

Post-Adoption Services

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Special risks face an adoptive family's survival as a unit. Caseworkers can aid in ensuring the adoption's success by recognizing these risks and providing a variety of post-adoption services that utilize all the supportive elements available in the family and community.

Services for adoptive families must consider some special circumstances not found in nonadoptive families. Children and parents alike come to adoption with some added risk factors when compared with children joining their permanent family at the time of birth.

Child risk factors include:

- Survival behaviors that originated when they lived in dysfunctional families and a dysfunctional system.
- Individual vulnerabilities.
- Previous traumatic events.
- Unresolved separations or losses.

Parent risk factors may include:

- Lack of empowerment and entitlement.
- Unrecognized or unresolved losses.
- Unrealistic expectations for child or self.
- "Echoes" from their past.

Elbow (1986) identifies three factors in older-child adoption that contribute to difficulty in mastering family developmental tasks:

- Distortion of family life cycle: Adoptive families begin with distance and are expected to move toward closeness; birth families start with symbiosis and are expected to move toward individuation.
- Stress on family boundaries, caused by agency intrusiveness, lack of family's empowerment by society and agency, and child's conflicted loyalties.
- Individual issues of the child and echoes from the past for the parents.

Because of the nature of special-needs adoption, involvement with post-placement services and mental health resources should be considered a normative part of such an adoptive family's experience.

Adopted children and their families are best served when there is collaboration between the family, social service agencies, and mental health resources. Each can thus recognize not only what they, but also what others, have to offer, as described below.

The family:

- Provides the foundation on which the child's continued development is dependent.
- Provides the environment for change.
- Provides continuity and commitment.
- The fact that family members need help in meeting the child's needs does not mean that they do not care or that they are incapable of participating in decision-making.
- If the family is made to feel impotent, it is harmful to the overall treatment.
- family members are recognized as doing the best they can in difficult circumstances and as having an important role in any change process, they can be stronger partners.
- Unfortunately, families may not seek help until they feel overwhelmed and desperate, and thus present themselves at their worst. At that time, it is difficult to make a solid assessment of the parents' long-range capacities.

Social workers:

- Know how the system works.
- Are more likely than others to know how to access information about the child's specific past history, information that



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may be critical to providing adequate treatment.

- Can help families locate and access the specific services they need (e.g., support services, respite care, therapists knowledgeable about adoption).
- Can provide information to therapists about common behaviors seen in “system” children.
- Predict times that will be difficult for child and family (based on developmental information and knowledge about anniversary reactions, etc.).

Mental health professionals:

- May provide assessments of families and children, both before and after placements.
- May be able to intervene early enough that they can help prevent problems from becoming entrenched.
- May help families connect with support groups.
- Work directly with children and families when there are ongoing problems.
- Provide information about when families might anticipate future problems.
- Are involved in crisis intervention.
- May help determine if out-of-home care is necessary and the level of care that would be most useful.

Post-adoptive services need to be provided by individuals who:

- Understand adoption-related issues.
- Understand the social service and legal systems and their impact on the child prior to placement.
- Are supportive of the adoptive family's role and importance in the child's life.

- Include the parents in assessment, planning, and treatment.
- Will work with parents to develop strategies for behavioral interventions.
- Will collaborate with others who are involved with this child and family (e.g., schools, etc.)

Types of Post-Adoptive Services

Post-adoptive services may take a variety of forms:

- Supportive services (groups of parents or children, respite care, training and educational services) can meet the needs of many adoptive families.
- Services aimed at helping the child and family come together soon after placement.
- Intermittent preventative therapy, instituted as children reach certain developmental levels that are likely to retrigger old issues (e.g., sexual abuse, loss, identity, etc.).
- Intermittent short-term problem-focused therapy aimed at interrupting problem behaviors.
- Crisis intervention with threatened families.

These forms are detailed further below.

Support services:

Families who were prepared for adoption using a group process frequently use other group members as an informal support system. Agencies may provide parent support groups, or help individual families connect with others who have had a similar problem. They also may provide parent education presentations. Even families who need more intensive services view support services as helpful. Respite care can be a very useful service, but unfortunately families are frequently left to their own devices in terms of accessing respite if it is needed on a regular basis.

Initial post-placement services:

These are aimed at helping the child and family come together as a unit. The emphasis is on resolving current separation and loss issues, addressing current behavioral problems, and facilitating the attachment process. The focus is primarily on the present. According to Katz (1977), the client is neither the child

nor the parents, but rather the relationship. These services should prepare families and children for identifying times that preventative work might be undertaken and times that old problems are likely to re-emerge.

Preventative work:

New cognitive skills, combined with current life experiences, will lead to repeated opportunities for reintegrating the effects of earlier life experiences. Understanding the developmental tasks presented at various ages helps professionals and family members alike to understand the impact of preadoption events and to make use of opportunities provided to overcome these effects. If adoption issues are not addressed at these developmental times, it will be difficult for the adoptive family and young person to master the developmental tasks at hand.

Intermittent, short-term, problem-focused therapy:

When families are faced with living with children who have disturbing behaviors, they look for therapy with goals and timelines upon which they and the therapist agree. Parents tend to abandon therapy when they are not included and when the therapy does not address the behavioral concerns that initiated the parental request for intervention.

