoptive parents who face unique challenges.*** Qualitative research on the experiences of parents who adopt international who have children with attachment difficulties suggests that these families face unique issues and challenges. They struggle to educate others about RAD and other issues their children face, experience difficulties accessing appropriate clinical services, describe social isolation, and report high levels of stress (Vasquez & Stensland, 2016). These parents report feeling "profoundly unprepared" to address the behavioral issues their children experience, which underscores the importance of preparing parents for potential challenges prior to adoption, and providing support prior to and during the child's placement in the home (Follan & McNamara, 2013).

Facts about Mental Health and Residential Services for Adopted Children

- ***Children who have been adopted are overrepresented in residential settings.*** Children who have been adopted represent only 2-3% of the US population, but comprise approximately 16.5% of the residential care population (Bettmann et al., 2015). As children who have been adopted get older, behavioral problems may worsen and service needs increase (Verhulst, 2000), particularly when youth experience externalizing behaviors (Brodzinsky, 2011). Families formed through adoption tend to turn to residential interventions as a last resort, when outpatient treatments are unsuccessful (Bettmann et al., 2015).

- ***Children who have been adopted are more likely to have mental health challenges and to receive mental health services, compared with their non-adopted counterparts.*** It is well-documented that children who have been adopted are overrepresented in clinical samples, and that children who have been adopted tend to experience more emotional distress and externalizing problems compared with children who have not been adopted (Hussey, Faletta, & Eng, 2012; Miller et al., 2000). An estimated 85% of children awaiting adoption through the child welfare system have special needs, including mental health issues (U.S. General Accounting Office, 2002). When children who have been adopted have mental health issues, they are at increased risk for placement disruptions (Hussey et al., 2012). A recent study found that boys who were adopted were more likely to use mental health services than girls who were adopted, and that foster care adoptees were most likely to use services (Tan & Marn, 2013). Youth adopted at older ages, those entering adolescence, and those with special health care needs were also more likely to use services (Tan & Marn, 2013).

- ***Mental health professionals may lack training and knowledge of challenges specific to families formed through adoption.*** Due to a lack of training and education regarding families formed through adoption, mental health professionals may provide parents with contradictory or contraindicated advice (Gribble, 2007). Residential care workers require specialized training on adoptive issues, including Reactive Attachment Disorder and trauma, to recognize behaviors and issues experienced by children who have been adopted (Ferguson et al., 2011). Given the overrepresentation

of youth who have been adopted in residential interventions, specialized interventions should be provided to support the needs of families formed through adoption (Miller et al., 2000).

- ***To date, research on the nature and effectiveness of clinical interventions tailored to children who have been adopted is sparse.*** Of the little research on clinical interventions for children who have been adopted that does exist, most is based on case studies, and lacks rigor (Cornell & Hamrin, 2008; Lawson & Quinn, 2013). In the field, a wide range of interventions are being implemented, including approaches that draw from attachment theory, cognitive behavioral therapy, trauma theory, and ecosystemic theory (Lawson & Quinn, 2013). There is emerging support for significant caregiver involvement in clinical interventions, as well as approaches that help children and youth who have been adopted to build self-regulation and anxiety-tolerance skills (Lawson & Quinn, 2013). There is also emerging support in the literature for trauma-informed interventions for families formed through adoption (Purvis et al., 2015).

Characteristics and Developmental Tasks of Families Formed Through Adoption

Families formed through adoption may:

- ***Experience a unique array of tasks and challenges.*** Families formed through adoption may face psychosocial challenges that impact the child who was adopted, and the family as a whole (Brodzinsky, 1987/1990, as cited in IJzendoorn et al., 2005). Some children who have been adopted experience a "radical discontinuity in care and relationships" from the birth environment to their adoptive environments (Roman et al., 2012), and may be coping with grief and trauma from their early experiences. This presents challenges in the family environment (Gribble, 2007). Adoptive parents with adoptive children with special needs are especially vulnerable to significant parental stress post-adoption (McGlone, Santos, Kazama, Fong, & Mueller, 2002). The difficult adjustment faced by families formed through adoption calls for post-adoption support, particularly when youth have mental health diagnoses (Hussey et al., 2012).

