

INCREASING YOUR ADOPTION COMPETENCY

A guide for clinical counsellors supporting clients in the adoption constellation

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As an adoptive parent and therapist supporting clients in adoptive constellations, I pay close attention to resources on the topic. Some years ago, I came across a podcast interview with a therapist centred around the question of whether or not more general counselling practitioners could provide competent therapeutic support to adoptive parents, birth parents, and adoptees. The simplified conclusion was, “Yes, to a degree.” This resonated with my own position in the conversation.

As with any area of therapeutic practice, we will come across circumstances, dynamics, or topics outside our scope of understanding to provide the client with what they need. While some of these require a referral to another resource, most fall on a continuum of competency in differing areas of our practice. The “to a degree” ceiling posited in the interview spoke

to the limitations we face clinically in the lack of intimate knowledge that only comes with the lived experience of someone within the adoption constellation. Limitations, however, do not mean those of us without lived experience cannot offer competent support.

Our typical options for growing competencies are ongoing education and supervision. Not only is education pertaining to working with the adoptive population rare, but very few clinical supervisors exist with expertise in these areas, research on counselling adoptive families is minimal, and only a select few therapists offer adoption-specific counselling. This results in limited access to adoption-competent counselling for individuals, couples, and families who often need extensive support at varying stages throughout their journey.

This article serves as one avenue to slide our clinical practice up the

As defined in the Adoptive Families Association of BC's glossary, the adoption constellation “refers to everyone touched by the adoption process: birth parents, adoptee, adoptive parents, adoption professionals, and extended family.”¹



competency scale and point us to resources for ongoing development.

A GOOD PLACE TO BEGIN

There are four common types of adoptions in Canada: public, private domestic, private international, and relative/step child. A public adoption involves adopting a child in the provincial foster care system. Both private domestic and private international adoptions use a licensed private agency. Private domestic placements are typically within Canada, whereas private international placements occur outside of Canada. Lastly, the adoption of a relative or step

child can be public or private depending on the circumstances.²

Generally, the process is similar for both public and private adoptions, whereas adoption of a relative or step child has slight differences in legal procedures. The first step for the adoptive family is to research and choose the best adoption type for their family, then submit the application and paperwork. Next steps require adoptive families to participate in the required educational component. Then the home study takes place and typically involves a licensed social worker coming into the home to better understand the family dynamics and inner workings.

Once the home study is approved, the matching process begins. When a match is made with a child, the adoptive family is offered a proposal package to review with their social worker and determine if the child is the right fit for their family. If the proposed child is a match, placement begins under the thoughtful guidance of the social worker. Public placement is monitored and supported by the social worker for a post-placement period, usually six to 12 months, until the adoption order has been granted. The private adoptions post-placement period is determined by the agency and country the family is adopting from but

typically lasts from one to two years.

The decision to build a family through adoption is extremely personal and can vary amongst prospective adoptive parents. A few (but not the only) reasons someone may choose to adopt include: a yearning to build or expand their family; a deep desire to provide, nurture, and become parents; strong beliefs that there are children already needing permanency; and readiness for parenthood before meeting the right partner. Historically, it was most common for married couples experiencing infertility to choose adoption. However, over the last decade, there has been an increase in both same sex couples and single applicants who choose adoption over biological children.

Clinical counsellors supporting clients with adoptions should become familiar with common adoption-relevant themes.

ATTACHMENT

Attachment and brain development are interconnected. Research demonstrates that early brain development is a combination of genetic unfolding and social experiences that shape the brain's architecture.³ During the first years of a child's life, certain experiences are essential and significantly impact ongoing development. A child that has relationally rich, stimulating, predictable, nurturing, engaging, developmentally appropriate challenges and stress will be able to express their potential and have optimal brain and body growing conditions.

Toxic stress occurs when a child is exposed to intense, frequent hardship, such as physical and emotional abuse, domestic violence, significant attachment disruptions including those at birth, chronic neglect,

war, homelessness, and parental substance abuse or mental illness without adequate adult support to buffer negative impacts. Growing up in an environment of toxic stress can cause prolonged activation of the stress response system, which can disrupt brain growth, organ development, and function, increase risk for immunocompromise, and cause cognitive impairments that persist into adulthood.⁴

During the first few years, a child's brain is highly immature and the primary caregiver plays a crucial role regulating the child's arousal state.⁵ Through the dance of attunement, in

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which the parent pays close attention and responds to the baby's physiological and emotional cues, a foundation is laid for the child's internal working model (IWM). This model becomes the blueprint through which the child views themselves and all other relationships. The child's repeated experiences are encoded in implicit memory (long-term memory outside of conscious awareness), shaping their expectations and determining whether the child feels an internal sense of security or insecurity in the world.⁶

Thus, a child who has experienced removal from a biological parent, betrayal, multiple placements, parental substance abuse, exposure to domestic

violence, or other significant sources of stress will have their developing sense of self and perception of the world profoundly impacted. It is essential for parents of adoptive or foster children and clinicians to remember that, even if a child is removed from a traumatic environment, their sense of self, ability to relate to others, and physiological systems may carry lifelong echoes.

