



# Selecting and Working With a Therapist Skilled in Adoption



Adoption has a lifelong impact on those it touches, and members of adoptive families may want professional help when concerns arise. Timely intervention by a professional skilled in adoption, attachment, and trauma issues often can prevent concerns from becoming more serious problems. This factsheet offers information on the different types of therapy and providers available to help, and it offers suggestions on how to find an appropriate therapist. Foster parents also may find definitions and descriptions in this factsheet useful.

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**Child Welfare Information Gateway**  
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Eighth Floor  
Washington, DC 20024  
800.394.3366  
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<http://www.childwelfare.gov>

Therapists should be familiar with the unique challenges that adoptive families confront. Those who have experience and a working understanding of attachment, trauma, and brain development, as well as knowledge of the core issues associated with adoption, are best suited to help families identify issues and plan effective treatment strategies. Sometimes a difficulty that a child is experiencing can be linked to adoption, but sometimes the connection is not readily apparent. In other situations, issues that seem to be related to adoption turn out to not be related at all. It is important that the therapist understand that although the adoptive family is often not the original source of the child's problems, it is within the context of the new family relationships that the child will begin to heal. Professionals who recognize the profound importance of the role of the adoptive parent will include the parent in the treatment. Therapists who exclude parents from the treatment process should be avoided.

Many issues experienced by adoptive families will not require professional assistance. Postadoption support comes in many forms, and families are encouraged to use these supports as much as needed to keep their family healthy. A range of postadoption support may include educational seminars, webinars, online chat groups, and direct therapeutic intervention with a mental health professional. For information about the kinds of postadoption services available and how to find them, see the Information Gateway web section on Finding Services for an Adopted Child ([http://www.childwelfare.gov/adoption/adopt\\_parenting/services](http://www.childwelfare.gov/adoption/adopt_parenting/services)).

## Professionals Who Provide Mental Health Services

Many different types of professionals provide mental health services. The person or team best suited to work with a particular family will depend on the family's specific issues, as well as the professional's training, credentials, and experience with adoptive families.

**Pediatrician or Family Practice Physician.** These medical doctors specialize in childhood or adolescent care and typically treat routine medical conditions. They serve as primary care physicians who refer children for additional diagnostic studies or procedures and who coordinate referrals to specialists.

**Psychiatrist.** These medical doctors (with M.D. or D.O. degrees) specialize in the diagnosis and treatment of mental and emotional disorders and substance abuse. After completing medical school, psychiatrists receive postgraduate training in psychiatric disorders, various forms of psychotherapy, and the use of medicines and other treatments. Some psychiatrists complete further training to specialize in areas such as child and adolescent psychiatry. Psychiatrists are able to prescribe medications.

**Clinical Psychologist.** A clinical psychologist has completed a doctoral degree (Ph.D. or Psy.D.) in psychology and usually has completed advanced courses in general development, psychological testing and evaluation, as well as psychotherapy techniques and counseling. Many clinical psychologists develop a subspecialty in child

and adolescent development, psychological testing, or family therapy. Clinical psychologists assess and treat mental, behavioral, and emotional disorders, including both short-term crises and longer term mental illnesses.

**Clinical Neuropsychologist.** A clinical neuropsychologist holds a Ph.D. degree. These specialists have completed training in biological and medical theories related to human behavior. Their postgraduate training focuses on the assessment and treatment of brain diseases and injuries and neurological and medical conditions, including traumatic brain injury and learning and memory disorders. These professionals may be able to help in distinguishing organic (medical) problems from psychological problems.

**Social Worker.** A social worker has completed a bachelor's (B.S.W.) or master's (M.S.W.) degree in social work. Social workers are trained to focus on a child or family within the child or family's social environment. Some social workers may refer to themselves as psychotherapists. A licensed clinical social worker (L.C.S.W.) has a graduate degree and has passed a clinical test to become licensed in his or her State to offer counseling to individuals and families. Licensure and titles differ from State to State.

