

**Rudd Adoption Research Program,
Notes from Conference Breakout Groups 2014**

Adoptive and Foster Parents

Presenters Dana Johnson and Mary Jo Spencer

Ppt available

Brainstorming Session on Needs of Adoptive Parents

- Need for Services
 - Pre-Adoption/Placement, during adoption/placement
 - Throughout development
- Continuous Education
- Space for bottom-up change (i.e. funding)
- Experienced Clinicians
- Access to research and community (for both parents and children)
- Bridging gaps between all parties
- Lack of Services and lack of trained clinicians (esp. trauma)
 - Mentor families
- Need for policy makers to understand these issues need funding
- Educating the educators (in adoptee's school setting)
- "What to expect when adopting"
- Better services during transitions
- Importance of plasticity/perseverance
- Areas of research surrounding the experiences of adoptees throughout entire development
- Post-adoption/placement training and resources
- Combat any stigma associated with asking for help.
- Needs of the child become centralized too
- Programming/education about children who experience early adversity for foster/adoptive parents

Child Welfare Workers

Presenters Ruth McRoy and Leo Farley (notes by Tobias Gale)

- Adoptive Journey's Conference last week: mixed messages between high and low cortisol levels
- Number of times children move: at first no external problems, but over time (after multiple moves) problems increase
- What foster families need: education, support, services

- Best place for child? With foster family, birth family, or relatives?
- Children may not be as ready for connection/building relationships as foster or adoptive parents
- Adoptive parents sometimes receive training up to 3 years prior to having an adopted child, but no training sooner to placement or post-placement
- Lack of support services for foster/adoptive parents
- Visits from birth families member to pre-adoptive families create confusion for child
- Children not getting true permanency
- Need for ongoing education in regards to understandable training on the development of the brain
- Crisis in foster care: not enough homes, quality training, or # of placements
- Need for more integration of child and care provider
- Need to be minimizing the number of moved: what happens developmentally
 - Long term effects
- Providing support for foster families
- Building trust between families and case workers
- Disconnect between agencies and within agencies
 - Discrepancies in funding
 - Lack of resources
- No consistency among offices
- child in new placement will have blow ups and parents need to be aware of what's going on.
 - Workers need to provide info
 - It does not necessarily mean it is a bad match
- Implementation
 - Is there a way to keep birth families together?
 - Prevention strategies

- How can we apply the info from this morning?
- Parent partnering: having healthy families show other families these skills?
- Policies for foster parents have changed: inconsistent
- A lot of foster homes are kinships that do not receive any training
- Community involvement: YMCA, DCC, support groups (allowing parents to get honest about struggles), websites/services to provide connections
- Family is the source of healing
 - Anything to offer affirmation to parents
 - Video clips from this morning only shared what they did right rather than what they did wrong (this is helpful)
- Support back in place for families with children who have severe emotional disabilities
- Need videos on how to talk with older children and how to handle difficult situations
- Need for foster parent/teacher communication and intervention
- Need for collaborative work between research and practice/policy
 - Building relationships with universities
 - Booklet of research findings
- Handout for continuing education, case-by-case basis
 - Having foster/adoptive parents write it
- Need agencies that offer training for waiting families
- Can formalize an adoption after 18 years- this should be made more widely known/increase awareness
- Best way to do this: PSAs, advertising, Facebook, continuing conversations with kids, include in training
- Change to IFC model: look at foster family as a unit rather than doing individual therapy
- Model that required only 1 appointment day per week
- Issues with medications: kids are being hospitalized for behavior and leave with medication prescriptions

- Doctors add medication during visits with foster parents
 - Workers are not informed about reasons for medications or what they are
- Funding foster homes more, leaving for specialized foster care
 - Should not be looked at as a temporary job
- Foster children having negative impacts on biological children
- Need for clinical-parents relationships and coaching
- Foster parents cannot adopt because the finances, no matter how small, help
- Challenge in recruiting: finances
- Recruitment: reaching out to specific families

Clinicians

Presenters David Scherer and Adele Raade

The following are the three major themes that were discussed during the Clinicians Breakout Group.

Becoming an Adoption-Competent Clinician

- Achieving an adoption specialization
- How do we determine who is an adoption-competent clinician?
- Currently, it is not a common part of most training programs
- Should a curriculum be developed? What topics should be included?
- Could possibly be a web-based program

Supporting Families and Children within the Schools

- Teachers may not recognize acting-out behaviors as part of the adoption piece
- One clinician reported a program that she developed for a school district. The program was a 3-session workshop. The teachers and administrators were very receptive. It provided a new lens with which to view the child's behaviors.

Grief, Loss, and Shame as It Relates to Adoption

- This topic included shame experienced by both adoptive parents and adoptees
- One clinician reported enthusiastically on Brene Brown's work. She discusses increasing shame resilience.
- The Parent Panel reported that it might mean adjusting their expectations.

Researchers

Presenters Rachel Farr and Jen McDermott

This session was composed of Parents, Clinicians/Professionals, Faculty and Graduate/Pre-Grad Students.

The topics discussed by session participants were narrowed down to 3-themes that were highlighted in the final large panel discussion of the day. These themes were presented in respect to future directions for research and fall under a “there’s not enough (yet)” category.

1) **Translation** of research to clinical/family settings AND of researchers/clinicians hearing/understanding family stories

2) **Training** - of educators in the schools and of future researchers in the field.

3) **Timing**

3a) It’s not clear whether the impacts of interventions such as the ones presented in the keynote talk carry through other ‘sensitive’ time points in development (i.e. adolescence and young adulthood).

3b) What is the role of **compensatory mechanisms** across development? (i.e. Session leader McDermott briefly presented some work on potential neural indicators of compensatory mechanisms reflecting self-awareness that were linked to heightened socio-emotional functioning among children who have experienced early adversity.)

**Below is a full listing of the topics covered by the small groups and then discussed in the larger research group session.*

- Encouraging parents to educate educators
- Issues related to education system
- Suggestion of having a research liaison with adoption services and within education system
- TRANSLATION of knowledge (Accessibility is key at multiple levels)
- Identifying personal connections/context
- Validation of experience/perspective/strategies
- Microaggressions
- Supportive Policy
- Timeframe
- Broader Composition to Research and/or Policy Groups
- MEDIA
- Education of graduate students (next generation of researchers/clinicians across fields)
- COMPLEXITY
- Talking to parents (what’s missing)

- Difficulty with “quick fix” approach

Educators

Presenters Martha Henry and Michael McManus

Ppt available