

Tip Sheet for Working with Families of Adopted Children

Target audience: Mental health providers working with families of adopted children (adopted when the child was three years of age or older)

This tip sheet is organized to align with Adoption-Specific Therapy modules as described in Waterman, J., Langley, A. K., Miranda, J., & Riley, D. B. (2018). *Adoption-specific therapy: A guide to helping adopted children and their families thrive*. American Psychological Association.

For those less familiar with Adoption Specific Therapy, here are some basic assumptions of this approach:

- Adoptive families face unique challenges inherent in adoption and different from those in birth families
- Adoption and reactions to it are not pathological
- Loss is unique and pervasive in all adoption adjustment
- Children must grieve their losses to form healthy new attachments
- Adoptive parents need to respect and honor children's previous attachments; children should not be asked to forget
- Parents need to understand their children's behavior in light of their previous history
- Talking about adoption is positive and fosters a healthy adjustment
- Adoption is processed within a developmental framework
- Adopted children need to feel accepted for who they are, with help finding their unique strengths
- Adoptive families need to have all available information regarding adopted children
- Children have the right to all information about themselves and their past, including difficult information, shared in a developmentally-appropriate manner

Module 1: Trust, Positive Coping Strategies, and Behavior Management

Challenge: Typical behavioral interventions may be less effective for some adopted children depending on their past experiences (especially those adopted at an older age). For instance, for a child who lies because it was adaptive for them in prior circumstances, working to extinguish that behavior through behavioral intervention may not be effective. Another example is food hoarding stemming from food insecurity.

Suggestions:

- Mental health providers should adapt their interventions to meet the child and their family where they are (i.e., achieve a shared definition of the behavior).
- Adaptations to interventions will likely require a close functional assessment of the behavior and the child's background, combined with creativity. Think creatively about how to shape behaviors (rather than punish or extinguish them).
- When implementing a behavioral consequence, it may be important for parents to make statements about safety and provide reassurance of family bonds (e.g., "I love you and will always be your parent, no matter how you behave. Now it's time for your 3-minute time out...")
- Parents should label active ignoring for the child, so that the child understand why the parent is withdrawing from the interaction. Otherwise the child might draw parallels to past neglect.
- When dealing with **food hoarding** or stealing from the home, it may be helpful to provide a designated container of foods or items that the child can be directed to take from (rather than punishing the behavior) at both home and school. This communicates that the parent understands why the child may be engaging in this behavior (e.g., prior hunger), and is providing a safer, more appropriate way to do so.
- In the case of **lying**, it may be important for the family to understand how that behavior may have been adaptive for the child in prior environments. With this understanding, parents may choose to handle lies matter-of-factly (rather than confronting the child which may lead to the child lying more), and implement behavioral consequences while assuring the child that they are loved and wanted.

- Acknowledge the lying behavior in the context of the child's life history
- Avoid labelling behaviors as lying when they serve another purpose
- Do not corner the child or try to catch them in a lie
- Do not ask child why they lied
- Praise the child when they are honest and forthcoming
- Reflect a confabulation as a "wish" rather than as a lie

Challenge: When distressed, adopted children may use rejecting behaviors and/or statements to express their distress (e.g., "I wish I could have stayed with my *real* family")

Suggestions:

- Validate parents' hurt feelings and help them to reframe the child's rejecting behaviors/words in the context of their past experiences.
- Help parents resist the urge to "strike back" (e.g., tell them to leave if they're not happy), as this is exactly what the child is expecting to hear (confirmation of their fears that their behavior pushed their previous family(ies) away)
- Help parents develop effective coping/relaxation skills (e.g., paced breathing, progressive muscle relaxation) to manage their distress so that they can respond appropriately to their child (without rejection).

Module 2: Developmental Understanding of Adoption Experience

Challenge: Some adopted children are very uncomfortable speaking about their adoption at first and may initially deny any concerns around adoption while meeting with new providers.

Suggestions:

- Normalize the child's discomfort with this topic, and then gently suggest different issues that could be coming up for the child related to adoption.
- Probe a little further in order to understand the family dynamic around the adoption and assess for any areas of concern.
- Do not assume that any problems stem from the adoption, as there are many reasons for pathology. Simply keep the impact of adoption on family dynamics in mind when working with the family.
- If the presenting concern appears to be adoption-related issues, it is important that mental health providers gain specialized training in this area. Please find resources at the end of this document.

Challenge: Adopted children may believe that their birth family is more dysfunctional than their adoptive family. As a result, they may worry about being as good as other members of the adoptive family or worthy of inclusion in the adoptive family. This can manifest as children presenting as: 1) highly defensive, avoidant, or worried about talking about the adoption, and/or 2) trying too hard to fit the adoptive family's expectations or pursuing their family's interests.

