Toward Evidence-informed Pre and Post Adoption Practice

Presented at
New Worlds of Adoption: Linking Research with Practice

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9:15 to 10AM

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Structure of the Talk

- Adoption Outcomes
- Risk and Protective Factors for Adoption Outcomes
- The Path to Adoption Disruption
- Post-Adoption Service Types and Effectiveness
- Service Intervention Ideas
  - Common Elements
  - Common Factors
  - Adoption Competencies
- Future Directions
Prevalence and Relevance

- More than 50,000 children are adopted from foster care each year—
  - At least one-quarter by relatives
- More than 500,000 are now in post-adoption status
  - About $3b spent per year in federal+state funds for adoption assistance payments and related training and administrative costs
  - Federal government supports twice as many adopted children as foster children but spends only half as much doing so
Adoption Outcomes

a. Continuing without clinical intervention
b. Continuing with clinical intervention
c. Disruption prior to finalization/legalization [never leaves foster care]
   About 11% over 3-5 years
d. Dissolution/set aside after finalization/legalization [returns to CWA custody]
   About 5% over 3-5 years
e. Displacement [moves to another setting but does not return to custody of CWA]
f. Other adverse outcomes (run away, move to other kind of custody [juvenile services or mental health]
g. Disruption/Dissolution/Displacement/Other (c through f, called “disruption” for short)
   About 20% over 10 years (my guess)
h. Adverse Adoption Outcomes (b through f)
Risks Associated with Adverse Adoption Outcomes Experiences
Child and Family Risk Factors for Adoption Disruption

- Older age at time of placement
- Partial disclosure of information regarding child’s problems (strengths-based assessments are not enough)
- Threatens people, trouble at school, and cruelty to others are indicators of concern
- More educated and younger mothers may be more likely to experience disruptions
  - Rigid or very high expectations for academic performance and family joining may increase risk
Child and Family Protective Factors for Adoption Stability

- Younger children
- Placement of two siblings into home with no biological children may reduce risk
- Receiving subsidy may increase stability
- Children with physical handicaps have reduced risk
Service Characteristics Associated with Reduced Risk of Disruption

- Comprehensive and realistic information about the child (and adoptive family)
- Parents participate in group “home study” (peer-to-peer) process
- Family receives educational support
- Family pursues timely adoption preservation services that are flexible and long-lasting
- MAPP AND PRIDE have shown no effect
  - Yet the value of this approach has become canon

- THERE HAS GOT TO BE MORE!
Summary: Do Post-Adoption Services Reduce Disruption?

- No affirmative clinical trials showing changes in interim benefits or disruption reduction

- Yet, there is substantial need for PAS because of:
  - Behavior problems of adopted children
  - Inadequacies of Medicaid funded services
  - Dangerous and extreme methods in use (e.g., holding therapy)
Predict Success

- IF YOU NEEDED TO MAKE A PREDICTION ABOUT HOW ANY ADOPTION WOULD TURN OUT, THE BEST PREDICTION WOULD BE SUCCESSFULLY
Research Regarding the Path to Adoption Disruption
The Path to Adoption Disruption

- Children fail to meet parent expectations
  - Children’s behavior does not improve
  - Children do not act in ways that parents view as showing closeness or appreciation

- School related distress

- Injury or harm to birth children or parent

- Sometimes signaled by subsidy adjustments

- Rarely through abuse and neglect and removal
Pathways to Problems II

- Poor information prior to and during adoption
- Inadequate pre-adoption preparation
- Family is unable to obtain needed educational support
- Difficulty with child does not decrease with time (staying the same is not good enough)
- Family pursues help that is too late or focuses only on child treatment (rather than family and environmental qualities)
- Perceived harm to biological children if adoption continues
Opportunities for Data Integration on Behalf of Adoption
Home Studies As Source of Information for Service Planning