Crisis intervention with threatened families:

Donley and Blechner (1990) identified threatened families as usually having these characteristics: There is a long-term adoptive relationship in place; there is evidence of repeated self-destructive or violent behavior by the child; these episodes of problem behaviors are intensifying; the parents may have made a variety of unsuccessful efforts at obtaining help; and the parents feel that the situation is out of control.

According to Grabe (1990), this is not the time to question the family's commitment, size, or motivation to adopt. It is a time to offer some initial relief that will help the family stay together until substantive improvements in relationships can be achieved. This will require a more complete assessment and flexibility in providing services that can help.

Donley and Blechner (1990) point out that it is very important that intervenors not mistake these families for chronically troubled families who have never experienced a period of relatively calm adjustment. Many times these are very competent parents, who may have difficulty convincing others of the seriousness of the problem. They may be more skilled than the people to whom they are turning for help, who in turn may be intimidated by the parents.

In general, these parents either did not expect the adolescent to have as severe behavior problems as are evident, or they misperceive the long-range prognosis. The family may be under a variety of stresses. The young person's individual pathology may be becoming more evident.

Intensive adoption preservation services are called for in such cases. These include all aspects of support services, including short-term out-of-home placement. The overall goal at this time is to engage the families in treatment and to help them see the problems in a realistic context.

During provision of these intensive services, it may become apparent that the young person needs out-of-home care. It is important that this be provided in a timely enough manner that the family continues to be available as a long-term resource for the youngster.

Limits of Traditional Therapy

Traditional therapy approaches alone have not been particularly successful with the special needs adopted children population.

Individual non-directive therapy with the child:

- Frequently never addresses the issues of abuse or neglect if the child does not introduce these topics.
- Rarely focuses on the behavioral issues that ultimately will determine whether the child remains in the placement.
- Tends to disempower the family and distance them; does not focus on family relationships.



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- May never identify the child's misperceptions.

Traditional family therapy:

- Views the child's behavioral problems as a manifestation of the overall family dysfunction.
- Does not take into account the concept of imported pathology (the child bringing pathology into the family).
- May view the parent more as part of the problem than part of the solution.

Adoptive families, who represent the source of real change and remediation, must be actively involved in healing strategies.

Principles of a Family Systems Approach to Treatment in Adoption

- Although the adoptive family is not the source of the child's problems, it is within the context of family relationships that primary healing occurs.
- The interface between the characteristics of the child and family leads either to healing or adoption disruption (Barth & Berry, 1987).
- Many children are internally driven to reenact their earlier life experiences in the new family setting.
- The reenactment may lead to the adoptive parents looking quite dysfunctional by the time they seek help.
- It is more important that non-helpful patterns of family interactions be interrupted and new interactional behaviors be learned than that either parent or child be seen as the "cause" of the problem.
- Therapists need to empower the adoptive parents by including them in therapeutic interventions.

- When under stress and feeling vulnerable, individuals (parents and children alike) become more defensive, resistant, and rigid.
- Although neither the adoptive parent nor the therapist can undo the early damage from inadequate nurturing or abuse, they can minimize the scarring and help the adopted individual compensate by learning new skills.
- Any intervention that threatens the parent-child relationship undermines the goal of preserving the family as a resource for the child (Morton, 1991).
- Although we might prefer the "best interests of the child" standard, in reality we must frequently invoke "the least detrimental alternative available" standard.
- Decisions must be made considering not only the identified child's needs, but also the interests of the family as a whole, as these decisions will impact parents, siblings, and extended family members as well.

When Is Out-Of-Home Placement Necessary?

Out-of-home placement may be indicated in a wide variety of circumstances, ranging from brief respite to lengthy residential treatment, and from assessment to treatment. Special-needs adopted children have many reasons for possibly needing the most intensive therapeutic interventions.

Out-of-home placement should not be considered an adoption failure. Indeed, it may be a strong indicator of an adoption success when the family recognizes that their young person needs more help than they alone can provide, and they are willing and able to advocate that their child receive this help.

Children who are not experiencing success in any of the major arenas of their life—family, school, and peer relationships—are frequently candidates for out-of-home placement. Family and professionals should also assess the child's functioning within the community and his/her more personal functioning. Looking at these areas in detail frequently helps determine the most beneficial type of placement. (Fahlberg, et al., 1989, *Residential Treatment*.)

Grotevant and McRoy (1990), in their research on children in residential treatment, found that although adopted and non-adopted youth

had similar behaviors and diagnoses, there were significant differences as well. When compared with the control population, the parents of adopted youth had less mental health pathology and more stable marriages. Of the 50 adopted individuals studied, in 33 cases the adoption played a major role in their emotional disturbance; in nine cases it played a minor role, and in eight cases it seemed to play no role.

The intensity of family life at the period when the young person is reintegrating earlier life experiences and redoing the tasks associated with individuation and identity formation may interfere with successful achievement of the tasks at hand. Some youth are able to make much better use of their family when they are not living with them. The family may be able to be more emotionally supportive, because they are less drained, in this situation as well.

In summary, the goal of all post-placement services is to aid in maintaining the long-term commitment and accessibility of the family as a positive influence in the adopted individual's life.

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