Suggestions:

- It is critical that the mental health provider work with the family to foster warm, positive communication among all family members. It is helpful if family members provide the child support for numerous positive traits, such as having a good sense of humor, being caring, etc. rather than focusing on achievement.
- Adopted children may respond particularly well to claiming statements by parents (e.g., "Oh you got that [interest, habit, etc.] from me.")
- It can be very powerful for children to hear their adoption story from their parents (i.e., how much the child was wanted). This helps to build the child's sense of identity in relation to the family structure and to hear how their parents benefited from adopting them.

Challenge: Adopted children may think that something is wrong with them, and that is why they were given up for adoption.

Suggestions:

- It may be helpful to bring this belief to the family's attention and highlight the importance of positive, warm interactions with the child. Liberal use of labelled praise of the child's appropriate behavior and positive attention may help.
- Similarly, it may be important for parents to cushion any criticism or feedback with positive statements about the child.
- Adopted children may benefit from praise aimed to reward effort, persistence, kindness, and other positive traits. Encourage parents to avoid statements about achievement, as this may lead the child to fear they will not be able to live up to future expectations.
- Tell stories about other people who have been adopted to normalize adoption for the child.
- Child may benefit from the Life Book activity, in which the mental health provider works with the child to tell the story of their adoption. An example book can be found [here](#).

Challenge: The child may feel beholden to the adoptive family. That is, they may think that they are the only party who benefited from the adoption.

Suggestions:

- It is important for the child to hear their parent's story of the adoption and vice versa. It can be very powerful for a child to hear how much they were (and are) wanted.
- Many adoptive parents feel like "it was meant to be" as soon as they meet their adoptive child. Let parents know that the child would benefit from hearing that message.

Challenge: Adoptive children often have many unanswered questions about their birth family, even when their adoptive family believes they have been very open.

Suggestions:

- Encourage the family to help their adoptive child find the answers to their questions
- Encourage parents to support the child asking any questions they have about their adoption
- Encourage open and honest communication regarding the child's adoption
- Support parents in responding appropriately to their children's questions
- Support parents in managing their own emotional reactions towards the child wanting to know more (e.g., feeling protective and wanting to hide truth from the child, feeling personally hurt by child wanting to know certain things)
- Refer to the handouts (below) for facilitating discussion around difficult topics about the child's birth family

Module 3: Loss and Grief Issues in Adoption

Challenge: Understand that many adopted children experience great losses (e.g., birth family members, beloved pets) and might not have had the opportunity to grieve them. Birth parents may also experience losses (e.g., not having biological children, loss of other children they were not able to adopt, or not being able to parent children in similar interests to their own).

Suggestions:

- Address grief using typical grief interventions. Be sure to address all four tasks of the grieving process: 1) Understanding, 2) Grieving, 3) Commemorating, 4) Going on.
- Loss Box Activity
 - In this activity, the mental health provider and the child explore the types of loss they have experienced throughout their lives. [Handout 35](#) includes a list of things children may have lost (e.g., pets, teachers, birth family). The child decorates an empty shoebox, and then the mental health provider works with the child to come up with artistic ways (e.g., drawing, clay,

painting, sculpture) to represent each thing they lost, to place inside the loss box. This activity may take multiple sessions and should not be rushed—the child should have the time they need to grieve each loss.

- Tree of Remembrance Activity
 - This activity typically occurs in a joint session with the child and parent(s). The child names and shares memories of people whom they have lost and who were important to them (e.g., birth parents, siblings, caregivers). [Handout 37](#) includes an example with a blank tree that the child can use during this activity. On one side of each leaf, the child writes the name of a person who was important to them, and on the other side, they write a memory about that person. This activity allows parents to give their child explicit permission to grieve and allows parents and the child to honor these important people and memories.
- Communicate to the child that it is appropriate to feel loss and grief even though they now have a supportive adoptive family.
- Encourage parents to provide the child with space for grieving by
 - Accepting the child’s feelings, rather than trying to make them go away
 - Giving the child permission to feel sad and offering comfort
 - As appropriate, bring up past losses to discuss (e.g., making birthday cake that former caregiver used to make)

Module 4: Attachment and Joining with the Adoptive Family

Challenge: Adopted children may feel conflicted about their loyalty to one or the other of their families (i.e., dual loyalty).

Suggestions:

- Reassure the child that it is normal to feel loyalties to both families. Feeling loyal to one family does not mean they are not loyal to their other family.
- Support adoptive parents in developing the above mindset; mental health providers may want to provide psychoeducation about this being a common phenomenon.

Challenge: Adoptive family may have expectations for their child that are different from the child’s strengths (e.g., strong academic or musical aptitude). They may also under- or over-pathologize their adopted children (e.g., overestimating the chance of the child developing a substance use disorder when the birth parents’ had one).

