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# Introduction

Adopted children can be loving, affectionate, happy, clever, funny, mischievous and adorable. They can bring joy to their adoptive parents and make their lives complete.

But this is a book about adoption support. So it looks at what can be done for the children who can only manage to be some of those things, some of the time.

Adoption isn't a "happy ending". It's a new beginning, and for the child it's the start of a journey to reach his or her full potential with the support of a loving family.

For the child, putting the past behind them isn't always easy. The legacy of their early experiences (and for some, damage suffered before they were born) leaves many adopted children fragile, wary, anxious, depressed, angry, emotionally volatile, unable to make sense of their lives and their identity, and struggling to make healthy relationships. How can they be supported to get to a calmer and happier place? And what can be done to help the adoptive parents who often bear the brunt when their children make their pain felt, loud and clear?

*We live on planet adoption. Our lives are so very distinct to other parents. We applaud when our child cries...because it's rare that they've trusted us enough to show emotion. We are disappointed and distressed as the leader says all our son did at Scout camp were the rubbish jobs no-one else wanted. This is upsetting because we know that the reason he selected those roles is because he feels utterly worthless. When your daughter refuses school and swears, kicks you and punches a hole in the wall you think that it's a run-of-the-mill morning and your greatest achievement is to be able to step out of the drama and drink a cup of coffee while it's still hot.*

(Jenni B Lacey, The POTATO Group (Parents of Traumatized Adopted Teens Organisation))

If you are reading this book, chances are you are an adoptive parent. And as an adoptive parent, you will have read the books (and possibly also the blogs and the tweets); been on the preparation course; spent more hours than you care to remember talking to social workers; and bonded and, sometimes, commiserated with other adopters over the challenges of life with your adopted children. In other words, you have been there, done that and got the T-shirt.

So you will already know about the importance of attachment and about what it means for a child when that initial bond never seems to form, or when it appears to be disrupted or broken. You'll have thought about what it does to a baby or young child's emotional development when no caring adult consistently responds to their cries or their attempts to "reach out" to those around them. You'll realise how a child's sense of trust and security is damaged if adults have failed to provide for his basic needs and if he has witnessed – or experienced – violence and abuse, lived with an unpredictable or frightening adult or repeatedly been moved from one carer to another. You'll be familiar with the effects of alcohol or substance abuse in pregnancy on a developing baby's brain. You'll be only too well aware that trauma can have long-term consequences for a child's physiological, social, emotional and behavioural development.

As an adoptive parent, you may also have come to recognise that when it comes to healing these children, love is not always enough. A child can continue to have difficulties for years, even when he is now living in a safe and loving home with caring parents who are committed to him. Or he may have a calm and happy childhood but then become a troubled and angry teenager.

The legacy of abuse and neglect in a child's early life can last for years, sometimes even a lifetime. Some children avoid emotional intimacy and you can't get near them. Some struggle to form relationships with siblings and friends too. A child whose early life was marked by stress and trauma may be sad, fearful and withdrawn. He may be controlling, quick to have outbursts of rage, bouncing off the walls, impulsive, stressed, unable to sit still, follow instructions or "behave". His physiological system may be on "high alert" for danger, perceiving threats where there are none. He may react to everyday events in unexpected ways that leave adults baffled. His emotions may be volatile and extreme, or he may seem dissociated or "cut off" from his environment and those around him. As they get older, some turn to self-harm or substance abuse to try and blot out their pain.

## The need for adoption support

As has been set out above, a significant proportion of adopters find life is not at all easy. Professor Julie Selwyn and her colleagues from the Hadley Centre for Adoption and Foster Care Studies at the University of Bristol carried out a research study called *Beyond the Adoption Order*, the first national study on adoption disruption. They found that the majority of adopters questioned in the study described the adoptions as either "going well" or with "highs and

lows, but mainly highs”. But as many as 21–25 per cent of adopters described family life as difficult, while 8–9 per cent of the young people had left home under the age of 18 years.