- ***Find that the children impact the parents who adopt them, and parents impact the children they adopt.*** Research describes the bi-directional influence between children and the parents who adopt them. In one study, parents who adopt and are rearing children with psychiatric problems had double the risk of developing psychiatric problems themselves, or alcohol-related problems, as compared with parents who have children who are adopted without psychiatric problems (Finley & Aguiar, 2002). Stress among parents who adopt can be "a predictor and consequence of family functioning." Higher levels of parental stress are associated with poor parent-child interactions, elevated child behavioral issues, and an increased risk for adoption dissolution (McGlone, Santos, Kazama, Fong, & Mueller, 2002, as cited in Hartinger-Saunders et al., 2015).

- ***Benefit from post-adoption services.*** Services for families formed through adoption are limited, particularly regarding families who have adopted children through the child welfare system. There has been a call for mental health professionals and support staff to receive training in adoption competence and trauma. However, few formal programs exist, and evaluation research on programs is scant (Hartinger-Saunders, Trouteaud, & Matos Johnson, 2015). Research suggests significant unmet needs for families formed through adoption. According to one study, families formed through adoption most commonly desired support groups, counseling and mental health services for the child, and financial assistance (Hartinger-Saunders, Trouteaud, & Matos Johnson, 2015).

Understanding the Needs and Challenges of Families Formed through Adoption: Voices from the Field

Residential leaders have experience working with diverse families with complex needs. However, it is important for them to consider families formed through adoption as a subgroup with unique needs and considerations, which warrant specific and sometimes different engagement strategies. These special needs are detailed below, followed by tips and strategies. Quotes from adoptive parents are included to give voice to their experiences.

Trauma Considerations

- ***Children adopted from the child welfare system and institutional environments are likely to have experienced traumatic histories prior to adoption.*** Parents who adopt may be unaware of the specific traumatic circumstances, as well as the severity of the trauma. Thus, parents who adopt may have been unprepared or surprised by the level of needs and behaviors exhibited by the child. Children who have been adopted, based on their backgrounds, may have multiple triggers that they do not recognize or understand, and may be dealing with intense feelings of anger and a loss of control. According to the youth and families interviewed for this document, these triggers can take place well after the adoption, requiring providers to use a trauma-lens regardless of elapsed time or lack of information about the pre-adoption context.

- ***Parents who adopt, particularly those who adopt internationally, may have been unaware of the child's risk factors and early history at the time of the adoption.*** Parents who adopt children with institutional backgrounds, particularly children who are older, may not have been told of the severity of the deprivation the child experienced abroad. The children may not have had any treatment for the trauma and adverse experiences they have gone through. While parents may understand that the children were neglected, they may be ill prepared by the far-reaching implications of these early experiences, particularly when confronted by aggressive and violent behaviors in the home.

Experiences of Parents Who Adopt

- ***Parents who adopt children with serious psychiatric challenges often experience a state of siege at home, and begin engaging with residential providers as a last resort.*** Parents who adopt may not feel ready to fully engage with residential providers at an early stage, given the trauma they have experienced at home, particularly when the child has exhibited aggressive or violent behavior. Families may come to residential interventions exhausted, defeated, and even traumatized. This does not mean that the child is not loved and valued. The decision to pursue a residential intervention is often heartbreaking for the family. Parents must balance concerns for the child they adopt with the needs and safety of other household

members. By the time residential interventions are pursued, conflicts at home may have been extremely damaging to the family.