- Most home studies yield limited information about the family that seeks to adopt and what their service needs may be.
- In the decades ahead we should be changing home studies to standardize them to enhance adoption across jurisdictions and to improve pre- and post-adoption service planning.
Understanding Subsidy Changes

- Could be an early warning system that could help alert agency to the need for more intensive post-adoptive services:
  - Subsidy increases residential care
  - Family moves may signal family distress
  - Yet, subsidy information is rarely mined
Post-Adoption Services: An End to Attachment Dominance
Post-Adoption Services Have Been Dominated by Attachment Theories and Therapies

- Assumes that adopted children are more different—than the same—as not-adopted children
  - Not adopted children rarely, if ever, get attachment focused treatment
- Assumes that the stress and disinhibitory responses of adopted children are from attachment rather than other contributors
- Too often assumes that attachment is a practice theory that works across age groups and not, simply, a developmental theory for young children—yet there is no treatment evidence base
Post-Adoption Services Have Been Dominated by Attachment Theories and Therapies

- The principle of PARSIMONY calls for “the simplest and most frugal route of explanation available”

- Attachment theory adds nothing that other newer neuro-psychosocial interventions can provide
Side-note: Indiscriminate Friendliness, Attachment, and Inhibitory Control

Inhibitory control, not attachment predicts indiscriminant friendliness

Bruce, Tarullo & Gunnar (2009); Pears, Bruce, Fisher, & Kim (2009)
Consistent Nurturing Responsive Parenting Improves Child Connectedness and Self-Regulation

- Has an impact on regularizing stress-hormones
- May improve
Disinhibitory (Executive) Control & the PreFrontal Cortex

- Self-regulation that contributes to both learning and emotion appears to be heavily influenced by the prefrontal cortex
  - Biology
  - Exposure to “other” regulation
  - Neural reorganization from experience/practice
HPA Axis (Hormonal) Dysregulation Associated With Early Life Stress

Anxiety and affective disorders

stress-induced ‘blunted’ patterns

Typical Daytime HPA Activity

Chronically Elevated Daytime HPA Activity (downregulation via chronic stress)

Low Daytime HPA Activity
Related Work

- ABC
- MTFC-pre
- KEEP

- Do successful interventions with foster children need to address attachment? No. Adoption?

Dozier’s ABC Study

- Attachment and Biobehavioral Catch Up (ABC) RCT
  - Normalized Hypothalamus-pituitary-adrenal (HPA) axis functioning among foster children (15 to 24 months) and regularize cortisol production
  - Addresses caregiver’s behavior (10 sessions) to help them be “effective responsive interpersonal partners”
Across development, foster care is associated with difficulties regulating behaviors, emotions, and physiology. Thus, conditions associated with foster care placement (e.g., disruptions in care, maltreatment) appear to affect very basic and fundamental regulatory processes.

Interventions have been designed that target developmentally specific manifestations of regulatory difficulties. Although the literature regarding evidence-based interventions for foster parents is quite limited, preliminary findings provide some evidence that nurturing, responsive care can serve to partially remediate early deficits. Even in the case of quite adverse early experience that results in problematic child outcomes, there is some evidence that the development of many systems remains relatively plastic (p. 843).

MTFC-P Intervention

Foster Parent Consultant
  Family Therapist
  ‘Daily Report’ Caller

Caregiver-Child Relationship

STAFF
  Case Manager

Child Therapist
  Behavioral Skills Trainer
  Child Psychiatrist

Case Management

Child Needs

Contexts
  Home
  Community
  Preschool/school
Behavioral Self-control Is Better For Children With Placement Stability

Also Lewis, Dozier, et al. (2007)
Group Effects On Morning Cortisol Levels Across Time For Children

Fisher, Stoolmiller, & Gunnar (2007), Psychoneuroendocrinology

Fisher, Gunnar, Dozier, Bruce, & Pears (2007), Annals NYAS
Caregiver stress levels are directly related to children’s cortisol levels.

