

Child and Family Therapeutic Service

Is Your Family Struggling with

BEHAVIOURAL & EMOTIONAL DIFFICULTIES,

related to **ADOPTION, ATTACHMENT, TRAUMA?**

ADOPTION

Many adopted children experience a sense of **curiosity**, as well as profound **confusion, loss**, and **grief** about their adoption. Questions often include: 'who were my birth parents?', 'did they love me?', 'why did they give me away?' Identity questions can be equally significant: 'who do I look like?', 'Why do I feel different?', 'what would I have been like if I hadn't been adopted...?' In **trans-racial adoptions** these questions take on an additional dimension. Even when families have, or seek, **contact** with birth relatives of their adopted child, these issues still need to be addressed.

Most adoptive families will talk about the **facts** concerning their child's adoption, but understandably, find it difficult to share their **feelings**. For the child this can result in challenging behaviour, mood swings, and ambivalence towards the adoptive parents. For parents feelings of confusion and inadequacy may ensue.

ATTACHMENT & TRAUMA

In addition to the above, many adopted children have experienced **insecure attachments** and **developmental trauma** prior to their adoption, and subsequently suffer from **attachment difficulties, pervasive post-traumatic stress**, and possibly other psychological problems.

A child's 'attachment' to parents can be considered to begin during pregnancy, and then develops throughout infancy and the toddler years: it is the emotional bond that grows between a child and their parent/s, whereby the parents become the child's 'secure base'. Touch, eye contact, smells, smiles, joy, empathy, parental control and most of all 'attunement' to the child's needs, and regulation of their emotions, play a major role in this process. A **secure attachment** during the first two years of life triggers a 'heart and mind development' in the child that lays the foundation for positive self esteem, and for an ability to form trusting, enjoyable relationships with self, others and the world in general.

A substantial number of adopted children experience **developmental trauma** such as **chronic inconsistent/insensitive care, neglect, abuse, persistent pain and/or several changes of carer** prior to their adoption. These experiences often result in an **insecure attachment pattern** in the child, and in a lacking ability to make sense of, and regulate, their feelings. An array of **emotional and behavioural difficulties** ensues. Instead of developing a sense of trust, emotional and cognitive understanding and self-regulation, the child develops distrust, confusion, impulsivity and dissociation. The extent of this varies. At best the child becomes moody, restless, clingy or withdrawn, and, at worst, appears angry, terrified, chaotic or 'spaced out', and refusing of any kind of parental care and control. When placed in their adoptive family, these children continue to function according to their early trauma and attachment experiences, which make it very difficult for them to respond to the love and care offered by their adoptive parents.

The most extreme form of attachment difficulties, combined with pervasive post-traumatic stress, results in a clinical picture that some have called 'attachment disorder'. Others have suggested a concept called 'developmental trauma disorder'. PAC generally usually uses the term 'severe attachment difficulties' or 'difficulties related to developmental trauma'. Some of the symptoms these children present are: inability to give and receive genuine affection, yet indiscriminately friendly with strangers; excessive defiance, aggression and desire to control; persistent lying and stealing; impulsive, angry and irritable moods; emotional disconnectedness; negativity about self and others; and lack of empathy and conscience.

All Families Welcome

Specific Expertise in Working with Black and Multi-Ethnic Families

PARENT CONSULTATION

Parents and permanent carers are offered a Parent Consultation to explore the difficulties in the family, and possible ways to alleviate these. Further Parent Consultations, or any of the options outlined below, may follow.

FAMILY CONSULTATION

A family is offered a Family Consultation to explore the difficulties in the family, and the possible ways of alleviating these. A Family Consultation, or a series of Family Consultations, is usually offered when the difficulties are concerning, yet within manageable limits.

COMPREHENSIVE FAMILY ASSESSMENT

A comprehensive assessment of the support and therapy a family needs is typically advised when a family is under great strain due to constant and pervasive difficulties.

The Comprehensive Family Assessment **identifies**: emotional distress and behavioural problems; adoption issues; past traumas; attachment difficulties; levels of parenting stress; racial and cultural identity issues; contact issues between adoptive family and birth family, and other issues that may impair family functioning or even put the family at risk of disruption. The assessment process involves clinical interviews and observations, case-history analysis and psycho-diagnostic tests.

