HOW FOSTER CHILDREN Fare

- Foster children use mental health services at high rates
- 50–80% of foster children likely have mental health difficulties
- Mental health difficulties linked to placement disruption and long-term difficulties
- But treatment often not effective
  - In survey of children adopted out of child welfare, only 27% of parents and 14% of adopted persons felt professionals were adoption competent
  - Some felt mental health services caused further damage
- Numerous studies indicate that routine treatments not working

FOSTERED AND ADOPTED CHILDREN AND BIRTH FAMILY CONTACT

- Birth family contact can be important to children in helping them manage issues of loss, separation and identity
- In both foster care and adoption, in the US and the UK, the majority of children are likely to have some form of contact with someone in their birth family
- Contact can be beneficial, but it can also be disappointing or even detrimental to children
- Which children should have which type of contact (and how much and with whom) cannot be determined by simple formula

CASE OF ERICA

- What do you see as the key issues/challenges facing Erica and her foster family at the moment?
- What does research tell us about these issues in terms of ‘what works’ in helping a young person in Erica’s situation?
- What limitations are there in terms of how research evidence can be used in understanding how to intervene in Erica’s case?

IMPORTANCE OF RESEARCH: THERAPEUTIC SUPPORT

- Crucial for making accurate assessments
- Deepens understanding of many facets of the case
- Increases clinician’s knowledge
- Offers a range of interventions for various problems
- Helps determine what interventions to use with whom
- Helps to decrease preformed biases about what is right for a child or family

LIMITATIONS OF RESEARCH: THERAPEUTIC SUPPORT

- Not case sensitive
- No standard formulas apply to every case
- Flexibility important in practice
- Research does not address the complexity of cases with multiple facets and how they interact
  - Usually focused on a small set of symptoms/problems
  - Often not designed to address predictable crises in children’s lives or external circumstances that arise
- Does not address complex diagnostic presentations
- Not all areas of clinical practice are well-researched
- Need to work with all aspects of case
BRIDGING THE GAP: ATTACHMENT
- How an attachment lens helps with an understanding of Erica
- How an understanding of the various facets of Erica's early experience of adversity helps shape interventions
- How understanding birth parents' and foster parents' attachment histories affect their relationship with Erica
- How research deepens that understanding
- Limitations of that research
- Adapting attachment research to interventions

BRIDGING THE GAP: ADVOCACY
- Foster children interact with numerous systems
  - Child welfare
  - Schools
  - Courts
  - Community
- All contribute to placement stability and mental health
- Interagency collaboration critical
- Therapists hold unique knowledge of history, developmental level and capacities, relational dynamics, emotional needs expression, defenses, cognitive, emotional and behavioral strengths and challenges
- Can provide psychoeducation and advice to systems
- Must have knowledge of the culture, policies, procedures and constraints of those systems
- Research provides only limited direction on how to do this

BRIDGING THE GAP: OTHER CLINICAL ISSUES FROM CASE OF ERICA
- Learning Difficulties
- Emotional regulation and coping
- Executive functioning
- Understanding complexity and interactions amongst various elements in the case
- Working with caregivers
- Impact of caregivers own histories and styles on child
- How can research help inform practice?

EVIDENCE-BASED TREATMENTS
- How well do standard, research-based treatments address the full range of issues foster and adopted children present?
  - What they cover
  - What they leave out
- Pros and cons of adapting EBT to individual cases

IMPORTANCE OF RESEARCH: CONTACT ISSUES (NEIL ET AL, 2011; NEIL ET AL, 2014/5)
- Indirect contact often more complex than direct
- Contact can have benefits for child, adopters and birth relatives: information, managing loss/dealing with anxiety, maintaining open communication
- Contact works for the child when the adults collaborate and respect each others' different roles
- Contact does usually not often affect child's overall development or undermine adoptive family bonds
- Contact can promote identity development, but may not be essential in all cases

ASSESSING STRENGTHS & RISKS: CHILDREN
- Younger placed children with fewer problems can cope best with contact, but they may need it less
- Older children with more problems may find contact harder to cope with, but they may need it more.

ASSOCIATED ISSUES
- Relationship history
- Nature of current relationship with birth relative
- Wishes & feelings
- Age & development
ASSESSING STRENGTHS/RISKS: ADULTS

Within the kinship network, do the adults involved support and promote the child’s connection to BOTH families?
• Adoptive parents: adoption communication openness (CO)
• Birth relatives: acceptance of adoption
• Commitment to contact and willingness to ‘work at it’

LIMITATIONS OF RESEARCH: CONTACT ISSUES

• Every case is different; no one type of contact is best in all cases:

“It must be right for the child. All children are different so there must be very flexible guidelines around contact. I think it’s a case of experience, you need workers who are experienced enough to be able to say ‘I think this is what you should do with this child in this family in this particular case’. But even that must remain flexible as the children change.”
(Adoptive mother)

HOW FAMILIES DIFFER...

• Having contact events near or on birthdays
• Telling children weeks before a meeting, or hours
• Bringing presents
• Signing a card from ‘mummy’
• Children’s reactions when parents don’t send letters
• Adoptive parents reactions when a birth parent says “thank you for everything you are doing”
• Dramatic differences in young people’s curiosity (between people and across time)
• Birth parent’s coping strategies

BRIDGING THE GAP: CONTACT

The change project
• Hold workshops
• Upskill professionals and researcher
• Co-produce/share practice materials
• Develop website and drive visitors to site

Tools
• Research summaries and annotated presentations
• Videos: service users, professionals, researcher
• Practice guides “e.g. how to set up the first meeting of birth parents with adoptive parents”

INTERSECTIONS: CONTACT AND BROADER ISSUES

• Erica’s overall history and difficulties impact how she responds to contact
• Contact also impacts her functioning in foster home and school
• Contact heightens issues of identity and loyalty

RECOMMENDATIONS

• Need broad range of knowledge and skills: Know the research!
• Provide comprehensive assessment to identify multiple components that contribute to a child’s and family’s reactions and presentations
• Adapt knowledge from research to address specific needs
• Think about systemic and other issues not addressed by research
• Consider advocacy as part of therapy
• Be flexible, adapt to child and family’s changing life circumstances and needs