TRAUMA, GRIEF, AND LOSS

Trauma has a profound impact on the developing brain and body.⁷ Complex trauma, endured by many adopted and foster children, is "exposure to multiple traumatic events — often of an invasive, interpersonal nature." This can result in long-term impacts across various domains, including neurological, physical, social, emotional, relational, behavioural, and cognitive.⁸ ^{9,10} Adopted and fostered children carry these impacts into their new relationships with their families, making it challenging for them to form healthy, meaningful relationships with their parents, caregivers, teachers, peers, or other important people in their lives. This means a child may minimize the importance of others or not trust others, as they have learned to rely on themselves or that other people aren't trustworthy.¹¹

Consequently, new parents can be met with resistance, dismissal, or even aggression. This can be extremely confusing and/or demoralising for a parent if they don't understand why their child is constantly rejecting, dismissing, or devaluing their relationship. Not all adoption journeys are like this, but many are and both child and parent spiral into a deep cycle of shame and become further disconnected from one another. If you have a client who exhibits this pattern

of relationship with their child, educate yourself on blocked care and blocked trust¹² because hope is not lost. By developing a thorough understanding of how trauma impacts development and the parenting brain's response to their child, clinical counsellors can provide support and guidance for meaningful progress and positive change in the parent-child relationship.

Trauma impacts all parties within the adoption constellation. Origins Canada provides comprehensive information addressing the trauma associated with birth mothers who have relinquished a child for adoption.¹³ Recognizing and addressing the grief and loss unique to each person is critical for the well-being of all involved.

COMPLICATED DEVELOPMENT AND SPECIAL NEEDS AWARENESS

We know adoptees and their families require higher rates of rehabilitative

supports than the general population. A survey of adopted children with special health-care needs showed that 58 per cent had special needs related to ADHD/ADD, 22 per cent identified as having cognitive-type delays or learning difficulties, 35 per cent reported significant "emotional problems," and 67 per cent of the families received at least one rehabilitative or general service (mostly mental health care) for the child.¹⁴

Dr. Julia Bledsoe MD, also an adoptive parent, shared in a podcast interview with me the development of the adoption medicine field within paediatric care, born out of the obvious need for specialized medical assessment and guidance for those adopted. As part of her work, she helps adoptive families understand and support the developmental impacts of in utero substance exposure among other early experiences that change the course of development.¹⁵

RECOMMENDED RESOURCES FOR CLIENTS

- Adoptive Families Association. <https://www.bcadoption.com>
- Parenting in the Trenches with Karen Peters. <https://www.my.thrive-life.ca/parenting-in-the-trenches>
- Trauma Attuned Parents: Learning to be your child's guide to healing trauma by Heather Toews, RCC. <https://my.thrive-life.ca/traumaattunedparent>
- The Adopted Life with Angela Tucker. <https://www.youtube.com/c/TheAdoptedLife>
- Best Adoption Books for Children. <https://adoption-beyond.org/the-best-adoption-books-for-children/>
- Adoption: What to do while you wait. An online course for those in couple relationships who are preparing to adopt. <https://www.my.thrive-life.ca/adoption-course>
- What White Parents Should Know about Transracial Adoption: An Adoptee's Perspective on Its History, Nuances, and Practices by Melissa Guida-Richards (North Atlantic Books 2021).





RECOMMENDED RESOURCES FOR RCCS

→ Adoption and Foster Care, Karen Peters interview series.

<https://www.youtube.com/playlist?list=PLVZINtqOC60JYYaYSuqoNyQmn9Fj-a3MZ>

→ Birth and Foster Parent Relationship: A Relationship Building Guide.

<https://ctfalliance.sharefile.com/share/viewsfbf4965b0cb04a4cb3aee4a034aa2042>

→ *Building the Bonds of Attachment: Awakening Love in Deeply Traumatized Children* by Daniel Hughes (Rowman & Littlefield Publishers; 3rd edition, 2017).

→ *Children and Complex Trauma: A Roadmap for Healing and Recovery* by Dr. Chuck Geddes (FriesenPress 2022).

→ Meeting Children Where They Are: The Neurosequential Model of Therapeutics.

<https://adoptioncouncil.org/themencode-pdf-viewer-sc/?tncpvfw=ZmlsZT1odHRwczovL2Fkb3B0aW9uY291bmNpbC5vcmcvY29udGVueC91cGxvYWRzLzlwMjEvMDkvQWRvcHRpb24tQWR2b2Nh>

[dGUtTm8uLTE2MC5wZGYmc2V0dGluZ3M9MTEwMDEwMTAxMDAxMDAwMzZsYW5nPWVvLVVT#page=&zoo m=page-height&pagemod e=thumbs](https://www.ikaa.org/2023/02/12/mapping-the-life-course-of-adoption-project/)

→ Mapping the Life Course of Adoption Project.

