

# Adoption-Specific Psychotherapy (ADAPT)

Jill Waterman, Ph.D.

UCLA Dept . Of Psychology & TIES for Families

Debbie Riley, M.S.

Center for Adoption Support and Education (C.A.S.E.)

April 8, 2011

# Thanks to our Team

- Jeanne Miranda, Ph.D., Department of Psychiatry and Biobehavioral Sciences, UCLA
- Audra Langley, Ph.D., Department of Psychiatry and Biobehavioral Sciences, UCLA
- Susan Edelstein, LCSW, TIES for Adoption
- Kevin Haggerty, MSW, University of Washington

# Need for Adoption-Specific Psychotherapy

- Adoption initiatives during the Clinton administration
  - Rise from 26,000 to 53,000 children adopted from foster care annually
  - More kids in post-adoption than in foster care
  - Average age at adoption is 6 years  
Average time in foster care 3.5 years

# Need for Adoption-Specific Psychotherapy

- Children adopted from foster care have elevated mental health problems
  - 30% have severe mental health problems
  - At high risk for substance abuse
- Age at adoption consistently risk factor for problems
- Other problems include
  - Poor school achievement, substance use, poor self-esteem, physical health, fighting, lying

# Need for Adoption-Specific Psychotherapy

- Some standard techniques are useful, but may need an “adoption lens”
  - Positive parenting
    - Older kids can enter families with many behaviors seen as unacceptable by families
    - Older kids may respond particularly poorly to discipline
  - Behavioral techniques may need to be modified to take into account past history and trauma
  - Parent-child issues
    - Parents want to protect kids from painful stories
    - Kids want to protect adoptive parents from their feelings about birth parents

# Need for Adoption-specific Psychotherapy

- Adopted children think frequently about birth families and their adoption experience
- May be issues of unresolved grief and loss
- Unrealistic parental expectations
- Standard psychotherapy often ineffective
- Children adopted later bring many complexities

# Our Approach to Developing New Therapy

- Brought together experts: TIES & C.A.S.E.
- Held a national conference – Annie E. Casey Foundation sponsored - May 2008
- Brought together
  - Adoption/foster care researchers
  - Child psychotherapy researchers
  - Adoption policy specialists
  - Cost-effectiveness experts

# Our Approach to Developing New Therapy

- Developed a manual and toolkit
  - Evidence based child and parent techniques
  - Best practices in adoption treatment
- Pilot test manual
- Revise manual
- Seek funding for randomized control trial to develop evidence base
- Training and dissemination



# Proposed Research Plan

- Randomized control pilot
- 2 sites – Los Angeles & Washington DC metro area
- 5-12 y.o. children being adopted from foster care
- Children placed after age 5
- In pre-adoptive or adoptive home less than 3 years
- 40 families in each group

# Theoretical underpinnings of Adoption-Specific Therapy

- Uses core components of evidence-based care, with an adoption lens
  - Behavioral interventions
  - Trauma, loss and attachment interventions
  - Focus on positive parenting
- Teaches important child coping skills
  - Emotion regulation
  - Problem-solving
- Developmental framework of adoption

# Goals of Adoption-specific Psychotherapy - Child

- Promote appropriate behaviors/bonding through positive parenting
- Facilitate developmentally appropriate understanding of adoption process
- Develop coping strategies
- Working through loss/grief
- Strengthen sense of identity, self-esteem
- Honor birth family – loyalty issues
- Talking with others about adoption
- Cope with trauma

# Goals of Adoption-specific Psychotherapy - Parent

- Promote positive parenting/attachment
- Teach parents to talk with child about adoption
- Understand child's need to grieve losses
- Teach parents to support positive coping
- Help parents understand complexity of identity development in adoptees
- Help parents understand loyalty to birth family
- Help parents use adoption-specific lens in parenting child