A **report including recommendations** is prepared. The latter may include: PAC Intensive Therapeutic Family Work (see below); parenting skills input; couple counselling; contact work between adoptive and birth family; respite arrangements etc. Sometimes local resources are proposed to carry out parts of the recommendations. In some cases a referral is made to our Child & Adolescent Psychiatrist, or to another specialist service.

When a placement or adoption is on the verge of disruption, PAC may be asked to conduct a **viability assessment**. This would include recommendations to help the family stay together, and/or suggestions around the best ways of handling a disruption.

Comprehensive Assessment: Practicalities

- Parents, social services and other professional where relevant provide information on the child's history, the presenting problems, previous professional assessment and treatment reports, parents' histories, etc.
- during a three-hour appointment the family is interviewed and observed (extended family members are included when appropriate); the family session is complemented by individual sessions for each child and the parents (as a pair); a minimum of two counsellors work with the family
- parents are asked to complete some psycho-diagnostic tests
- the Child and Family team compiles a report which after +/- 3 weeks is sent to parents and relevant professionals
- the parents, the funding party, and sometimes the school are invited to discuss the report and its recommendations

INTENSIVE THERAPEUTIC FAMILY WORK

Intensive Therapeutic Family Work aims to reduce **the emotional charge of the child's early traumas**, whilst **facilitating the formation of a corrective attachment experience**. This process leads to a decrease in disturbed behaviour and to healthier family functioning and closeness. Specific issues relating to adoption and racial identity are also addressed.

Intensive Therapeutic Family Work assumes the presence and commitment of positive attachment figures: the adoptive parents. Adoptive parents are therefore expected to fully participate in the therapeutic process and to commit to therapeutic parenting at home.

In essence Intensive Therapeutic Family Work involves:

- **Strengthening the attachment** between child and parents, by facilitating and practising reciprocity, attunement and self-regulation. Mind-body exercises as well as play, especially Theraplay, have an important role in this process.
- **Revisiting the child's early traumas and insecure attachment** experiences. Memories, feelings and beliefs the child has about their past are shared, explored and validated, using art and drama.
- **Exploring the child's dysfunctional behaviours**. These behaviours are named and related to the child's early life experiences. New, appropriate behaviours are looked at and practised.
- **Exploring of racial and cultural** issues. These are integrated into the therapeutic process at all times.
- **Learning therapeutic parenting strategies**. This forms an integral part of the therapy.

The Intensive Therapeutic Family Work **also** involves:

- Supporting **parents** to identify **issues** in their own lives that are being triggered by the child's issues.
- Helping parents looking after themselves and each other.
- **Education** on adoption, attachment, trauma and brain development.
- Education on racial and cultural issues.
- Building on the child and **family's strengths** and positive changes.
- Liaising with the child's **school**.
- **Home-tasks** including recommendations of articles, books, CDs, videos, etc.

Intensive Therapeutic Work: Practicalities

- parents attend a minimum of two or three 3-hour sessions without their child
- parents and child attend a minimum of nine or ten 3-hour sessions together, at weekly intervals
- a minimum of two counsellors work with the family at all times

FOLLOW-UP WORK

Follow-up work is available after any consultation, assessment, or therapeutic work with the Child and Family Therapeutic Service and may involve further sessions at PAC and/or referral to other services. Follow-up sessions are usually recommended after Intensive Therapeutic Family Work.

Principles

The Child and Family Therapeutic Service is:

Professional and Informed – about adoption, attachment, trauma and related issues

Sensitive and Supportive – of all parties in the family

Family Focused – parents are fully involved in the work with their child

Racially and Culturally Aware – enhanced by our multi-racial, multi-cultural team

Directive and Confronting – with regard to core issues

Team Work Minded – committed to working together with co-counsellors and parents

Multi-modal – art, drama, music, writing, play are combined

Team & Consultants

Team

Sue Dromey (Drama Therapist) Service Co-ordinator
Franca Brenninkmeyer (Counselling Psychologist) Service Co-ordinator
Warren Cocking (Child & Family Counsellor, Art Therapist)
Esther Ina-Egbe (Psychotherapist)
Beryl Coley (Child and Family Counsellor)
Pavlina Georgiades (Child and Family Counsellor)

Consultants

Dr Nick Banks, Clinical Psychologist
Dr Steven Isaacs, Consultant Child & Adolescent Psychiatrist

For further information contact:

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