*...many adopters took the opportunity to give more detail on the difficulties their children were struggling with, such as attention deficit hyperactivity disorder (ADHD), post-traumatic stress disorder (PTSD), obsessive compulsive disorder (OCD), autistic spectrum disorders (ASD), foetal alcohol spectrum disorders (FASD), developmental trauma, learning difficulties, aggression, difficulties in managing anger, and a lack of empathy. Inadequate support and lack of information were common themes that ran through adopters’ comments.*

(Selwyn *et al*, 2015, pp58-9)

Professor Selwyn and her colleagues lifted the lid on child-to-parent violence in adoptive families in a way that had not been seen before. They found a significant number of families where the adoption had not broken down but the family was nonetheless under severe stress due to the extremely challenging and disturbing behaviour of the adopted child.

*Many parents described feeling vulnerable and frightened by their child’s behaviour. Some parents could not bear to be alone at home with their child for fear of being physically attacked, bullied or dominated.*

(Selwyn *et al*, 2015, p123)

Some adopters experienced extreme stress, mental health problems and marital breakdown as well as the risk of the child having to move out of the family home.

But despite these serious difficulties, parents often could not get the help they needed.

*Parents described arguments between the placing and receiving local authority and between children’s services, education and health authorities about where responsibility for support lay. Parents said that agencies had “passed the buck”...*

*Assessments that recommended expensive support packages were often denied...Some parents had been on “waiting lists” for post-adoption support, as both children’s services and CAMHS (child and adolescent mental health services) were short-staffed. Even when local authorities*

*provided therapeutic services, they were usually time-limited (about six sessions) and/or provided many miles away from the family's home...*

*Many children had complex and overlapping needs that did not fit the tight criteria demanded for intervention by agencies.*

(Selwyn *et al*, 2015, pp171-2)

Some adopters felt that no-one was listening when they did ask for help or that, instead of being given support, they were made to feel that it was their parenting that was at fault.

*The majority of parents were critical of the support provided, of unhelpful advice and of the failure to provide appropriate services when needed... Parents wanted a service delivered by professionals who understood the complex and overlapping difficulties shown by adopted children.*

(Selwyn *et al*, 2015, p244)

There is no excuse for inadequate support for adopters who have taken on the monumental task of parenting children who have had the most difficult starts imaginable.

Adopted children need an enhanced type of parenting, parenting that recognises and accommodates their needs, “fills in the gaps” of their early development, promotes their recovery, and helps them to learn to trust and to form a bond with their adoptive parents. And parents need help in managing the unique stresses of living with a child with a wide range of known and maybe unknown difficulties.

Adopters may have had the opportunity to attend one of the various training courses on “therapeutic parenting” that help adoptive parents to better understand the reasons behind their child’s complex behaviour and how they might develop approaches that help manage this.

But as well as these and other types of support offered to adoptive parents, many adopted children need therapeutic help from mental health specialists and therapists who understand the range of possible issues and their underlying causes.

Getting effective help, at the right time, can make a huge difference for adopted children and their families. The Place2B, a charity that provides counselling in schools, states that:

*A wealth of evidence points to a significant need for early mental health support...Children are less likely to suffer from serious mental health difficulties if they receive support at an early age...*

*Growing evidence indicates that promoting positive mental health also improves a range of positive school outcomes, including enhanced academic progress, better attendance and lower exclusion rates.*

The right kind of help, at the right time, can mean that a child feels calmer and happier, is able to bond with their adoptive parents, and functions better at home and at school – which can mean a more harmonious family life, better educational achievement, improved life chances and a brighter future. In cases where the strain on the family has been extreme, it can make the difference between keeping the family together, and the child or young person having to leave and live away from home.

When adoptive families approach local authorities for help for their child, there is a statutory obligation to carry out an assessment of the child's support needs. However, there is no corresponding duty on the local authority to actually provide the services to meet the needs identified through the assessment. As *The Adoption Passport: A support guide for adopters* (First4Adoption, 2015) makes clear:

*Every adopter is entitled to an assessment of their adoption support needs, but local authorities do not have to provide support in response to an assessment. Which services you are able to access will depend on your circumstances. Local authorities are now required by law to tell adopters about adoption support services and their right to an assessment.*

## When adoption support is lacking

While some adopters are given excellent long-term support from their adoption agency, for others the support has fallen far short of what they need. As outlined above, adopters have had to battle with the authorities to get help for their children; waiting lists have been long and money short.

With some adopted children, as they get older their difficult behaviour escalates and their families reach crisis point. It is shocking to hear that desperate parents asking for respite care to give them and their adopted teenager some time away from daily confrontations have been told that the only way to access respite care is to have the child taken back into the care system.