> *"I was the last person who would ever want to put a child who came from an institutional setting back into one. It is very devastating to have to take your child out of the home, for any family, but especially if you've taken your child out of a system to rescue them. There's a lot of guilt." - Mother of child who was adopted and is in residential*

- ***Parents who adopted experience additional stressors and losses during times of family turmoil.*** Parents who adopted describe a loss of connections (with relatives and friends) that occur while they are in the midst of handling repeated crises with their child. The loss of support from extended family and friends contributes to feelings of isolation and stigma, which worsens the stress the family is already trying to cope with. In some families, the stress of household turmoil leads to marital struggles. Siblings also experience trauma due to what is taking place in the household.

> *"Families formed through adoption of special needs children are a very isolated group. Nobody wants their kids to be with our kids. People don't understand- they think the kid just needs more discipline. The experience of isolation needs to be recognized [by providers]." - Mother of child who was adopted and is in residential*
>
> *"When you first bring the child home, people are so positive. Then when problems arise and you have to put them into care, people judge you." - Mother of child who was adopted and is in residential*

- ***Some families formed through adoption may not feel ready or may initially appear unwilling to take the child home post-residential.*** Families formed through adoption may have experienced challenging and scary behaviors when the child was in the home, and may feel unable to take the child back post-residential. It is critical for the residential clinical staff to have expertise in supporting the unique needs of families formed through adoption. When this does not happen, children who have been adopted sometimes end up residing in residential for long durations of time with no clear transition plans in place. This contradicts best practices, which call for shorter lengths of stay and significant family involvement from the time of first contact with the residential program.

Treatment Considerations

- ***Some children who have been adopted, particularly those with histories in orphanages and institutional environments, may not exhibit the same behaviors in residential that they display at home.*** Children with backgrounds in institutional environments often struggle with trauma and attachment issues, which can make transitions to an adoptive family difficult. Given their backgrounds, some of these children display aggression, violence, and other challenging behaviors at home, but these behaviors are often not displayed in institutional or group environments.

Residential staff may not witness the same behaviors that families are struggling with. This issue points to how critical it is for work to begin with the family in their home or at pre-admission. To successfully address behaviors that happen at home, treatment interventions need to occur in the home.

- ***Adoptive circumstances are diverse and varied, as are the needs of families formed through adoption.*** Different adoptive circumstances, including if the adoption was private/domestic, child welfare related, open or closed, or international, influence what the family may want and need from a service perspective. Other factors to consider include to what extent the family was prepared to address the child's special needs, and in particular, the impact of traumatic experiences. The extent of trauma, early deprivation, and the presence of psychiatric symptoms are all factors that impact the family's needs. For instance, children who have been adopted with institutional backgrounds may struggle with attachment, while children who have been adopted with genetic vulnerabilities for psychiatric symptoms may present with more significant mental health concerns. Also, children experiencing an open adoption may be in contact with birth families to varying extents, which should also be a treatment consideration. However, it is important not to generalize needs based on the adoption type, and to evaluate needs on an individual basis, guided by the family and youth's goals and feedback.

Engaging Families Formed through Adoption: Strategies and Tips for Residential Leaders

Clinical Tips and Strategies

- ***Provide clinically appropriate, culturally-relevant, and trauma-informed adoption-competent family therapy- it is critical to work with the family and not just the child.*** Traditionally, residential interventions have focused on the child as an individual entity, as opposed to considering the child as a member of a family. In the case of children who have been adopted, it is especially critical to focus on family therapy. Any gains made by the child must transfer to the home environment, and family members can benefit from learning new skills and approaches for addressing the child's special needs. It is ideal for family therapy to be provided by seasoned clinicians with special training in adoptive issues. Trauma competency is an important underpinning for clinicians.

> *"It's a problem when you give the child who comes from an orphanage, who can run rings around anyone, an intern to counsel her." - Mother of child who was adopted and is in residential*

- ***Educate staff about adoption-specific issues, including the role of trauma and early childhood adversity, including genetic vulnerabilities, the impact of abuse and neglect, and early deprivation.*** It is important for staff throughout the residential organization to be knowledgeable about adoption-specific issues. Training for staff should include information about the impact of trauma and early childhood adversity, including techniques of trauma-informed and strength-based approaches. Staff can also benefit from understanding risk factors that may impact children who have been adopted, including genetic risk factors, as well as environmental risk factors experienced in early life. Training should also cover the adoption process, its impact at different developmental stages (e.g. infancy, childhood, adolescence), as well as the different types of adoptions.