**Marriage and Family Therapist.** Marriage and family therapists have graduate degrees in counseling or psychology and may have taken a licensing exam to receive their marriage and family therapy license. Almost all States have licensing laws for marriage and family therapists. These professionals evaluate and

treat mental health and emotional disorders and other mental health and behavioral problems, addressing a wide array of relationship issues within the context of the family system. Family therapists focus on communication building, family structure, and boundaries within the family.

**Licensed Counselor.** A licensed professional counselor has a graduate degree in a specialty such as education, psychology, pastoral counseling, or marriage and family therapy, as well as a State license to practice counseling. Licensed professional counselors diagnose and provide individual or group counseling with a variety of techniques.

**Pastoral Counselor.** Pastoral counselors include pastors, rabbis, ministers, priests, and others who provide faith-based counseling. They usually have a graduate degree (many have completed doctoral training), and many also have a special certification in pastoral counseling. They focus on supportive interventions for individuals or families, using spirituality as an additional source of support for those in treatment. Not all individuals who provide faith-based counseling have been formally trained or are credentialed as pastoral counselors.

It is important for adoptive families to share openly with their mental health professional that their family includes one or more adopted persons and to inquire about the counselor's training and experience related to working with adoptive families and adopted persons. More and more States offer postgraduate certificates to mental health professionals to help them to understand the dynamics of adoption and to tailor treatment modalities to the

needs of families and individuals affected by adoption.

## Approaches to Therapy

Different mental health professionals use different types of treatment. The type of treatment or the combination of treatments chosen may depend on the type and severity of the presenting issue, the age and developmental level of the child, and even the experience and preferences of the professional and family. Parents should be sure to ask prospective therapists about the different types of treatment that they might use. Some of these different types are described below. A resource that rates the effectiveness of treatment interventions for specific populations of children and families is the National Registry of Evidence-Based Programs and Practices (<http://nrepp.samhsa.gov>; search on the type of intervention).

**Play Therapy.** Therapists customarily use this form of therapy with very young children, who may not be able to express their feelings and fears verbally. The therapist will engage the child in games and pretending, using dolls and other toys, since play is a way for children to communicate. Through gentle probing, the therapist will try to draw the child out. In this way, the child may be able to act out feelings and reveal deep-seated emotional trauma. Play therapists who are trained in attachment issues will focus on enhancing communication and attunement between the child and parent and will include the parent in the therapy (one form of this is known as “Theraplay”).

### **Individual Psychotherapy.**

Psychotherapy takes many forms. In individual psychotherapy, the therapist works one-on-one to help the client first identify and express problems verbally and then find ways to manage them. This type of therapy tends to stress that people should assume responsibility for their own actions and ultimately for their emotional well-being. The therapist will offer challenges, interpretations, support, and feedback to help the client set goals and work toward them.

**Group Therapy.** This therapy allows a small group of clients with similar problems to discuss them together in an organized way. Group therapy makes efficient use of a skilled therapist’s time and offers the extra advantage of feedback from peers. Occasionally, family members may be asked to join the group. Group therapy frequently is used with adolescents and usually is the treatment of choice for individuals and families affected by substance abuse.

**Family Therapy.** This therapy is based on the premise that all psychological problems reflect a dysfunction in the “family system.” The term “dysfunction” means that members of a group or system are working together in a way that is harmful to some or all of its members. The therapist requests the active participation of as many family members as possible and focuses on gaining an understanding of the roles and relationships within the family. Family therapy seeks to achieve a balance between the needs of the individual and those of the larger family system. Family therapists who specialize in working with adoptive families may take a different approach than the traditional model, using the sessions to

build attachment relationships and enhance communication and attunement between parents and children. These therapists will also recognize the influence of previous family systems in which the child may have lived or has a connection to (e.g., birth or foster families).

