



Working with and Adoption Therapist

(Adapted from The Child Welfare Information Gateway fact sheet)

Many different types of professionals provide mental health services. The person or team best suited to work with a particular family will depend on the family's specific issues, as well as the professional's training, credentials, and experience with adoptive families.

Pediatrician or Family Practice Physician. These medical doctors specialize in childhood or adolescent care and typically treat routine medical conditions. They serve as primary care physicians who refer children for additional diagnostic studies or procedures and who coordinate referrals to specialists.

Psychiatrist. These medical doctors (with M.D. degrees) specialize in the diagnosis and treatment of medical and emotional disorders and substance abuse. After completing medical school, psychiatrists receive postgraduate training in psychiatric disorders, various forms of psychotherapy, and the use of medicines and other treatments. Some psychiatrists complete further training to specialize in such areas as child and adolescent psychiatry. Psychiatrists are able to prescribe medications.

Clinical Psychologist. A clinical psychologist has completed a doctoral degree (Ph.D. or Psy.D.) in psychology and usually has completed advanced courses in general development, psychological testing and evaluation, as well as psychotherapy techniques and counseling. Many clinical psychologists develop a subspecialty in child and adolescent development, psychological testing, or family therapy. Clinical psychologists assess and treat mental, behavioral, and emotional disorders, including both short-term crises and longer term mental illnesses.

Clinical Neuropsychologist. A clinical neuropsychologist holds a PhD. degree and has completed training in biological and medical theories related to human behavior. Postgraduate training focuses on the assessment and treatment of brain diseases and injuries and neurological and medical conditions, including traumatic brain injury and learning and memory disorders. They may be able to help in distinguishing organic (medical) problems from psychological problems.

Social Worker. A social worker has completed a bachelor's (B.S.W.) or master's (M.S.W.) degree in social work. Some may refer to themselves as psychotherapists; however, they may or may not have professional training in psychological testing. Licensed clinical social workers (LCSWs) have a graduate degree and have passed a clinical test to become licensed in Minnesota to offer counseling to individuals and families.

Marriage and Family Therapist. Marriage and family therapists have graduate degrees in counseling or psychology and may have taken a licensing exam to receive their Marriage and Family Therapy (MFT) license. These professionals evaluate and treat mental and emotional disorders and other health and behavioral problems, addressing a wide array of relationship issues within the context of the family system. Family therapists focus on communication building and on family structure and boundaries within the family.

Licensed Counselor. A licensed professional counselor has a graduate degree in a specialty such as education, psychology, pastoral counseling, or marriage and family therapy, and is licensed in Minnesota to practice counseling. Licensed professional counselors diagnose and provide individual or group counseling with a variety of techniques.

Pastoral Counselor. Pastoral counselors include pastors, rabbis, ministers, priests, and others who provide faith-based therapy and counseling. They usually have a graduate degree (many have completed doctoral training), and many also have a special certification in pastoral counseling. They focus on supportive interventions for individuals or families, using spirituality as an additional source of support for those in treatment. Not all individuals who provide faith-based counseling have been formally trained or are credentialed as pastoral counselors.

It is important for adoptive families to share openly with their mental health professional that their family includes one or more adopted persons and to inquire about the counselor's training and experience related to working with adoptive families and adopted persons. A growing number of States offer a postgraduate certificate to mental health professionals to help them to understand the dynamics of adoption and to tailor treatment modalities to the needs of families and individuals impacted by adoption.

APPROACHES TO THERAPY

Different mental health professionals use different types of treatment. The type of treatment or the combination of treatments chosen may depend on the type and severity of the presenting issue, the age and developmental level of the child, and even the experience and preferences of the professional and family. Parents should be sure to ask prospective therapists about the different types of treatment that they might use that may include:

Play Therapy. Therapists customarily use this form of therapy with very young children, who may not be able to express their feelings and fears verbally. The therapist will engage the child in games using dolls and other toys, since play is a way for children to communicate. Through gentle probing, the therapist will try to draw the child out. In this way, the child may be able to act out feelings and reveal deep-seated emotional trauma.

Individual Psychotherapy. This therapy may take many forms. Often the therapist will work to help the client first express problems verbally and then find ways to manage them. This type of therapy tends to stress that people should assume responsibility for their own actions and ultimately for their emotional well-being. The therapist will offer challenges, interpretations, support, and feedback to the client.

Group Therapy. This therapy allows a small group of clients with similar problems to discuss them together in an organized way. Group therapy makes efficient use of a skilled therapist's time and offers the extra advantage of feedback from peers. Occasionally, family members may be asked to join the group. Group therapy frequently is used with adolescents and usually is the treatment of choice for individuals and families affected by substance abuse.

Family Therapy. Increasingly popular, family therapy is based on the premise that all psychological problems reflect a dysfunction in the "family system." The term "dysfunction" means that members of a group or system are working together in a way that is harmful to some or all of its members. The therapist requests the active participation of as many family members as possible and focuses on gaining an understanding of the roles and relationships within the family. Family therapy seeks to achieve a balance between the needs of the individual and those of the larger family system.

Behavior Modification. A commonly used form of therapy, behavior modification has many practical applications. The basic approach in behavior modification is to use immediate rewards and punishments to replace unacceptable behavior with desirable behavior. The therapist will identify specific changes desired and will establish a system of rewards and punishments. The reasons behind the objectionable behavior are seen as irrelevant; the focus is on change. This therapy is especially useful with children who may not be inclined or able to examine and understand their inner feelings.

Cognitive Therapy. Cognitive therapy is based on the belief that the way we perceive situations influences how we feel emotionally. It is typically time-limited, problem-solving, and focused on the present. Much of what the patient does is solve current problems through learning specific skills, including identifying distorted thinking, modifying beliefs, relating to others in different ways, and changing behaviors.