# Parameters of Treatment

- 8 modules plus Trauma Treatment if needed
- Each has several parent and child sessions, then joint family sessions
- Separate parent and child therapists
- Activity-based with discussion
- May not use all modules, depending on family's circumstances
- May involve consultation of other disciplines
- 20-24 weeks total

# Evaluation Plan

- Baseline, post-treatment, 3 mo. follow-up
- Child-focused measures
  - General, symptom-focused, coping & emotion regulation, trauma, attachment, adoption dynamics
- Parent/family-focused measures
  - Parenting stress, family functioning, discipline
- Therapeutic alliance scales
- Parent Daily Report (MTFC) given weekly by independent evaluator
- Fidelity checklists

# Module 1. Trust, Positive Coping Strategies & Behavior Management

- Purpose – Parent and Child:

- Form therapeutic alliance; discuss basic premises of adoption; focus on children's strengths (e.g., "What I Like About You) and engender positive interactions (reflective listening, child-led play); help parents develop appropriate behavior management plans (e.g., pre-teaching, reward charts); aid child in developing coping strategies (affect regulation, feeling identification, problem-solving strategies).

# Module 2. Developmental Understanding of Adoption Experience

- Purpose : Parents:

- Assess parents' understanding of adoption experience for them & child; help parents tell child's adoption story & develop comfort & skill in talking to child about difficult history

- Purpose: Child:

- Assess children's understanding of their adoption; help child tell their story at appropriate developmental level; create list of unanswered questions; validate adoption as a valued family form



# Module 3. Substance Abuse Prevention

- Purpose: Parents:

- Increase parents' understanding prenatal substance exposure (if appropriate); help parents talk with child about birth parent substance abuse; reduce family risks and strengthen protective factors; reinforce child refusal skills.

- Purpose: Child:

- Help children discuss birth parents' substance use; discuss child's increased risk for substance abuse and substance abuse prevention strategies; improve discussion of substance use with parents; teach child refusal skills; practice resisting peer pressure to try drugs/alcohol.

# Module 4. Loss and grief issues about birth family & foster care

- Purpose: Parents:

- Facilitate parents in understanding child's losses; assisting children in grieving; coping with own adoption-related losses; dealing with rejection; talking with child about divided loyalties

- Purpose: Child:

- Help child acknowledge previous losses; understand the "whys"; explore related feelings; grieve the losses; coping with divided loyalties

# Module 5. Attachment/joining with adoptive family

- Purpose: Parents:

- Assist parents in understanding attachment & how to facilitate it; “claiming” the child; developing family rituals

- Purpose: Child:

- Help child talk re: feelings about safety & security (or lack thereof); increase attachment to parents

# Module 6. Search for identity/self-esteem

- Purpose: Parents:

- Help parents understand identity development for adopted children; explore special identity issues with transracial adoption.

- Purpose: Child:

- Assist children with identity development & integration of heritage of birth and adoptive families; explore the particular issues for transracially adopted children.

# Module 7. Adoption and the outside world

- Purpose: Parents:
  - Help deal with questions about child's background and adoption from other children, parents and strangers; decide who to tell about child's difficult past history.
- Purpose: Child:
  - Empower children to handle questions others ask about adoption.

# Module 8. Trauma Treatment (if appropriate)

- Purpose: Parents:

- Help parents understand that later placed children likely to have experienced traumatic events; accept children's trauma disclosures; provide a safe place for child to talk, draw or play about what happened to them.

- Purpose: Child:

- Help child process memory of traumatic event(s) with trusted therapist by creating trauma narrative, reframing maladaptive beliefs of child about event or their role.

# Termination Session & Party

- Purpose:

- Parents and children focus on positive gains and and what they learned
- Meet separately with own therapists for ½ session
  - Deal with own goodbyes and possibly past goodbyes
- Come together for celebration

# Next Steps

- Secure funding for randomized pilot
- Do larger trial
- Work on sustainable funding for intervention
- Expand to international/domestic adoption
- Disseminate and train for replication
  - East and West Coast training centers