**Behavior Modification.** Behavior modification focuses on the specific behaviors that are of concern to a family. The source of the behaviors is seen as less relevant than the stimuli that maintain the behavior—that is, the rewards and punishments that keep the behaviors occurring in the present. Parents are trained to avoid inadvertently rewarding undesirable behavior and to reward appropriate behavior. Effective methods of discipline are taught. If the child is experiencing extreme emotional reactions, the therapist will provide training in emotional regulation along with education about the events that probably instigated these reactions so that the child can understand his/her reactions and realize that he or she is not weird or crazy.

**Cognitive Therapy.** This therapy begins with the idea that the way individuals perceive situations influences how they feel. It is typically time-limited, problem-solving, and focused on the present. Much of what the patient does is solve current problems through learning specific skills, including identifying distorted thinking, modifying beliefs, relating to others in different ways, and changing behaviors.

Both behavior modification and cognitive therapy emphasize training in interpersonal skills that enhance self-control and reduce violent behavior. Many procedures

incorporated into cognitive-behavioral therapy, such as anger control and stress management, have been proven effective in improving individual and family functioning. These therapies may not be productive for children who have experienced trauma and are having trouble with emotional regulation.

**Trauma-Informed Therapy.** Some resilient children are capable of surviving trauma and monumental life changes, and others need help. Trauma-informed therapy acknowledges the impact that trauma has on children and focuses on specific ways to help traumatic memories and experiences become tolerable. This therapy recognizes that the effect of trauma depends on the frequency and duration of the trauma and the age of the child and stage of brain development when the trauma occurred. Thus, trauma-informed therapeutic interventions depend on the developmental stage of the child.

An issue brief concerning therapy for the trauma of sexual abuse is available on the Information Gateway website: *Trauma-Focused Cognitive Behavioral Therapy: Addressing the Mental Health of Sexually Abused Children* (<http://www.childwelfare.gov/pubs/trauma>). More information can be found on Information Gateway's web section of resources on trauma-informed care at <http://www.childwelfare.gov/responding/trauma.cfm> and on the website of the National Child Traumatic Stress Network at <http://www.nctsnet.org>.

## A WORD ABOUT ATTACHMENT

Many adopted children experience problems as a result of not forming organized attachments in the first 3 years of life. These failures may be the result of abuse or neglect or due to repeated changes of caregiver. The children who experience these events will often learn not to trust or form attachments with new caregivers. Through their unsafe or inconsistent relationships they learn that adults are not safe, and they develop strategies that help them survive in these environments. Appropriate treatments can help parents learn to encourage better attachments and cope with the behaviors that result from attachment problems.

Attachment can be viewed as a continuum, with secure attachment at one end and disorganized attachment at the other. While a small percentage of children with attachment problems can be correctly diagnosed as having reactive attachment disorder, many more adopted children display signs of some attachment difficulty, a midpoint along the continuum. Signs of attachment problems can include the inability to seek comfort and reassurance from caregivers when in distress, refusal to accept the authority of caregivers to set limits and rules, overly controlling behavior, lack of cause-and-effect thinking, poor emotional regulation, superficial charm, obvious lying and stealing, indiscriminate affection with strangers, lack of conscience, and cruelty to animals or people.

**Attachment-Focused Therapy.** The focus of any attachment-focused therapy should be to build a secure emotional attachment between the child and the parents that can serve a template for future positive relationships in all aspects of the child's life. Because the primary focus is on the attachment relationship, not on the child's symptoms, one or both parents must be active participants in the therapy. The basis of attachment therapy is that the development of a trusting attachment relationship will provide the security essential to healing the psychological, emotional, and behavioral problems that may have developed as a result of earlier disruptions and trauma, such as posttraumatic stress disorder, grief and loss, depression, and anxiety.