> *"Going into residential, I felt like because my trauma happened before I was adopted at 6, a lot of the staff didn't seem to understand why it was causing me problems now. Staff in residential need to realize that however many years might have passed, my trauma is still very real to me, and that it's not an excuse. The people who helped me the most took the time to help me realize which behaviors were connected to my trauma, and that helped me feel safe." – 17-year-old female, adopted at age 6*

- ***Understand clinical issues specific to children who were adopted internationally, with histories in institutional care, and provide support to families with these challenges in mind.*** Children who were adopted internationally, with histories in institutional care may face specific challenges, as they may not have lived with a family before, and hence have no concept of how to behave in a family or how to be part of the family experience. These children and youth face the additional challenge of having to

acclimate to a new country, culture, and language. According to the parents and clinicians interviewed, adoptive parents of children who were adopted internationally, with histories in institutional care, are not adequately informed of the challenges their children may bring, and are ill supported throughout the process. Due to their early experiences in institutions, children who were adopted internationally, with histories in institutional care may better understand how to interact in an institutional setting than a family environment. This may be translated as pathology, but may actually be a byproduct of early experiences and lack of exposure to a family environment. Ideally, families should be educated, prepared, and supported before children with histories in institutional care are brought into the family home.

> *"[Issues experienced by children who were adopted internationally, with histories in institutional care] are not due to something terrible about the child or something terrible about the family- it's a case of no one doing any work to prepare the family for this experience". –Clinician specializing in families formed through adoption*

- ***Provide support for families of children who were adopted internationally, with histories in institutional care, as they may not have been given support at an early stage.*** Clinicians working with families formed through adoption may need to start by fostering a connection between the adoptive child and the family, which was often overlooked during the adoption process. Children who were adopted internationally, with histories in institutional care may need to first learn what a family means in this culture, and why family members act as they do, since this experience may be completely foreign to them.

- ***Provide psycho-education for families regarding attachment and trauma issues.*** Adoptive parents witness the child's special needs and behaviors, but may not fully understand why this is occurring. Education for families regarding the impact of trauma, early adversity, deprivation, and mental health issues is an important aspect of treatment. Parents can also benefit from learning and applying new skills and approaches relevant to supporting the special needs of their children who have been adopted. Psycho-education can also help parents to identify the emotional cues of their children, which some clinicians believe may be shaped by early trauma exposure.

> *"If the kid doesn't change, you need to change- in terms of how you view and respond to the child. Being able to calm yourself, to keep things from escalating. Parents need to come down off the ledge and need to have empathy for the kids. They need to learn skills to cope and to deescalate." - Mother of child who was adopted and is in residential*

- ***Support parents who adopted as they process complex emotions and difficulties during a residential intervention.*** According to clinicians who work in this area, parents who adopted children who went on to use a residential intervention often blame the child or blame themselves. It is important for clinicians to support parents during this difficult time. Clinicians can support parents by helping them to

understand the role of early trauma and its impact on the child's stress responses, and to encourage empathy for what has and is happening in the life of the child. Clinicians can also instill a sense of hope that the child may continue to present challenges, but that progress is possible.

- ***Include siblings in clinical work with families formed through adoption.*** Siblings of children who have been adopted may struggle to understand why the child who has been adopted is exhibiting behavioral challenges. They may be distressed by what is going on at home and may have complicated emotions about their family experiences. It is important to acknowledge the perspectives of siblings and to support them, in addition to supporting the child who has been adopted. It is also important to include siblings in clinical work, as they are an important factor in shaping the transition experienced by children post-residential discharge.