*The first step in getting support was for professionals to acknowledge that there was a problem, and, for most adoptive parents, this was not easily achieved. Many parents spoke about the battles they had to get support.*

(Selwyn *et al*, 2015, p170)

A survey carried out by Adoption UK in 2012 (Pennington, 2012) found that 61 per cent of adoptive parents stated the need for therapeutic services but only 28 per cent of their agencies provided this support. Eighty-one per cent of adoptive parents who were assessed said their support needs were identified, but only 31 per cent were given, in full, the services that they had been identified as needing.

Everyone hopes that the Adoption Support Fund, launched across England in May 2015 (see Section 1), will turn things around. Although Section 1 discusses the Adoption Support Fund, which is available only in England, the focus of this book is on therapeutic interventions for the child as well as therapeutic parenting approaches for adoptive parents, many of which are available in different parts of the UK.

### What is needed?

In 2013 Coram and Barnardo's published a report looking at adoption and what's needed to make adoptive placements that last and don't break down. They talked about the key role of post-placement support. They looked at what works.

There is evidence (McNeish and Scott, 2013) that doing the following things will help sustain adoptive placements:

- *Assume that all late adopted children and their adoptive families are likely to need a range of support for emotional and behavioural difficulties at some stage.*
- *Develop a comprehensive support plan as soon as a match has been made (including financial support where appropriate).*
- *Provide training and preparation for adopters that helps them understand troubled children's behaviour and gives them the skills to promote attachment and resilience.*
- *Provide coaching around the challenges of the particular child and the parenting strategies that may be helpful.*
- *Provide evidence-based parenting programmes for adopters of children with emotional and behavioural problems.*



- *Match new adopters with mentors who are experienced adopters with relevant experience, e.g. adopting a sibling group or a child with a different ethnic background.*
- *Include in the support plan strategies for addressing cultural identity.*
- *Provide ongoing and reliable support, which can be particularly critical for sustaining placements for disabled children where there may be a need for guaranteed breaks, co-ordination of support services, support into adulthood and access to specialist help.*
- *Ensure that contact arrangements with birth family members do not undermine the child's sense of belonging and permanence in their adoptive or foster family.*

However, even with the existence of the Adoption Support Fund, it is likely that the impact of austerity through reduced spending by local authorities on children's services will affect at least some of the things on this list, such as the availability of short breaks for children with disabilities. Respite care was a big gap identified in the Adoption UK survey (Pennington, 2012) – but the Every Disabled Child Matters campaign reported that over half of local authorities have cut spending on short breaks since 2011-12 and that families say it is more difficult to access short breaks.

For some adopted children with serious and challenging behaviour problems, individual or family-based therapy soon after the child is placed or perhaps years later is needed in addition to some or all of the items on the list above.

Apart from actually providing the services, what else would adopters like to see from their adoption support services?

Adoptive father, social worker and member of the Adoption Support Expert Advisory Group Al Coates argues for better support for adopters. He wrote the following online blog:

*I had a thought, I should write an adopters' charter. Then I thought, I'm sure that I've read one somewhere. So, after a little Googling I discovered a charter produced by the Department for Education in 2011... Surprisingly, or not, there's not one mention of post adoption support. I honestly don't know what to say about that.*

*So I've written my own little charter, an Adoption Support Charter.*

### **Adoption Support Charter**

*As an Adoption Support Service:*

- 1. We commit to being available and if not, get back to you promptly.*
- 2. We commit to listening.*
- 3. We commit to being honest and keeping you informed.*
- 4. We commit to supporting parents to support their children.*
- 5. We commit to show empathy and compassion.*
- 6. We commit to offering emotional support and advice.*
- 7. We commit to being honest about what we can and can't do.*
- 8. We commit to work in partnership with you.*
- 9. We commit to advocate for you, two voices are louder than one, and signpost you to appropriate professionals, services and training.*
- 10. We commit to employing social workers with appropriate interpersonal skills and appropriate knowledge and giving them the time and resources to support families.*

*As Adopters:*

- 1. We commit to not waiting until we are desperate or in crisis before we contact you.*
- 2. We commit to listening.*
- 3. We commit to working collaboratively with you.*
- 4. We commit to being honest.*