Fisher & Stoolmiller (2008), Devel & Psychopathology
Intervention effects on executive functioning: *Negativity* study using a color flanker task
Approval and Disapproval
Intervention effects on executive functioning:
Feedback negativity at Fz (prefrontal center electrode site)

Group:
F(2, 31) = 1.80, ns
Interaction:
F(2, 31) = 5.11, p < .05

Bruce, Martin-McDermott, Fisher, & Fox (under review)
Effect Of Prior Out-of-home Placements On Placement Moves: MTFC-P Vs. Regular FC

(Fisher, Burraston, & Pears, 2005)
Hypotheses from Research

- Neurobehavioral disinhibition follows a coherent developmental trajectory
  - In many children this trajectory appears relatively unaffected by variations in parenting context
- Additional research may help to test this theory and identify additional preventive interventions
Project KEEP: (MTFC-Lite)

- Foster Parent Groups
  - Good behavioral group work a la Sheldon Rose
  - Appreciate the foster parents efforts
  - Reward their successes
  - Demonstrate and role play skills
  - Pre-teaching (shaping the antecedents)

- Parent Daily Report (PDR)
  - Which of these problems occurred in the last 24 hours?
  - How stressful did you find it?
Project KEEP: Parent Daily Report

Did your foster child do any of the following behaviors in the last 24 hours?

<table>
<thead>
<tr>
<th>Did he/she?</th>
<th>1 - Yes</th>
<th>2 - NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Behaviors</td>
<td>yes/no</td>
<td>Upset ?</td>
</tr>
<tr>
<td>1</td>
<td>Argue</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Back-talk</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Wet</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Competitive</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Complain</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Defiant</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Destructive, vandalize</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Soil</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Fight</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Irritable</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Lie</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Negative</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Boisterous, rowdy</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Not mind</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Stay out late</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Skip meals</td>
<td></td>
</tr>
<tr>
<td>How upset were you?</td>
<td>1 - Not at all</td>
<td>2 - Somewhat/a little</td>
</tr>
<tr>
<td>Child Behaviors</td>
<td>yes/no</td>
<td>Upset ?</td>
</tr>
<tr>
<td>17</td>
<td>Run away</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Swear, use bad language</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Tease, provoke</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Depressed, sad</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Sluggish</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Jealous</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Truant</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Steal</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Nervous/jittery</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Short attention span</td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Daydream</td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Irresponsible</td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>Marijuana/drugs/Alcohol</td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>Any school problem</td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Inappropriate sexual activity</td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Rate the day (A-F)</td>
<td></td>
</tr>
</tbody>
</table>
**KEEP: Parent Daily (Weekly) Report**

- **5-10 minute telephone call, Behavior checklist format:**
  - 0 = behavior did not occur
  - 1 = behavior occurred, was not stressful
  - 2 = behavior occurred, was stressful

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**Graph Description:**
- **Total PDR**
- **# of Beh.**
- **Linear (Total PDR)**
- **Linear (# of Beh.)**
Which Foster Care Placements Disrupt?

After 6, every additional behavior problem increases probability of disruption by 25% within next 6 months

Number of behavior problems per day
**KEEP Child Behavior Outcome: PDR**

<table>
<thead>
<tr>
<th>Time</th>
<th>Control</th>
<th>Tx</th>
</tr>
</thead>
<tbody>
<tr>
<td>baseline</td>
<td>5.5</td>
<td>5.3</td>
</tr>
<tr>
<td>termination</td>
<td>5</td>
<td>4.1</td>
</tr>
</tbody>
</table>

**Graph Description:**
- **Y-axis:** Number of Behavior Problems
- **X-axis:** Time
- **Legend:**
  - Control
  - Tx

The graph shows a decrease in the number of behavior problems from baseline to termination for both Control and Tx groups, with a steeper decrease observed in the Tx group.
Predicted Probability Of Negative Exit By Prior Placements and Intervention Group

![Graph showing the predicted probability of negative exit by the number of prior placements for two groups: Control and Intervention. The graph illustrates an increasing trend for both groups with the number of prior placements.]
ABC, MTFC-P and KEEP Implications

- We can change biological characteristics of children—including stress hormones and executive functioning—with consistent responsive social interventions.