- ***Recognize identity issues that may be a pertinent issue for adolescents who have been adopted.*** During adolescence, identity issues become especially salient for youth who have been adopted. As identity issues come to the forefront, there is a need for families to help the adolescent to learn about their background and history, and to the extent possible, get answers to the questions they have about their early history. Consider providing readings and resources to families, written by adoptees, about the adoption experience, particularly as it relates to identity. Provide opportunities for the youth to give voice to their questions and experiences regarding identity development. For children who are of a different race from their adoptive families, adolescence may be an important time to explore and discuss cultural and racial identity development (however, as noted in the quote below, this experience is different and unique to every child).

> *"I am black and my adoptive parents are white, and in residential my team kept talking about how to help me form my identity within "my culture" I've been with my parents since I was a baby, my family is my culture, and though I think they were trying to help, talking about me as if I was separate from my family because of my skin color wasn't helpful." –18 year old male, adopted at 6 months*

- ***Provide support to families when the child is home to practice new skills and to facilitate positive family experiences- include siblings and anyone else living with the family.*** For residential interventions to be effective, the new skills acquired by the child and family need to take hold in the home environment. It is important to include siblings and all family members in the clinical work done prior to the transition home. Children should spend a significant amount of time at home, with safety plans in place, and with the support of residential staff. Ideally, services and family therapy should be provided in the home. This also provides residential staff with an opportunity to understand situations that make the family feel unsafe. Prior to spending time with the child at home, residential staff should work closely with the family to develop the safety plan. Workers should be on call to support the family when the child is home.

> *"Because I was adopted at 12 (but I'd been there as a foster kid since I was 6), sometimes treatment providers would refer to my parents as my adoptive parents, and wouldn't always include them in my treatment as much. My adoptive parents are my parents, and it felt weird when they called them anything else" – 14 year-old male, adopted at age 12*

> *"Help me see where my adoption fits into my treatment and symptoms, and where it doesn't. I'm a whole person, not just an adopted person, and while knowing how that plays into how I live my life and feel how I feel, that's not all I am either." –13 year old female, adopted at age 3*

- ***Work with community providers at an early stage to ease the transition home.*** It is important for families formed through adoption to have supports in the community post-residential, particularly when residential organizations are unable to provide sufficient post-discharge services. Residential staff can help families by locating knowledgeable, culturally-relevant, trauma-informed, adoption-competent providers in the community (or alternatively, adoption-competent residential clinicians may wish to stay involved with the family post-discharge from residential). Residential and community providers should work as a team with the family well before discharge to ensure continuity of care and support.

> *"All therapies should be in the home and community, so when the child goes home, they are already plugged in. This is tough with transportation and [other logistics], but it's worth it. Linking them as soon as they come to the program is helpful so that piece is already in place." - Mother of child who was adopted and is in residential*

Residential Practice Tips and Strategies

- ***Seek the family's input and respect their perspectives. Avoid judging or blaming the family, even when they are unable to reunify with the child who was adopted.*** To successfully engage families formed through adoption, it is critical to be empathetic and to avoid judging or blaming the families. Parents who adopted often experience significant guilt when seeking out residential interventions. If parents are made to feel blamed or ashamed for their circumstances, this is detrimental to engagement and to treatment. Be respectful of the family's perspective on the situation, and ensure that the goals of treatment align to what they hope to achieve through the residential intervention. It is also important to understand that the adoption process itself is often invasive for a family. By the time the family begins contact with residential staff, they may feel especially judged and hesitant to engage. Ensure that practices in residential are consistent with and not contradictory to the family's values.

> *"Acknowledge the trauma that the family has been through. Give them time to heal." - Mother of child who was adopted and is in residential*

- ***Don't become distracted by crises/incidents in residential- continue to focus on the family and fostering skills needed for reunification.*** Residential staff may feel they need to focus on crises that occur in residential. However, this should not come at the

expense of a primary focus on family work. Staff and parents should be in daily contact. The primary focus should be on supporting the family to reunify.