## SITUATIONS AND TREATMENTS TO AVOID

Treatments such as "holding therapy," "rebirthing therapy," or other types of treatment that involve restraint of the child or unwelcome or disrespectful intrusion into the child's physical space have raised serious concerns among parents and professionals. Parents should also avoid any treatments that exclude the parents' involvement in the process. Some States have written statutes or policies that restrict or prohibit the use of these therapies with children in the care or custody of the public agency or adopted from it.

**Other Therapies.** There are a number of other types of therapies, as well as variations of therapies, that may prove useful. These include expressive arts therapy, music therapy, body-oriented therapies such as sensory-motor psychotherapy, neurofeedback, and couples therapy. Parents should ask the professional to explain the treatment and goals before deciding on a particular therapy.

## Treatment Settings

Therapy may take place as in-home therapy, outpatient counseling, or group or residential treatment. Most therapy sessions take place in an outpatient setting. This means that the client is seen in the therapist's office, typically in a 50-minute session once a week. Most emotional and psychiatric problems do not become serious enough to require treatment beyond this level. Many adoption-sensitive therapists believe that therapy for adoptive families benefits from a more flexible time schedule and is best done when the entire family is included.

Sometimes, when outpatient treatment has proven to be insufficient, a child can be treated with the limits and structured environment that a residential treatment center provides. Residential treatment centers, which provide 24-hour care, are generally private facilities designed for children and youth with serious psychiatric or substance abuse needs. They may be organized in individual community homes, in a campus-type setting of cottages, or in a large institution similar to a hospital setting.

Residential treatment programs focus on the development of positive coping skills and personal responsibility. Behavioral therapy often is practiced in residential treatment programs; that is, the child's good behavior will bring about appropriate rewards and privileges. One disadvantage of this therapy is that there is often little analysis of what caused the behaviors or what maintained the undesirable behaviors when the child was living at home.

Some residential programs use relationship-based treatment, which promotes healing through the relationships that the child or youth establishes with staff and not just through changing behaviors. Family connections are critical to help children remain connected and aware of their relationship with their families. The ongoing family relationships also remind children that they have not been abandoned. The more connected that children are to staff in a residential facility and to their parents, the greater the chance for healing and for improving enough to return home.

Hospitalization in a psychiatric hospital is a short-term emergency treatment available for children with serious emotional problems that cannot be modified through outpatient therapy. It may be necessary for children who become suicidal or dangerous to themselves or others to be hospitalized to avert a crisis. It is important that parents stay involved; in fact, most child and adolescent units of psychiatric hospitals insist that parents participate in family meetings or therapy. If they are not automatically included, parents should be proactive in emphasizing the involvement of the family in their child's treatment.

Children are generally released once the immediate danger is passed, and families must then decide how to proceed with long-term management or treatment.

## Finding the Right Therapist

Locating the right therapist requires that a parent identify some prospective therapists who have adoption experience and then conduct preliminary interviews to find the one who seems best able to help the child or family.

**Identifying Prospective Therapists.** It is important that parents take the time to find a mental health provider who has the experience and expertise required to address their needs effectively. Because adopted children can present the same problems common to all children, the therapist must first be a skilled diagnostician in order to determine what is an adoption problem and what is not. Professionals with adoption, attachment, and trauma knowledge and experience are best suited to help families determine whether problems are adoption-related and to plan effective treatment strategies. At a minimum, a therapist must:

- Be knowledgeable about adoption and the psychological impact of adoption on children and families
- Be knowledgeable about the impact of trauma on children and families, as the most serious problems result from traumatic experiences prior to adoption

- Be knowledgeable about the role and impact of attachment on the mind/body for the developing child
- Be experienced in working with adopted children and their families
- Know the types of help available for adoption-related issues and problems
- Have received training in working with adoptive families

Parents may contact community adoption support networks, ask their placement agency for referrals to therapists, or search online. Many public and private adoption agencies and adoptive parent support groups have lists of therapists who have been trained in adoption issues or who have effectively worked with children in foster care and adoption. Some adoption agencies and specialized postadoption service agencies have mental health therapists trained in adoption on staff.