- Investing in therapeutic interventions that change physiology and behavior may make it more likely that the improved behavior will be sustained.

- KEEP could become a prototype for adoptive parent support—it is much more likely to matter than PRIDE or MAPP which have no parenting support component.
Building on Evidence Supported Interventions for Children and Families

- **Manualized ESIs**
  - John Weisz’s cognitive behavioral treatment manual
  - David Kolko’s *Alternatives for Families-CBT*
  - Scott Hengeller’s MST
  - Cohen and Mannarino’s Trauma Focused-CBT

- **Common Elements Approach**
  - Chorpita and colleagues

- **Common Factors Approach**
  - Duncan, Lambert and Sparks CDOI

- **Adoption Sensitivity**
  - Adoption Sensitivity to improve the acceptability of these interventions to adoptive parents
How will I ever master all these ESI manuals ???
Step 1: Emphasis on evidenced-based treatments

Step 2: Development of treatment manuals

Step 3: Information overload: Too many treatment manuals to learn and manuals change as new knowledge is gained
The Common Elements Approach

- Using elements that are found across several evidence-supported, effective interventions
- “Clinicians ‘borrow’ strategies and techniques from known treatments, using their judgment and clinical theory to adapt the strategies to fit new contexts and problems” (Chorpita, Becker & Daleiden, 2007, 648-649)
  - An alternate to using treatment manuals to guide practice
- Actual treatment elements become unit of analysis rather than the treatment manual
- Treatment elements are selected to match particular client characteristics
Identifying the Practice Elements

- Trained coders reviewed 322 randomized controlled trials for major mental health disorders for children and teens;
  - Over $500 million invested in these research studies
  - Studies conducted over a span of 40 years
  - More than 30,000 youth cumulatively in the study samples

- Approach:
  - What features characterize successful treatments?
  - What strategies are common across effective interventions?

*(Chorpita & Daleiden, 2009)*
Coding Process for 322 RCTs:

- Frequencies of practice elements from winning treatment groups were then tallied to see what practice elements were most commonly found in effective interventions.

- 41 practice elements identified that were found in at least 3 of the 232 winning treatment groups.
Tools to Support the Common Elements Approach

- [www.practicewise.com](http://www.practicewise.com)
- Subscription-based resources:
  - PracticeWise Practitioner Guides
  - Modular Approach to Therapy for Children (MATCH)
  - PracticeWise Evidence-Based Services Database (PWEBS)
  - PracticeWise Clinical Dashboards
Practitioner Guides

- Summarize the common elements of evidence-based treatments for youth;
- Handouts guide clinician in performing the main steps of the technique
- Currently 29 Treatment elements, including:
  - Response cost
  - Modeling
  - Social Skills
  - Time out
  - Engagement with caregiver

- Guide is searchable by: treatment, audience (child, caregiver, family), purpose, objectives
## Activity Selection

### Use This When:
To introduce mood-elevating activities into the child’s day.

### Audience

### Goals of this practice element

**Objectives:**
- To emphasize the link between positive activities and feeling good
- To note that doing more things with someone we like is a good way to enjoy activities
- To explain that we can make ourselves busy so that we don’t have time to worry or feel bad
- To discuss helping other people; it makes them and us feel good