*What interests me is that often the stuff that can make the biggest impact has limited cost. The principles of respect, kindness, gentleness, encouragement and availability, these are the things that can make all the difference. We all know that resources are under ever more strain but the foundations of all post-adoption services should be on these, or similar, principles.*

*We could debate the specifics of the service and we should, but I'd like to see the kind of things I've listed as a start.*

*I often hear 'there was no money for services but my social worker was great and really helped'. I also hear 'my social worker made me feel like I was the problem, I'd rather not have him/her in the house'.*

*That is a shame on my profession.*

*([www.alcoates.co.uk/2015/09/an-adoption-support-charter.html](http://www.alcoates.co.uk/2015/09/an-adoption-support-charter.html))*

## How this guide is structured

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- **Section 1, *Adoption support***, outlines various different types of adoption support, in particular the Adoption Support Fund and how it works.
- **Section 2, *About therapy***, looks at what therapy is, the possible drawbacks and questions of evidence and effectiveness.
- **Section 3, *Therapies and therapeutic parenting support***, covers a number of different therapies that can be helpful for adopted children and families. For each type of therapy we give a brief outline of the core principles, the history, what the therapy involves and what form the sessions are likely to take. This section is organised by type of therapy rather than by the condition or type of problem children may have. It covers individual therapies, therapies for parents and children together, and courses for groups of adoptive parents in how to parent children using an understanding of attachment theory and the neurobiology of trauma.
- **Section 4, *Finding a therapist who is right for your child***, outlines what to look for in a therapist and questions adopters might want to ask. It also provides a list of useful websites.
- **Section 5, *Personal accounts***, provides some blogs and personal stories about adopters' experiences of different types of support and therapy for them and their children. Every effort has been made to contact these contributors for permission to reprint their pieces; in most cases we have been successful and thank them for their kind permission.

## SECTION 4

# Finding a therapist who is right for your child

### Choosing a therapist

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If your child is assessed for support and the plan is to access the Adoption Support Fund, the adoption social worker or specialist carrying out the assessment will suggest suitable types of therapy and they may also propose approaching organisations or individual therapists that the local authority has worked with before. Above all, it is your child's needs and the issues that have been identified in the assessment that should determine which organisation or therapist is approached, with a clear sense of what the identified outcomes from the therapy are expected to be.

Through the assessment you should discuss and have some input into the choice of therapeutic approach and therapist – you know your child. And in many situations, it will be important to explore your child's thoughts and feelings about therapy and therapists in a way that is helpful to them. They need to be an important part of this process.

As the assessment and plans progress, it may be helpful for you to speak to the therapist or therapy organisation. You may have questions that they will be able to answer and help you to develop your view that the assessment has identified the right issues and the right approaches to working with those issues. Choosing a therapist who will be able to relate well to your child (and to whom your child will be able to relate) is important because the relationship that develops between them is key to achieving a good outcome.

## How do you know if a therapist is properly trained, competent and trustworthy?

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There is a bewildering array of professional bodies, accreditation schemes and approved registers for therapeutic approaches and providers of therapy. These professional bodies set standards for professional conduct and members are bound by an ethical framework for good practice.

### Ofsted

Adoption support services or individual practitioners must be registered with Ofsted (unless they are part of the NHS), and an adoption support service or independent practitioner providing adoption support can be registered with Ofsted only if they meet certain minimum standards. However, when an independent practitioner is sub-contracted by a local authority to provide services for its adopters, the practitioner must be approved to practise by that local authority even if he or she does not have Ofsted registration of their own.

### Health and Care Professions Council (HCPC)

The HCPC is a UK-wide health and care regulator set up to protect the public. It covers social workers in England and certain kinds of therapists, across the UK. It holds a register of health and care professionals who meet its standards of proficiency and who agree to be bound by their standards of conduct, performance and ethics. It regulates (among other professions) art therapists, occupational therapists, physiotherapists, practitioner psychologists, social workers in England, and speech and language therapists.

All of these professions have at least one professional title that is protected by law. This means that anyone using the title “art therapist” or “physiotherapist”, for example, must be registered with the HCPC. It is a criminal offence for someone to use a protected title that they are not entitled to use.

However, it is important to note that the term “psychotherapist” is *not* a protected title.