Parents can check with the following resources for therapist recommendations:

- Agency social workers involved in the child's adoption
- State or local mental health associations
- Public and private adoption agencies
- Local adoptive parent support groups
- Specialized postadoption service agencies
- State adoption offices
- National and State professional organizations (see National Resource Organizations)
- Family preservation services for adoptive families resource lists:

<http://www.childwelfare.gov/organizations/showorgs.cfm>

### **Interviewing Prospective Therapists.**

Using the recommendations that they gather, parents can call prospective therapists or schedule an initial interview to find out basic information. Some therapists will offer an initial brief consultation that is free of charge. Parents should start by giving the clinician a brief description of the concern or problem for which they need help. Some questions to discuss follow:

- What is your experience with adoption and adoption issues? (Parents should be specific about the adoption issues that affect their problem, such as open adoption, transracial adoption, searching for birth relatives, children who have experienced abuse or institutionalization, or children with attachment difficulties.)
- How long have you been in practice, and what degrees, licenses, or certifications do you have?
- What continuing clinical training have you had on adoption issues?
- Who oversaw your training?
- Do you include parents and other family members in the therapeutic process?
- Do you prefer to work with the entire family or only with the children?
- Do you give parents regular reports on a child's progress?
- Can you estimate a timeframe for the course of therapy?
- What approach to therapy do you use? (See "Approaches to Therapy" above.)

- What changes in the daily life of the child and family might we expect to see as a result of the therapy?
- Do you work with teachers, juvenile justice personnel, daycare providers, and other adults in the child's life, when appropriate?

There are other practical considerations when choosing a therapist. Parents should be sure to ask about:

- Coverage when the therapist is not available, especially in an emergency
- Appointment times and availability
- Fees and whether the therapist accepts specific insurance, adoption subsidy medical payments, or Medicaid reimbursement payments (if applicable)

## **Working With a Therapist**

If the child is the identified client in therapy, the family's involvement and support for the therapy is critical to a positive outcome for him or her. An adoption-competent therapist will value the participation of adoptive parents. Traditional family therapists who are unfamiliar with adoption issues may view the child's problems as a manifestation of overall family dysfunction. They may not take into account the child's earlier experiences in other care settings and may view adoptive parents more as a part of the problem than the solution. Adoption-competent therapists know that the adoptive parents will be empowered by including them in the therapeutic process

and that no intervention should threaten the parent-child relationship.

Parents' commitment to the therapy may also contribute to the success of the therapeutic process. For instance, parents are obligated to keep scheduled appointments. They should refrain from using therapy sessions as punishment for a child's misbehavior. Family members must communicate regularly with the therapist and ensure that the therapist has regular feedback about conditions at home. The success of therapy depends heavily on open and trusting communication.

Parents may want to request an evaluation meeting with the therapist 6 to 8 weeks after treatment begins and regular updates thereafter. Evaluation meetings will help all parties evaluate the progress of treatment and offer the opportunity to discuss the following:

- Satisfaction with the working relationship between the therapist and family members
- Progress toward mutually agreed-on goals for treatment approaches and desired outcomes
- Progress on problems that first prompted the request for treatment
- The therapist's tentative diagnosis (usually necessary for insurance reimbursement)
- The therapist's evaluation of whether therapy can improve the situation that prompted treatment

Even when the match with a therapist appears to be perfect, the relationship with the family or the results may not be

satisfactory. Parents must be willing to change therapists when the therapy does not appear to be progressing appropriately. Parents are the experts about their own children and are the ones who must decide what makes sense for their children. It is worthwhile to discuss a move with the therapist, but the parents are the ones responsible for arranging effective treatment.

## Conclusion

Members of adoptive families may encounter problems at different points in their lives that affect their behavior and emotional well-being and require treatment from a professional therapist. Adoption-competent therapists, who understand adoption issues and adoptive family dynamics, are best suited to provide clinical interventions.