Suggestions:

- Work with the family to focus on the child’s strengths. Families should be alert to problems, while being careful not to over-pathologize.
- Support the family in matching their expectations to their child’s strengths and weaknesses. Highlight that the child’s interests and strengths, when different from other family members’, adds richness to the family and the opportunity to learn new skills and knowledge.
- Explore how parents speak about their child’s possible symptoms (e.g., “anger” vs. “rages”) to assess whether they may have implicit biases or negative expectations about their child, particularly with regard to any genetic predisposition to illness.

Challenge: Adopted children may develop indiscriminate attachments to many people in their lives.

Suggestions:

- The development of a family identity is very important to help the child differentiate their family from other important people in their lives (e.g., teachers). Engagement in rituals (e.g., eating dinner together every night) and other bonding activities (e.g., family game nights) can help facilitate this.
- The family may wish to openly discuss what it means to be a family and how they each have special connections to one another.
- The Invisible String Activity

- Ask the child to draw a picture of themselves. Then ask them a series of questions related to social supports in their life. For example, “When you are hungry, who do you go to?” Ask the child to draw the people/family members who provide them with support and then draw a line between the child and those support people. Continue this activity until the child can see which family members are providing them the most support. Use this information to facilitate a discussion about what it means to be a family.

Module 5: Search for Identity and Transracial Adoption

Challenge: Identity development among adopted children may be more challenging and progress more slowly than non-adopted children. Namely, adopted children must identify how they are similar to and different from their birth and adopted families (e.g., knowing where they fit in the world). This task may be complicated by knowing little to nothing about their birth family. The search for identity might also involve integrating racial/ethnic cultures across the two families.

Suggestions:

- Mental health providers may discuss this with parents to help adjust their expectations based on what is often an immense early disruption to the child's development.
- Families may find it useful to actively develop a family identity (i.e., tangible examples of family bonding such as activities they do together).
- Children may benefit from hearing about how their adoptive parents decided to adopt, which may help them understand how they fit into the family.
- Helpful activities:
 - Create cards with physical characteristics, personality characteristics, skill sets, cognitive competences, and other qualities listed on them. Have the child sort these cards into categories denoting which characteristics they think they received from their birth family, their adoptive family, and characteristics that are unique and special to the child and are not related to either child.

Challenge: The child may come from a family that is racially, culturally, and/or nationally different from that of the adoptive family. Parents and children alike may be unsure about how to honor these differences.

Suggestions:

- Help the family take on the identity of a multicultural family (rather than a family with a minority child). This will help with family cohesion and building a warm and supportive family identity.
- Help parents understand racism and encourage them to learn more about racism. Help them identify ways to support their child when they experience racism.
- Identity issues are common for children who grow up with a family who looks different from themselves. Help parents understand this and encourage open communication.
- Encourage parents to find a racial/cultural “broker” for their child who can serve as a role model for the child. This might involve:
 - Developing family friends with a similar background as your child
 - Seek out play dates/get-togethers with children from a similar background, or from multiracial/transracial families
- Encourage parents to incorporate aspects of the child’s culture into the family’s daily lives, for example:
 - Attending relevant cultural events
 - Celebrating family holidays or special events from the child’s culture
 - Taking the child’s background into account when deciding on schools, summer programs, etc. to maximize their comfort level
 - Going to a hair salon that specializes in haircare and styling for your child’s culture, if appropriate

- Cooking food from the child's nationality/culture
- Including pictures of the child's home nation in the family home

Module 6: Adoption and the Outside World

Challenge: Adopted children may perceive the need to or experience expectations from others to explain their adoption history.

Suggestions:

- It is important to convey to the family that the child's background is their own story to tell. It may be very personal and different from the parents' story, and it is crucial that each family member tell their own story, from their perspective, about the adoption.
- The mental health provider can teach families the [WISE Skill](#): **W**alk away, **I**t's private, **S**hare, **E**ducate

Challenge: Adopted children may have poorer school outcomes for a variety of reasons.

Suggestions:

- Encourage families to seek educational consultants and pursue support from school for children who seem to be struggling

Additional Resources

Waterman, J., Langley, A. K., Miranda, J., & Riley, D. B. (2018). *Adoption-specific therapy: A guide to helping adopted children and their families thrive*. American Psychological Association.

- Find handouts for this book here: <http://pubs.apa.org/books/supp/waterman/>

Center for Adoption Support and Education (CASE)

- WISE Up! Skill: <https://adoptionssupport.org/w-s-e-giving-adopted-kids-simple-tools-answer-tough-questions/>
- Trainings for professionals: <https://adoptionssupport.org/education-resources/for-professionals/>
- Books about adoption: <https://adoptionssupport.org/wp-content/uploads/2015/12/CASE-bibliography-2015.pdf>

Seager van Dyk, I., McVey, A.J., Vargas, S., & Miranda, J. M. (2020). *Tip sheet for working with families of adopted children*. UCLA-Duke ASAP Center for Trauma-Informed Suicide, Self-Harm, & Substance Abuse Prevention and Treatment, "Partner in NCTSN" product.

Please contact asapcenterinfo@duke.edu with questions or for more information.