- ***Discuss treatment goals and the discharge plan and timeline with families at an early stage.*** When adoptive parents present at residential, it is important to have candid conversations about the goal of the residential intervention, including the timeframe. Residential interventions should be short term (less than six months; ideally three to four months). If families expect long-term placements or indicate that they do not plan for the child to return home, residential staff should initiate alternative plans for a family environment for the child, to ensure that he or she does not reside in residential long-term.

- ***Hire family advocates to engage adoptive parents through support and services; ideally, family advocates will have personal experience as adoptive parents.*** Support is important for families formed through adoption, in addition to services. Parents who adopted may benefit from connecting with family advocates (parent partners) who have had a child in residential. This connection may be especially beneficial if the family advocate is also a parent who adopted a child. When this is not possible, residential leaders and staff can connect parents with adoptive parent support groups and family advocates with children who have been adopted from other organizations. Family advocates can also stay connected with the family post discharge as an important source of support.

> *"Keep in mind that the parents have been traumatized too. You have so many people looking in on your family- you've had to tell them personal things, you've had home visits, been fingerprinted- you've jumped through a lot of hoops to become an adoptive family. There needs to be extra sensitivity that this family has already been put under a microscope." - Mother of child who was adopted and is in residential*

- ***Hire and/or connect youth who have been adopted to other peers who are adopted, peer mentors with the lived experience of adoption, or community resources/groups for youth and young adults who have been adopted.*** Youth may benefit from connecting with other people their age with the lived experience of adoption. These connections can help youth to give voice to their experiences, including identity development in the context of adoption.

> *"The best thing my team did for me while I was in residential was to recognize the value of my bio family in my treatment, specifically my siblings, who were also in foster care or adopted. They let me brother and sister visit me because I told them it would help, and made it okay for me to talk about my siblings… and my mom, who wasn't healthy for me in treatment. It made me trust them more to talk about my mom and how I was feeling, because I knew they had my back and listened to me. – 16 year-old female, adopted at age 10*

- ***Promote positive family interactions and communications every day.*** To foster stronger connections between the child and family, residential leaders and staff can encourage contact multiple times daily. Children should be encouraged to contact family members frequently throughout each day (including contact with biological family for some children, as appropriate). They may report successes or positive aspects of their day, just 'check-in', or reach out when they are feeling upset. Residential providers can also strengthen family relationships by offering activities for the family to do together in the community (e.g. tickets to a sporting event, movie, or concert, with transportation assistance if needed; having staff available to support the family during community family activities), and by having a policy of welcoming families to the residential program at all times. Residential staff should focus on creating new and positive memories amongst the family members at home and in the community, as opposed to focusing on trips or group activities for residential youth.

> *"Promote fun events with the family, like tickets to a ballgame, to build the family back up. Remove the blame and shame." - Mother of child who was adopted and is in residential*
>
> *"Everything needs to be centered around the family. Staff should ask the child, 'Why don't you call your Mom since you did something great?' Have pictures up of the family and encourage them to call home when they're upset." - Mother of child who was adopted and is in residential*

- ***Accommodate families as much as possible-including siblings- through flexible hours for meetings, therapy sessions, and visits to the residential.*** This includes offering therapy sessions in the evenings and on weekends- in the homes of the families- and including the siblings in therapy sessions, as appropriate. Siblings should feel welcome in the residential environment. It is ideal for therapy sessions for both parents and siblings to occur in the home/community, and for families to be connected to support groups in the community. Rather than having "visiting hours", parents can feel more connected to their children by knowing they are welcome and encouraged to stop by the program whenever they wish to do so. Residential programs can engage families formed through adoption by exhibiting a "whatever it takes" mentality.

> *"[Residential providers] need to talk about positives and the child's accomplishments. Parents need to look at their child through a new lens." - Mother of child who was adopted and is in residential*

- ***Provide ongoing support to families post-discharge, including being responsive to crises that emerge.*** It is helpful to have solutions in place prior to discharge for managing times of difficultly. Proactive strategies and continued support from residential staff can prevent the need for future out-of-home services. Part of ongoing support may include connecting families with respite services when needed to support success in the home.