## INSURANCE COVERAGE AND OTHER FUNDING FOR THERAPY

The cost of therapy varies and may be covered in part by health insurance or the child's adoption assistance agreement. Some therapists, and most community mental health centers, provide services on a sliding fee scale based on income. Parents should ask about costs and when payment is expected (after each session, at the end of the month, or after reimbursement by insurance).

Insurance companies have different requirements for coverage of mental health treatment. Parents may have to choose from a list of approved therapists, and there may be a limit on the number and types of sessions covered. Parents should find out from the insurance company:

- The extent of coverage for mental health treatment
- Specialty areas of approved providers
- Company policies regarding payment for treatment provided by therapists outside the plan
- Whether insurance will pay for an out-of-plan adoption-competent therapist if such a therapist is not available within the network

If the child has an adoption assistance agreement, parents should see what the subsidy covers.

## National Resource Organizations

American Academy of Pediatrics  
847.434.4000, [csc@aap.org](mailto:csc@aap.org)  
<http://www.aap.org>

American Association of  
Marriage and Family Therapy  
703.838.9808  
<http://www.aamft.org>

American Association of Pastoral Counselors  
703.385.6967, [info@aapc.org](mailto:info@aapc.org)  
<http://aapc.org>

American Psychiatric Association  
703.907.7300, [apa@psych.org](mailto:apa@psych.org)  
<http://www.psych.org>

American Psychological Association (APA)  
*Referrals:* 800.964.2000  
<http://www.apa.org>  
*Referrals:* <http://www.apa.org/about/organizations/associations.aspx>

Association for Play Therapy  
559.294.2128, [info@a4pt.org](mailto:info@a4pt.org)  
<http://www.a4pt.org>

Association for Treatment and Training in  
the Attachment of Children (ATTACH)  
612.861.4222, [questions@attach.org](mailto:questions@attach.org)  
<http://www.attach.org>

### The California Evidence-Based Clearinghouse

Offers many resources and studies concerning cognitive and other therapies  
<http://www.cebc4cw.org>

### Child Trauma Academy

Works to improve the lives of high-risk children through direct service, research, and education  
<http://childtrauma.org>

### Child Welfare Information Gateway

<http://www.childwelfare.gov>

- Choosing Therapy for an Adopted Child  
[http://www.childwelfare.gov/adoption/adopt\\_parenting/services/therapy.cfm](http://www.childwelfare.gov/adoption/adopt_parenting/services/therapy.cfm)
- Lifelong Impact of Adoption  
<http://www.childwelfare.gov/adoption/search/impacts.cfm>
- Understanding the Emotional Impact of Adoption  
[http://www.childwelfare.gov/adoption/birth/for/emotional\\_impact.cfm](http://www.childwelfare.gov/adoption/birth/for/emotional_impact.cfm)

### National Association of Social Workers

202.408.8600

<http://www.naswdc.org>

Referrals: [credentialing@naswdc.org](mailto:credentialing@naswdc.org)  
<http://www.helpstartshere.org/find-a-social-worker>

### North American Council on Adoptable Children

651.644.3036

<http://www.nacac.org>

Referrals: <http://www.helpstartshere.org/find-a-social-worker>

### National Child Traumatic Stress Network

919.682.1552

<http://www.nctsn.net>

Provides information on types of trauma, information for parents, and treatments

For contact information on State adoption offices and local adoptive parent support groups, access Child Welfare Information Gateway's National Foster Care & Adoption Directory (<http://www.childwelfare.gov/nfcad>).

### State Mental Health Resources

[http://www.childwelfare.gov/pubs/reslist/rl\\_dsp.cfm?rs\\_id=24&rate\\_chno=11-91009](http://www.childwelfare.gov/pubs/reslist/rl_dsp.cfm?rs_id=24&rate_chno=11-91009)

### Theraplay Institute

847.256.7334

<http://www.theraplay.org>

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