<https://www.ikaa.org/2023/02/12/mapping-the-life-course-of-adoption-project/>

→ *"You Should Be Grateful": Stories of Race, Identity, and Transracial Adoption* by Angela Tucker (Beacon Press 2023).

→ *The Primal Wound: Understanding the Adopted Child* by Nancy N. Verrier (Verrier Publishing 2003).

→ *A Child's Journey Through Placement* by Vera I. Fahlberg (Jessica Kingsley Publishers 2012).

→ The Inclusive Family Support Grid.
<https://www.angelatucker.com/blog/the-inclusive-family-support-grid>

→ *Therapy Plays an Important Role in Adoptive Families' Lives.*

<https://nacac.org/resource/therapy-plays-important-adoptive-families-lives/>

IDENTITY AND BELONGING

The adoptee's identity development is highly dynamic and can be impacted by a number of factors, including their age and stage of development when permanency is established and prior attachment relationships and ruptures. Their sense of belonging and connection is shaped not only in the context of family (both adoptive and biological) but also by how they experience the communities in which they are raised. Adoptive families face inappropriate questions on a regular basis, and a host of standard community practices, such as school projects on family lineage, are not adoption friendly. Over time, societal judgments and ignorance about adoption can significantly contribute to the shaken foundation of belonging and worthiness, adding to the trauma experienced by those in the adoption constellation. Those adopted transracially or transethnicly have additional layers in the struggle to feel "at home" in their own skin and connected to others and are often vulnerable to the impacts of racism.

Considering the vast range of openness and access to information with their biological family, genetic history, culture, and adoption story, adoptees find themselves on a continuum of sense of self and self-esteem and often grapple with the consideration of searching for information or seeking some degree of reunification. Those with limited access to family history or ethnic heritage may consider learning through DNA and ancestry databases. Adoptees will be at varying degrees of interest and readiness for exploring their own stories of openness or lack thereof in adoption and may seek support as they determine what feels right for them. Awareness of the complexity of

these dynamics can assist therapists in helping clients unpack them and make appropriate shifts.

Transracial adoptee Angela Tucker speaks eloquently in her book, *"You Should Be Grateful": Stories of Race, Identity, and Transracial Adoption* (see resources), about the myth of the fairy-tale adoption and the problematic narrative that poses for adoptees. You can access additional adult adoptee voices on this topic via recorded conversations in my YouTube series (see resources).

It is important to recognize the complex lifelong journey adoptees navigate to answer the fundamental questions "Who am I?" and "Where do I belong?" Questioning our own assumptions and biases about adoption, acknowledging and validating someone's life story as they come to understand it, and recognizing wounds that result from maintaining problematic systems and stigma around adoption can help provide a corrective experience and safer space for deeper healing.

NAVIGATING OPENNESS

The shift in paradigm from adoption secrecy to openness really only began in the 1980s.¹⁶ We have come to understand the value of openness and it is increasingly recognized as a continuum rather than open versus closed. The degree of openness now relates more to what is both possible

and engaged in by deciding members than what the government has dictated families have access to and when.

The Inclusive Family Support Grid (see resources) and its accompanying openness assessment tool are helpful

resources and can assist in supporting families interested in exploring this area.

For those wanting to explore partnering with birth and foster parents, *Birth and Foster Parent Relationship: A Relationship Building Guide* can be helpful (see resources).

For adoptive parents, the foray into openness can feel like an impossible responsibility, bringing them face to face with their own fears and longings, compelled to try their best to discern what is in their child's best interest

and how to go about the journey. It often entails flexing to new seasons of availability, appropriate boundaries, and readiness on all parts. This complicated, emotional exploration often requires therapeutic support.

WHERE TO NOW?

As we grow in our adoption competency, we can look to those within the adoption constellation for their offered wisdom, seek out adoption-informed supervision, and commit to exploring relevant resources. Our hope is that this has sparked inspiration that will lead to increased quality services for those impacted by the complex experience of adoption. ■

"The dominant cultural narrative of adoption as a noble act squelches adoptees' ability to speak openly about our pain. My life is not better because someone adopted me, my life is different. And no lifetime movie can capture how complicated reunion feels."

— Mindy Stern, adult adoptee

Karen Peters, RCC, sees clients in her private practice for a variety of concerns and holds a particular passion for supporting those in the adoption and fostering community. She is also a speaker, host of *Parenting in the Trenches* (podcast), creator of online courses for families, frequent partner with non-profit organizations, and clinical supervisor and consultant.

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