A Word About Attachment. Many adopted children experience problems that may be the result of breaks in attachment that occurred during the first 3 years of life. These problems impair, sometimes severely, the child's ability to trust and bond—to attach—to other human beings. Children who have experienced maltreatment or traumatic separations may be hesitant to trust others enough to attach quickly or easily.

Attachment can be viewed as a continuum, with healthy attachment at one end and attachment disorder at the other. While a small percentage of children with attachment problems can be correctly diagnosed as having Reactive Attachment Disorder (RAD), many more adopted children display signs of some attachment difficulty, a midpoint along the continuum. Signs of attachment problems can include lack of conscience, lack of cause-and effect thinking, superficial charm, obvious lying, stealing, indiscriminate affection with strangers, and cruelty to animals and people.

Attachment Therapy. Attachment therapy includes a number of different approaches to therapy with children, but all approaches are based on common principles and theories of attachment and healthy development. Attachment therapy (sometimes incorrectly equated with holding therapy) includes an ever-expanding continuum of interventions based on treatment theories from an array of therapeutic approaches, including behavioral and cognitive therapies.

The focus of any attachment therapy should be to build a secure emotional attachment between the child and the parents. Because the primary focus is on the attachment relationship, not on the child's symptoms, one or both parents must be active participants in the therapy. The basis of attachment therapy is that the development of a trusting attachment relationship will provide the security essential to healing the psychological, emotional, and behavioral issues that may have developed as a result of earlier disruptions and trauma. These issues may include posttraumatic stress disorder, grief and loss, depression, and anxiety. Treatments such as "holding therapy," "rebirthing therapy," or other types of treatment that involve restraint of the child or unwelcome or disrespectful intrusion into the child's physical space have raised serious concerns among parents and professionals. Some States have written statutes or policies that restrict or prohibit the use of these therapies with children in the care or custody of the public agency or adopted from it.

Other Therapies. There are a number of other types of therapies, as well as variations of therapies, that may prove useful. These may include art therapy, music therapy, and couples therapy. Parents should ask the professional to explain the treatment and goals before deciding on a particular therapy.

TREATMENT SETTINGS

Therapy may take place as in-home therapy, outpatient counseling, group or residential treatment, or inpatient hospitalization.

Most therapy sessions take place in an outpatient setting. This means that the client is seen in the therapist's office, typically in a 50-minute session once a week. Most emotional and psychiatric problems do not become serious enough to require treatment beyond this level. Many adoption-sensitive therapists believe that therapy for adoptive families benefits from a more flexible time schedule and is best done when the entire family is included.

Sometimes a child can best be treated with the limits and structured environment that a residential treatment center provides. Residential treatment is often the treatment of choice for children and teens with emotional, behavioral, or substance abuse problems. Residential treatment centers, which provide 24-hour care, are generally private, nonprofit facilities set up for children with severe psychiatric or substance abuse needs. They may be organized in individual community homes, in a campus-type setting of cottages, or in a large institution (similar to a hospital setting).

Residential treatment programs focus on the development of positive coping skills and personal responsibility. Behavioral therapy often is practiced in residential treatment programs; that is, the child's good behavior will bring about appropriate rewards and privileges. Children in residential treatment usually have regular visits with their parents. Family connections are critical to help motivate children to change their behavior so that they can return home.

Hospitalization in a psychiatric hospital is available for clients with serious emotional problems that cannot be modified through outpatient therapy. It may be necessary for children who become suicidal or dangerous to themselves or others to be hospitalized to avert a crisis. It is important that parents stay involved; in fact, most child and adolescent units of psychiatric hospitals insist that parents participate in family meetings or therapy. If they are not automatically included, parents should be proactive in emphasizing the involvement of the family in their child's treatment.

FINDING THE RIGHT THERAPIST

Locating the right therapist requires that a parent identify some prospective therapists who have adoption experience and then conduct preliminary interviews to find the one who seems best able to help the child or family. (See FACT SHEETS "Adoption-Competent Therapist Traits" and "Choosing a Therapist.")

If the child is the identified client in therapy, the family's involvement and support for the therapy is critical to a positive outcome for the child. An adoption-competent therapist will value the participation of adoptive parents. Traditional family therapists not familiar with adoption issues may view the child's problems as a manifestation of overall family dysfunction. They may not take into account the child's earlier experiences in other care settings and may view adoptive parents more as a part of the problem than the solution. Adoption-competent therapists know that the adoptive parents will be empowered by including them in the therapeutic process and that no intervention should threaten the parent-child relationship.

Parents' commitment to the therapy may also contribute to the success of the therapeutic process. For instance, parents are obligated to keep scheduled appointments. They should refrain from using therapy sessions as punishment for a child's misbehavior. Family members must communicate regularly with the therapist and ensure that the therapist has regular feedback about conditions at home. The success of therapy depends heavily on open and trusting communication.

Parents may want to request an evaluation meeting with the therapist 6 to 8 weeks after treatment begins and regular updates thereafter. Evaluation meetings will help all parties evaluate the progress of treatment and offer the opportunity to discuss the following:

- Satisfaction with the working relationship between the therapist and family members
- Progress toward mutually agreed-upon goals for treatment approaches and desired outcomes
- Progress on problems that first prompted the request for treatment
- The therapist's tentative diagnosis (usually necessary for insurance reimbursement)
- The therapist's evaluation of the chance that therapy can improve the situation that prompted treatment

For more information on Minnesota Therapists, consult the MN ASAP Regional Directory.

<http://www.mnasap.org/resources/regionalResources.html>

Information on this document was condensed from the Child Welfare League

Gateway fact sheet, "Selecting and Working with an Adoption Therapist."

www.childwelfare.gov