### Steps:

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
</table>
| 1    | Educate in types of mood-lifting activities  
      - Discuss with the child that today you will focus on activities that can all help get our minds off of bad feelings and make us feel better. These are activities that:
        1) we enjoy,  
        2) are done with someone we like,  
        3) keep us busy, or  
        4) help someone else. |
| 2    | Illustrate connection between activities and feelings  
      - Help the child to grasp that:
        - Doing activities we enjoy can make us feel good  
        - Doing activities we do not enjoy (or doing nothing) can make us feel bad  
        You may start by telling the child about a time when doing things you (or a boy or girl you know) did not like made you feel bad, and then doing something you liked made you feel better. |
| 3    | Illustrate how activities can be mood-enhancing for the child  
      - Demonstrate that activities, feelings and actions are connected for the child personally. To help make this point:
        1) Ask the child to identify 2-3 examples of times when he/she felt bad, then did something enjoyable, then felt better.  
        2) Discuss these experiences with the child. |
| 4    | Generate simple pleasant activities  
      - 1) Ask the child to list 10 (or less, depending on time) easy-to-do activities that he/she can do to elevate his/her mood.  
        2) Encourage the child to come up with as many as he/she can  
        3) Make suggestions if the child has trouble thinking of activities.  
        4) The activities must be:
            - simple,  
            - free,  
            - do-able almost any time, and  
            - virtually guaranteed to make the child feel good.  
        The list might include such activities as calling a friend, throwing a ball outside, spending time with a pet, remembering a fun experience, or stretching. |
MATCH Example: Putting Together Practice Elements
Clinical Dashboards

- Microsoft Excel based monitoring tool
  - Tracks achievement of treatment goals or other progress measures on a weekly/session basis
  - Documents which practice elements were used when
- Dashboard can be customized:
  - Display up to 5 progress measures
  - Write-in additional practice elements
- Potential uses:
  - Documenting session activities
  - Tracking client progress
  - Clinical supervision
Common Factors (CDOI)

- Effective therapy arises from allegiance to a treatment model, monitoring of change, and creating a strong therapeutic alliance
  - Feedback from clients on their level of functioning
  - Feedback to therapists on the therapeutic alliance
  - A coherent treatment approach that encourages action to change

Positive Implications for Therapy

“A continuous feedback or practice-based evidence approach individualizes psychotherapy based on treatment response and client preference;

systematic feedback addresses the dropout problem, as well as treatment and therapist variability, and could increase consumer confidence in the outcome of therapeutic services” (p. 702).

Client-Directed, Outcome-Informed (CDOI) Treatment & Wrap Around

- Adapt to specific individual and family needs based on client feedback
- Move from punitive and restrictive to optimistic and responsive interventions
- **Utilize brief and systemic client-report measures throughout therapy**
- Strengths-based and culturally responsive

“At its core, wraparound is flexible, comprehensive, and team-based.” (p. 65)

Tools for Feedback: ORS and SRS

- Reliable and valid four-item, self-report instruments *used at each meeting*
- Scored and interpreted in a *collaborative* effort between client and therapist
- Rather than the therapist assigning meaning to a client’s feedback, the *client explains the meaning* behind the mark on the scale
- Help identify *alliance* strengths and weaknesses in therapy

Formatted for Children…
the CORS and CSRS

- Similar scales designed for use with children ages 6-12
- Written at a third grade reading level
- Used to track effectiveness and therapeutic alliance as reported by children and their parents or caretakers.
- CORS shows strong reliability (alpha=.84) and validity as compared to a longer youth outcome questionnaire (Pearson’s coefficient=.61)
- Gives youth a voice in their own therapy

Outcome Rating Scale (ORS): Adults

Looking back over the last week, including today, help us understand how you have been feeling by rating how well you have been doing in the following areas of your life, where marks to the left represent low levels and marks to the right indicate high levels. If you are filling out this form for another person, please fill out according to how you think he or she is doing.

Individually
(Personal well-being)

Interpersonally
(Family, close relationships)

Socially
(Work, school, friendships)

Overall
(General sense of well-being)

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www.talkingcure.com
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Child Outcome Rating Scale (CORS)

How are you doing? How are things going in your life? Please make a mark on the scale to let us know. The closer to the smiley face, the better things are. The closer to the frowny face, things are not so good. If you are a caretaker filling out this form, please fill out according to how you think the child is doing.