**[www.hcpc-uk.org.uk](http://www.hcpc-uk.org.uk)**

## Professional bodies for therapists

Most therapists also belong to their own registration body. This means that they have met the requirements of that registration body regarding their training and the standards they observe as part of their practice. But registration bodies are not comparable and their training requirements and standards can vary a great deal from one organisation to another. Some require an extensive period of training over months or years, while a few can simply involve attending courses lasting several days. You can usually find out what's involved in the training in a particular therapy or therapeutic approach, and what accreditation from an organisation actually means, by discussing this with your social worker during assessment or exploring this yourself online.

*...it is good practice for therapists to register with, or become “accredited” by, one of the organisations that set and monitor the standards expected of someone carrying out a particular type of therapy. It is important to note here that registration or accreditation of a particular organisation isn’t the same level of involvement as membership.*

*Registration/accreditation typically involves the presentation of evidence of training, competence and supervision that is examined in detail before being approved. Membership is open to a broader range of interested people who may not have had any training or assessment of competence but who may be bound by some of the guidelines for good practice of that organisation.*

**[www.supportingsafetherapy.org](http://www.supportingsafetherapy.org)**

**University of Sheffield Centre for Psychological Research**

## Professional bodies and contact information

Most of the therapies below require people to have a degree in teaching, social care or mental health as well as experience of working with children before studying for a postgraduate qualification.

### Art therapy

Art therapists must have an MA or MSc in art therapy in order to legally practise as an art therapist or art psychotherapist in the UK. They must have completed a course of training validated by the HCPC.

## The Adopter's Handbook on Therapy

Their professional body is the British Association of Art Therapists.

**[www.baat.org](http://www.baat.org)**

### Drama therapy

Dramatherapists are also registered with the HCPC.

British Association of Dramatherapists

**[www.badth.org.uk](http://www.badth.org.uk)**

### Dialectical behaviour therapy

**[www.dbt-training.co.uk](http://www.dbt-training.co.uk)**

**[www.behaviouraltech.org](http://www.behaviouraltech.org)**

### Equine-assisted therapy and learning

**[www.eagala.org/UK](http://www.eagala.org/UK)**

**[www.equineassistedqualifications.com](http://www.equineassistedqualifications.com)**

### Filial therapy

There is a limited number of therapists trained and certified to carry out filial therapy in the UK. There is no central professional organisation for filial therapists in the UK. The following websites – websites of filial therapy practitioners who offer filial therapy and train professionals in using it – will tell you more about what's involved:

**[www.filialplaytherapy.co.uk](http://www.filialplaytherapy.co.uk)** (website of Geraldine Thomas)

**[www.filialtherapy.co.uk](http://www.filialtherapy.co.uk)** (website of Nina Rye)

**[www.playandfilialtherapy.co.uk](http://www.playandfilialtherapy.co.uk)** (website of Virginia Ryan)

There is also some information about filial play on the website of Play Therapy UK but the organisation says that its preferred approach is to provide coaching/mentoring for parents in nurturing skills and how to play non-directively with their children.

### Family therapy

Association for Family Therapy

**[www.aft.org.uk](http://www.aft.org.uk)**

## Multi-systemic therapy

**[www.mstuk.org](http://www.mstuk.org)**

## Music therapy

Music therapists must have done an approved course and be registered with the HCPC in order to use the title “music therapist”.

Their professional body is the British Association for Music Therapy.

**[www.bamt.org](http://www.bamt.org)**

## Play therapy

British Association of Play Therapists

**[www.bapt.info](http://www.bapt.info)**

Play Therapy UK – the UK Society for Play and Creative Arts Therapies

**[www.playtherapy.org.uk](http://www.playtherapy.org.uk)**

## Psychotherapy

The title “psychotherapist” is not protected by law. But some variations of the title, e.g. “registered psychotherapist”, indicate a high level of training.

There are a number of professional bodies for psychotherapists. Each professional body differs in their requirements for membership and/or accreditation. For example, a psychotherapist might be registered with the British Association for Counselling and Psychotherapy (the largest and broadest body with over 41,000 members), or the UK Council for Psychotherapy or the Association of Child and Adolescent Psychotherapists.

The registers of the professional bodies below are themselves certified by the Professional Standards Authority for Health and Social Care, which independently assesses organisations that hold registers of practitioners.