Engaging Families Formed through Adoption: Next Steps for the Field

In addition to residential-specific strategies for engaging families formed through adoption, the stakeholders interviewed for this guide also highlighted the need for the field to change to better meet the needs of these families.

- ***Improve the level of clinical interventions for families formed through adoption.*** Challenges experienced by residential organizations, including frequent staff turnover and fiscal challenges, sometimes leads to a lack of consistent and culturally-relevant, trauma-informed, adoption-competent family interventions. To better meet the needs of families formed through adoption, it is important to prioritize strengthening clinical skills and interventions, to provide training in adoption issues, and to offer strong clinical supervision in the residential environment to improve services. Whenever possible, residential programs should hire well-trained, seasoned family clinicians, including those with expertise in adoption. In addition to clinical staff, it is important to train front-line staff (e.g. support staff, family advocates, peer advocates), who work most closely and frequently with youth in residential.

- ***Create structures and funding mechanisms that allow residential providers to offer more supports to families in their homes and communities.*** For families formed through adoption to achieve long-term success post-residential, in-home services are important during and post-residential. This stands in contrast to traditional residential services, where the child receives treatment individually within the residential setting. To facilitate in-home services, funding mechanisms may require changes to allow for greater flexibility. When this is not possible, residential organizations can partner with community organizations to provide a more seamless transition. In this case, clinicians from residential and the community should be in close contact as a team well before the planned discharge date

Special Thanks

The Building Bridges Initiative would like to thank
the following people for their help in developing this informational document.

Lead Writer
Lauren Polvere, Ph.D.

Contributors
Brooke Yonick
Joyce Maguire Pavao, Ph.D.
Rick Small
Eileen Kadletz
Lisa Nolan
Julie Collins
Lisa Rubenstein
Dani Walsh
BBI Cultural and Linguistic Competence (CLC) Workgroup members
BBI Family and Youth Partnerships Workgroup members
BBI Advisory Committee members

And most important:
Family members with children who have been adopted, who have received residential services; these families have asked to remain anonymous.

Resources

Directory of Adoption Competent Professionals. http://adoptionsupport.org/member-types/adoption-competent-professionals/

Pavao, J.M. (1985/2014). *Stages and ages in adoption*. Riverside Community Care: After Adoption Consulting and Training. CBH Knowledge Center, MA Department of Mental Health.

Pavao, J.M. (1985/2014). *Adoption 101 for DMH case managers.* Riverside Community Care: After Adoption Consulting and Training. CBH Knowledge Center, MA Department of Mental Health.

Pavao, J.M. (1998/2005). *The Family of Adoption*. Beacon Press.

References

Barn, R. (2013). 'Doing the right thing': Transracial adoption in the USA. *Ethnic and Racial Studies, 36*(8), 1273-1291.

Behen, M.E., Helder, E., Rothermel, R., Solomon, K., & Chugani, H.T. (2008). Incidence of specific absolute neurocognitive impairment in globally intact children with histories of early severe deprivation. *Child Neuropsychology, 14*, 453-469.

Bettmann, J.E., Freeman, P.C., & Parry, K.J. (2015). Differences between adopted and non-adopted adolescents in wilderness and residential treatment. *Journal of Experiential Education*, 1-17.

Brodzinsky, D.M. (2011). Children's understanding of adoption: Developmental and clinical implications. *Professional Psychology: Research and Practice, 42*(2), 200-207.

Cornell, T., & Hamrin, V. (2008). Clinical interventions for children with attachment problems. *Journal of Child and Adolescent Psychiatric Nursing, 21*(1), 35-47.

Crea, T.M., Chan, K., & Barth, R.P. (2013). Family environment and attention-deficit/hyperactivity disorder in adopted children: Associations with family cohesion and adaptability. *Child: Care, Health, and Development, 40*(6), 853-862.