Me
(How am I doing?)

Family
(How are things in my family?)

School
(How am I doing at school?)

Everything
(How is everything going?)

Institute for the Study of Therapeutic Change
www.talkingcure.com
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<table>
<thead>
<tr>
<th>Relationship</th>
<th>I did not feel heard, understood, and respected.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>I felt heard, understood, and respected.</td>
</tr>
<tr>
<td>Goals and Topics</td>
<td>We did not work on or talk about what I wanted to work on or talk about.</td>
</tr>
<tr>
<td></td>
<td>We worked on and talked about what I wanted to work on or talk about.</td>
</tr>
<tr>
<td>Approach or Method</td>
<td>The therapist’s approach is not a good fit for me.</td>
</tr>
<tr>
<td></td>
<td>The therapist’s approach is a good fit for me.</td>
</tr>
<tr>
<td>Overall</td>
<td>Overall, today’s session was right for me.</td>
</tr>
<tr>
<td></td>
<td>There was something missing in the session today.</td>
</tr>
</tbody>
</table>
Child Session Rating Scale (SRS V.3.0)

How was our time together today? Please put a mark on the lines below to let us know if how you feel.

**Listening**

Did not always listen to me.

**How Important**

What we did and talked about was not really that important to me.

**What We Did**

I did not like what we did today.

**Overall**

I wish we could do something different.

Institute for the Study of Therapeutic Change

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Implementing CDOI Services

✔ Using a formal feedback form such as the ORS/CORS and SRS/CSRS can unite the treatment discourse with the client-directed wraparound ideology.

First CDOI RCT

- Couples using the feedback measure, ORS, (N=103) at pre- and posttreatment and follow-up, compared to couples receiving treatment as usual (TAU) (N=102):
  - Achieved almost 4 times the rate of clinically significant change
  - Maintained a significant advantage on the ORS at 6-month follow-up
  - Showed greater marital satisfaction and lower rates of separation or divorce

- The feedback condition showed a moderate to large effect size (0.50)

Client Feedback as a Common Factor (or Element)?

- This study provides **reliable support** for alliance building and monitoring treatment progress for clients and therapists in couple therapy.

- Feedback tools (e.g., ORS and SRS) that are not linked with a certain therapy or method can be used in *community settings* more easily than specific treatment packages.

- *Further research* may show the extent to which the increased therapeutic engagement or allegiance effects can influence the positive effect of the feedback tools.

Evidence Supported Interventions, Common Elements, Common Factors

IS THIS ENOUGH?

- Possibly, but additional adoption competence is likely to be important to implementation of therapeutic and case management interventions
Adoption Competences (sample)

- Examples of Clinical Adoption Competencies
  - Issues in the adoption triad
  - Legal issues in adoption
  - Differences between adoptive and not-adoptive families
  - Loss, grief, separation, trauma, attachment
  - Genetics, neuroscience, prenatal exposure to stress and drugs
  - Openness in adoption
  - Advocacy
Multifinality

- There are many ways to help, or not help, adoptive families

- There is no single truth for families about whether their problems require an adoption focus, or not

- There is no reason to think that a primary focus on addressing attachment issues is the right—or even a useful—path for treatment
5 Take Home (or at least consideration) Points

1. We do not know what services reduce adverse adoption outcomes and should take our lead from families and more generally, from treatment science

2. Expectations of families matter at all points in the adoption process

3. Adoptive families are more like other families than they are different, so common therapeutic treatments are the starting point for most of them

4. Adoption competence may increase parent and child engagement and may improve efficacy (if it does not interfere with other active treatment elements)

5. Every treatment approach fails to make rapid changes in a sizable proportion of distressed families
Thank you very much
Partial References


Partial References


