

24 Things to Look for in an Adoption Competent Residential Program

by Sharon Roszia, MS, Emissary, Education Institute, Kinship Center and Carol Biddle, MSW, President and CEO, Kinship Center

Adopted youth in residential treatment and education programs present with similar emotional and behavioral challenges as other students. However, there are additional issues unique to adoption.

Adoption happens in many ways, with families formed as a result of adult infertility; adult response to the needs of children in other countries or in domestic foster care; or, when extended family becomes permanent caregivers. Adopted children are placed from infancy, after early years in institutions abroad, from foster care, or direct transfer to extended family. Adoptive placements follow some level of emotional and/or physical trauma to the child. Adoptees comprise only 2% of the child population, but represent 40% or more of the census in residential programs.

Adoption creates an overlay on prior losses that surface at times of developmental changes or life crises. Disequilibrium in the family may occur as children seek to understand their personal story of adoption; as the family discloses difficult background information; as the child struggles with identity issues; or, as preparation begins for future emancipation. Feelings or fear of rejection, shame and guilt about what did or didn't happen in their lives, undefined grief triggering anger and depression, or confusion about who they are can exacerbate a crisis that eventually instigates placement of the adoptee. Developmental crisis states stimulate feelings of sadness and fragility that may disrupt parent-child relationships. The frustration and hopelessness may be attributed to the youth's behavior, leading to intervention outside the family as the parent's best hope for change and relief from the current trauma in the family.

Residential programs report experiencing adopted youth to have needs that are not responsive to usual treatment and interventions. Positive outcomes require a level of adoption sensitivity and competence that include:

1. Building relational constructs to strengthen existing attachments and create an environment of skill building for nurturing connections.
2. Respecting the child's family of origin (birth family).
3. Understanding the multiple dynamics in open adoption arrangements.
4. Using strength based approaches with shared decision making and evidence informed interventions.
5. Creating honest communication that does not support secrets in a family.
6. Training staff to understand the long term dynamics of adoption or relative care-families.
7. Committing to stay abreast of research about adoption and permanency.
8. Respecting the trans-cultural nature of each adoptive family.
9. Understanding how adoption impacts the development of the adopted person and the adoptive family.
10. Understanding that adopted children are more sensitive to separations and a corresponding commitment to get the child home to their family as soon as feasible.
11. Recognizing that the family must be committed to addressing their own growth needs while the child is in placement in order to sustain the youth's progress after returning home
12. Completing a family history at intake that includes adoption issues, even when neither parents nor the youth present adoption as an issue.
13. Knowing the resources of the adoption community: books, Web sites, conferences.
14. Avoiding isolation and levels of care consequences that create more losses than gains.
15. Understanding the implications of the search and reunion process and the long term affects.
16. Teaching staff to be reflective as to their own experiences in adoption and the feelings they hold concerning the practice, and use positive adoption language.
17. Individualizing plans for the adoptee and family and avoiding time away from family to cool off, earning time with parents by phone, visits, and correspondence that are practices contraindicated for the adopted population.
18. Learning and understanding the loss issues in adoption: Rejection, Shame and Guilt, Grief, Identity, Intimacy and Mastery and Control.
19. Understanding of the impact of trauma on the developing brain.
20. Recognizing that having strangers remove a child in the middle of the night to enter residential placement is a re-traumatizing event for an adoptee.

21. Developing specialized workshops for both the youth and parents to address the additional facets of their family dynamics based on their adoption experience.
22. Providing positive attachment focused therapeutic care to repair ruptures in the parent/ child relationship. Examining the caregivers' attachment styles as well as the child's will assist this process.
23. Supporting and requesting frequent and consistent family involvement with parents and siblings.
24. Using non-verbal treatments through art, music, yoga, dance, physical therapy and occupational therapy.

Residential programs and educational consultants have an opportunity to develop specialized skills and achieve consistent positive outcomes by acquiring knowledge and increasing staff competencies to effectively serve adoptive and other families raising children not born to them.

Kinship Center® (CA) provides evidence informed care in adoption, fostering and relative care, permanency competent mental health clinic services, and adoption specialty wraparound. For more information, contact the Kinship Center at: www.kinshipcenter.org

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