



Post-Adoption Counseling

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Major developments have occurred in the last decade in the field of post-adoption services, in recognition of both research and clinical practice, that has clearly demonstrated the unique needs and challenges that adopted children and their families face throughout their lifespan. (Brodzinsky, 1992) Such services are intended to promote successful functioning and family stability and may include a number of supports including respite services. With regard to the latter – while not necessarily more important than other supports – both adoption professionals and families name “qualified, adoption-sensitive mental health professionals” as the “most common post placement need” (Smith, et. al., 1999).

And it is no wonder. In every type of adoption the “... certain commonality among these families is that they have undergone fundamental loss experiences beyond those that any family can normally expect” (Reitz and Watson, 1992). In addition, children adopted at older ages who have experienced abuse, neglect or some other early life trauma including multiple foster care placements, institutional care as in international adoption, or children with other types of special needs may be at additional risk for emotional and behavioral difficulties which require effective mental health intervention. A review of adoption research and literature by Victor Groza and Karen Rosenberg led them to the conclusion that “although adoption is decidedly positive, there is some indication that a significant proportion of adoptees may require mental health or other therapeutic intervention” (Groza, et. al., 2001). Put in other terms, whether a child or family simply needs support to navigate the “predictable normal developmental crises” (Pavao, 1999) related to the adoption experience or is facing the more serious emotional and behavioral difficulties including possible threat of disruption or dissolution, the need for effective mental health services cannot be minimized.

Unfortunately, the sad reality for the adoption community is that finding appropriate mental health professionals is extremely difficult. In terms of clinical services, in the field of mental health, there has been no clear expectation for determining what knowledge, training or expertise is required to provide effective clinical services to this population.

In addition, adoptive families themselves may lack the knowledge to be effective consumers for finding appropriate assistance. Even when they know what they’re looking for, they are unable to locate appropriate professional in their communities. In many instances, some parents find that they “have to use their own experiences and resources to educate the professional whose job is to help them” (Smith, et. al., 1999). A high number of parents also state that they have not been able to access “adoption sensitive and adoption knowledgeable professionals” (Howard, 1997). In recognition of this extremely important need, the Center for Adoption Support and Education (C.A.S.E.), with offices in Silver Spring, MD and Burke, VA, was created in May 1998 and is one of the few resources in the country that stand as an independent, not-for-profit organization whose mission is to strengthen the well-being of adoptive families through education, training and collaborations within the adoption community, as well as participation in research and program development in the national and international field of adoption.

C.A.S.E. defines post-adoption services as “ongoing, comprehensive support services that include counseling, education, family forums and advocacy which address clearly identified developmental issues and social-emotional challenges frequently shared by adoptees and their families. Post-adoption involves preventive measures to ensure the preservation of adoptive families.” Thus, the services and programs developed at C.A.S.E. serve as a model of prevention as well as effective intervention for serious mental and behavioral difficulties.

“Post-adoption services at C.A.S.E. involve a continuum of services which are all preventive in some way,” notes Debbie Riley, Co-founder and Executive Director of C.A.S.E. While clinical intervention may help to prevent the actual dissolution of the adoptive family, or even disruption in a family where the adoption has not yet been finalized, C.A.S.E.’s range of services recognize that adoptive families may require a variety of programs to prevent common challenges and concerns inherent in the adoption experience from turning into more difficult, entrenched problems.

An example: John, 9 years old placed in foster care at age 2 and adopted by his foster parents at age 4, came to therapy because he was demonstrating sudden aggressive behavior, both at school and at home. During the initial session, he expressed his wish to have a picture of his birth mother. Because

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he was adopted from a local agency, the therapist arranged for the entire family to make a visit to obtain more non-identifying information. In the family session prior to meeting with the agency, the therapist and John's parents helped him to compile a list of questions. Unfortunately, a picture was not available and John still felt frustrated. In the next family session, John and his parents created a picture of his birthmother based on the non-identifying information. After several more sessions, John's parents reported that his behavior at school and home had improved significantly.

In addition to individual and family counseling, C.A.S.E. offers groups for adopted children. Placed together by age, these groups follow a set curriculum designed to bring children together to see that they are not alone and that other children, even with entirely different adoption stories, share similar thoughts and feelings. As part of the program, children and teens learn a program called **Wise UP!** to help children respond to questions they get asked about adoption. This type of preparation can help to prevent the intense vulnerability children feel when they are caught off guard with comments that may mirror their own private thoughts and feelings, "Where is your (my) birthmother?"

Other noted therapists around the country who specialize in both post-adoption counseling include authors Holly can Gulden (Gulden, 1993), Sharon Roszia Kaplan (*Kaplan et. al., 1993*), David and Anne Brodzinsky (*Brodzinsky et. al., 1998*) and Joyce Pavao, Executive Director of the Center for Family Connections and founder of PACT (Pre/Post Adoption Consulting Team in Cambridge, Mass.), one of the first centers of its kind in the country. Pavao often refers to her work with adoptive families as "long term brief therapy" (Pavao, 1999). Understanding how adoption presents adoption circle members with certain lifelong tasks and issues, she notes that families often come back after the initial problem has been resolved for what she calls the "50,000 mile check-up." In this preventative model of therapeutic intervention, Pavao helps families address issues that have the potential to mushroom into major stumbling blocks.

A number of organizations including C.A.S.E. have outlined curricula to assist in defining the training necessary to promote "adoption competent mental health professionals." In addition to clinical experience with children, adolescents and families, such therapists need to have sound knowledge of the "psychology of adoption" (*Brodzinsky*) with a family perspective and be familiar with 1) the "seven core issues" in adoption (*Sharon Kaplan Roszia*), 2) the "six spots where children get stuck" (C.A.S.E.), 3) the different types of adoption and current adoption practices/process, 4) the major tasks for adoptive parents, and 5) a number of innovative strategies and tools either unique to adoption or particularly useful for adoptive families. This knowledge is the basis for C.A.S.E.'s model of treatment known as ACTA – Adoption-Centered Therapeutic Approach. Thus, the therapists at C.A.S.E. have both the knowledge base needed to understand the needs of adopted children, adolescents and their families, and also receive ongoing supervision, consultation and training to increase their ability to transfer their learning into clinical practice.

In addition to clinical competence in adoption, any mental health professional treating an adoptive family must know how to intervene with the school system on behalf of the child and family to ensure appropriate school placement and services. Studies have shown that "appropriate services to meet children's educational needs" is an indicator of child and family well-being in adoption (Barbell, et. al., 2000). Another study found that "supportive educational services – particularly special education and private school education – seem to be contributors to success in the adoption of these children from foster care, as well as adoption in general (*Kluger, et. al., 2000*). Thus, it is no wonder that in terms of post-placement services, the second common request by adoptive parents is for support to ensure their children's success at school. Competence in adoption therapy must include this knowledge component.

The field of post-adoption service continues to change and grow to meet the important and sometimes complex needs of the adoption community. The need for qualified, adoption competent therapy is clear. As Debbie Riley states, "A national initiative is needed to fill the void that currently exists. The hope is that the current and future generation of adoptees will find it easier to navigate the challenging emotions of adoption". A common refrain heard at C.A.S.E from adult adopted persons, "I wish my parents and I had a place like this to come when I was growing up. It would have made things so much easier if my parents understood what today's parents understand. It would have meant so much to get help to talk about my feelings."

For information about C.A.S.E. counseling services, visit our website at www.adoptionssupport.org.