Ferguson, L., Follan, M., Macinnes, M., Furnivall, J., & Minnis, H. (2011). Residential childcare workers' knowledge of Reactive Attachment Disorder. *Child and Adolescent Mental Health, 16*(2), 101-109.

Finley, G.E. & Aguiar, L.J. (2002). The effects of children on parents: Adoptee genetic dispositions and adoptive parent psychopathology. *The Journal of Genetic Psychology, 163(*4), 503-506.

Follan, M. & McNamara, M. (2013). A fragile bond: Adoptive parents' experiences of caring for children with a diagnosis of Reactive Attachment Disorder. *Journal of Clinical Nursing, 23*, 1076-1085.

Gribble, K.D. A model for caregiving of children who have been adopted after institutionalization. *Journal of Child and Adolescent Psychiatric Nursing, 20*(1), 14-26.

Harwood, R., Feng, X., & Yu, S. (2013). Pre-adoption adversities and post-adoption mediators of mental health and school outcomes among international, foster, and private adoptees in the United States. *Journal of Family Psychology, 27*(3), 409-420.

Henry, D.L. (1999). Resilience in maltreated children: Implications for special needs adoption. *Child Welfare League of America, 78*(5), 519-540.

Hussey, D.L., Faletta, L., & Eng, A. (2012). Risk factors for mental health diagnoses among children adopted from the public child welfare system. *Children and Youth Services Review, 34,* 2072-2080.

Juffer, F. (2005). The resilience of international adoptees. *Harvard Mental Health Letter.*

Lawson, D.M. & Quinn, J. (2013). Complex trauma in children and adolescents: Evidence-based practice in clinical settings. *Journal of Clinical Psychology: In Session, 69*(5), 497-509.

Miller, B. C., Fan, X., Christensen, M., Grotevant, H. D., & van Dulmen, M. (2000). Comparisons of adopted and non-adopted adolescents in a large, nationally representative sample. *Child Development, 71*, 1458-1473.

Miller, B. C., Fan, X., Grotevant, H., Christensen, M., Coyl, D., & van Dulmen, M. (2000). Adopted adolescents' overrepresentation in mental health counseling: Adoptees' problems or parents' lower threshold for referral? *Journal of the American Academy of Child & Adolescent Psychiatry, 39*, 1504-1511.

Pignotti, M. (2011). Reactive Attachment Disorder and international adoption: A systematic synthesis. *The Scientific Review of Mental Health Practice, 8*(1), 30-49.

Purvis, K.B., Razuri, E.B., Howard, A.R., Call, C., DeLuna, J., Hall, J.S., & Cross, D.R. (2015). Decrease in behavioral problems and trauma symptoms among at-risk children who have been adopted following trauma-informed parent training intervention. *Journal of Child and Adolescent Trauma.*

Roman, M., Palacios, J., Moreno, C., & Lopez, A. (2012). Attachment representations in internationally children who have been adopted. *Attachment and Human Development, 14*(6), 585-600.

Rutter, M., Beckett, C., Castle, J., Colvert, E., Kreppner, J., Mehta, M. (2007). Effects of profound early institutional deprivation: An overview of findings from a UK longitudinal study of Romanian adoptees. *European Journal of Developmental Psychology, 4*(3), 332-350.

Tan, T.X. & Marn, T. Mental health service utilization in children adopted from US foster care, US private agencies, and foreign countries: Data from the 2007 National Survey of Adoption Parents (NSAP). *Children & Youth Services Review, 35*, 1050-1054.

van IJzendoorn, M.H., Juffer, F. & Klein Poelhuis, C.W. (2005). Adoption and cognitive development: A meta-analytic comparison of adopted and non-children who have been adopted's IQ and school performance. *Psychological Bulletin, 131*(2), 301-316.

Vasquez, M. & Stensland, M. (2016). Children who have been adopted with Reactive Attachment Disorder: A qualitative study on family processes. *Clinical Social Work Journal, 44*, 319-332.