

TIES Transitional Model for Children Adopted from Foster Care

Children adopted from foster care are in need of family interventions to improve their outcomes. Young children need nurturing, positive relationships, safe environments, and rich learning opportunities to thrive. Children adopted from foster care are at risk because of prenatal substance abuse and early disruptive, neglectful or abusive environments. TIES Transitional Model promotes secure attachments of high risk children to new families. After completion of the preparation and support of prospective adoptive parents (9 hours of psychoeducation before Resource Parents are matched with individual children), families are offered the following services: (1) pre-placement assessment and consultation, and (2) adoption informed intervention during the first year after placement. In the pre-placement assessment of children and consultation with families, TTM provides a multi-disciplinary review of records (social service, legal, medical, mental health, educational) and evaluation of the child's development, strengths and needs. The prospective parents and child welfare workers meet face-to-face with the TIES team for feedback so parents can make informed decisions and receive individualized recommendations regarding the strengths and needs of the child and management of the transition of the child into the new home. If parents go forward with the match and the child moves into the new home, TTM provides adoption-informed intervention during the first year after placement including developmental assessments and home visiting of infants; monthly transition psychotherapy groups for the Resource Parents and older children, and parent-child groups for families of infants and toddlers; adoption-informed counseling; and/or ongoing interdisciplinary consultations. The treatment protocol is based on interventions that combine development of coping strategies and emotion regulation for the child, and parenting strategies that are adoption-specific and take into account the child's background and foster care history.

TIES model also includes ADAPT is the first intervention model to target older adoptive children, despite the fact that they are over-represented in both drug abuse and mental health settings. ADAPT follows the principles of prevention and drug-abuse preventive interventions, but also includes indirect interventions for increasing child resiliency. Our intervention focuses on improving family interactions and attachment to improve resilience of youngsters, as well as developing parental skills at behavioral management and monitoring. We draw from the existent evidence-base of interventions that have been found effective for treating specific mental health issues in children, such as trauma, externalizing behaviors, internalizing behaviors, and anxiety²²⁻²⁵. We also draw on preventive interventions for children in foster care and bereaved children^{22, 26-28}. We use two broad strategies derived from this literature. First, a positive approach to parenting is important to child outcomes in general and is particularly so for foster families^{25, 28-33}. We instruct parents to increase praise, rewards, encouragement, positive events, and family rituals. Second, the strong cognitive behavioral literature in ADAPT includes teaching children coping strategies to manage negative affective states³⁴ and increase their awareness and identification of emotions in self and others³⁵, and open lines of communication between children and parents (effective listening and expression skills training with role-play). Finally, we draw on the strong behavioral literature²⁶ to help families manage difficult child behaviors. We modify these interventions in light of the child's history (see second paragraph below for specifics).

Our intervention is informed by the empirical literature on adoptive families in two ways. Adoption is conceptualized as a significant emotional event in the lives of children. Children understand and deal with their adoption differently depending on their age and developmental stage, and often struggle with issues related to loss, abandonment and rejection. While we do not believe that adoption is traumatic for children, we model our approach in a manner similar to the exposure elements of Trauma-Focused CBT where the child gains an understanding of the adoption, creates a narrative of their adoption story and can discuss it comfortably with his/her adoptive parents and the broader community. These strategies are used to normalize concerns about adoption (psycho-education), increase child and parents' knowledge of and comfort with the child's adoption history (exposure), create a narrative (adoption story) parents and children can share with each other (including difficult topics such as birth parent histories of abuse/neglect, mental illness, incarceration, substance abuse, etc.), help parents view children's behavior problems from the perspective of their history, and increase awareness of the effects of adoption history on the child's sense of self, identity development, emotion regulation patterns, and family interactions. The importance of this approach was exemplified by the words of a pilot participant who said in the first session, "Adoption is the nightmare of my life. How can I listen in school when I'm wondering who is my real mom?" Our exposure approach was very helpful for him.

Second, we modify the evidence-based interventions (described above in ADAPT Approach to Increasing Child Resiliency) in ADAPT in light of the child's history. For example, a typical time out or time in intervention for controlling difficult behaviors may need to be modified for adoptive children. In a pilot case treated by our team, a young boy firmly believed that he would stay in his adoptive home only until he got into enough trouble to be sent away, since he had been rejected by several previous families. To control his tantrums, the parents were taught to walk him to a chair for time in, but to say, "No matter how many tantrums you throw, we are your parents; we love you; and we will always be your parents. You need to sit quietly on your chair for the next minute to help you calm down." Previous time ins alone had been ineffective for controlling the tantrums, but adding the reassurance quickly decreased them. Similarly, many children adopted from foster care have very deprived backgrounds and often steal after they enter their new homes. Typical

advice would be to apply a negative consequence to this behavior. This is also useful for adoptive children, but understanding the previous deprivation is also important. We have found it useful to advise parents to explain to the child that they understand that they still feel they need to take things for themselves. We recommend that they hide a box in a closet with objects similar to those the child is tempted to steal. The child is then told that when they feel like stealing something, it is okay to go to the box and take an object. A negative consequence is applied to instances when the child steals objects not in the box. A child who has been neglected and deprived may steal food from his/her adoptive family. Within our treatment, we might suggest that the family provide readily available food, such as a bowl of fruit or other appropriate snacks, so that the child always has access to food. Finally, both national and international studies have found that socioeconomic status is negatively related to child outcomes in adoptive families. In ADAPT, we teach families to recognize that their children often are aware that they were born into less well functioning families than their adoptive families. Many families, particularly middle class and above, focus much of their positive attention of their child's intellectual achievements. ADAPT teaches families to increase positive reinforcement for their adoptive children who often have very poor self esteem and feel even worse when adoptive families find many of their behaviors unacceptable. We encourage positive rewards for a range of behaviors, making sure the child feels loved and valued apart from achievement. We work with families to help their children feel loved and cared for, apart from academic achievement, so that they do not feel devalued if they prove to have academic problems later in school. We help them appreciate the child's own unique strengths and talents.

Adoptive children experience divided loyalties to birth and adoptive families and experience unique identity formation issues relative to integrating their biological background, the influence of their adoptive families, and their own unique qualities. Children adopted transracially have particularly unique experiences in integrating their cultural background with their adoptive background, as well as developing skills to manage societal responses to their appearance that is different from their adoptive family. ADAPT includes opportunities for adoptive families to discuss these issues and help build resilience in youth through strengthening family relations and child identity formation.