- Association of Child and Adolescent Psychotherapists  
**[www.childpsychotherapy.org.uk](http://www.childpsychotherapy.org.uk)**
- British Association for Counselling and Psychotherapy  
**[www.bacp.org.uk](http://www.bacp.org.uk)**
- UK Council for Psychotherapy  
**[www.psychotherapy.org.uk](http://www.psychotherapy.org.uk)**



- British Association for Behavioural and Cognitive Psychotherapies  
**[www.babcp.com](http://www.babcp.com)**
- Association for Family Therapy and Systemic Practice  
**[www.aft.org.uk](http://www.aft.org.uk)**

### Sensory processing therapy

Sensory Integration Network  
**[www.sensoryintegration.org.uk](http://www.sensoryintegration.org.uk)**

### Theraplay

Theraplay UK is an affiliate of the Theraplay Institute, which sets international standards for Theraplay treatment and training. Only those who have been certified by the Theraplay Institute can describe themselves as Theraplay therapists.

**[www.theraplay.org.uk](http://www.theraplay.org.uk)**

### Some questions to ask yourself and/or the therapist

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You want to find the right therapist as well as the right therapy. Don't be afraid to ask questions.

- What type or types of therapy does the therapist use?
- Are they adoption-experienced and knowledgeable?
- What is he/she aiming to achieve for your child and/or your family?
- Can he/she explain to your satisfaction how the therapy works?
- How many sessions are there likely to be (some therapies are open-ended)?
- Has the therapist had experience and training with children and young people who have experienced trauma? What kind of training was it and how long has he/she been doing this type of work? Is he/she qualified and certified by the appropriate professional body or organisation? Does he/she have regular supervision by an experienced clinical supervisor?
- Is the therapist's personal style empowering for you as a parent? Does he/she seem calm, open and honest? Is he/she happy to answer your

questions? Does he/she give a sense that they understand what life is like for you and your child?

- Will you be involved at all with your child's therapy? If not, will the therapist meet with you on a regular basis to discuss how the therapy with your child is progressing and your thoughts and feelings about this?

## Working with a therapist: potential drawbacks and difficulties

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It's easy to see how therapies might improve things for your child and for your family. But there can be complications and it is important to recognise these.

Research carried out at the University of Sheffield Centre for Psychological Services Research was funded by the UK National Institute for Health Research to look at understanding and preventing adverse effects of psychological therapies. The website **[www.supportingsafetherapy.org](http://www.supportingsafetherapy.org)** is based on the researchers' findings.

They did not look specifically at adoption support therapies or therapies for children and young people. However, they do say the following:

*Most people do find therapy helpful and it has been shown to be an effective treatment for a range of mental health problems. However, some people have a bad experience of therapy and their mental health gets worse, not better. Sometimes people can be harmed by therapy, just as there are sometimes negative effects from medication.*

Equally, there are some therapies where the child's problems may actually appear to get worse, especially at the beginning of the process where anxieties can be stirred up – an unknown person in an unknown setting exploring difficult issues especially where the fear of blame and humiliation may play a part. Where recalling and exploring memories of neglect, abuse or loss are also a part of therapy, this places important responsibilities on the therapist in terms of sensitivity, empathy and the support and reassurance they provide. The developing relationships between the child, the parents and the therapist are key to this and persevering through the initial period of “getting to know you” is essential.

Arranging therapy for a child can also evoke anxious feelings for adoptive parents. They might be worried that the therapist will blame them for poor parenting – not

having the right parenting skills or having the wrong expectations of the child. They might have to explore the child's past in new ways and discover upsetting experiences along the way. They may also have experienced the "secondary trauma" that can result from caring for a child who has been traumatised by abuse and neglect. Parents need access to their own support and this needs to be appropriately identified in the assessment. This might be provided by therapy or counselling for themselves or something directly linked to the child's therapy.

There are other potential issues associated with therapy. You might feel that if your child is having therapy it will "label" him and make him feel different from his peers. This might also be an issue for the child with their friends or at school – stigma, name calling or bullying.

Any therapeutic work can be quite demanding for families and can take a lot of work. Different therapies make different demands on time, resources and energy and this must be built into the plan. These issues need to be talked about and support provided.

### **If it's not working out**

If you are not happy with the therapist or the therapy or you are worried about the effect it is having on your child, you (and your child) are not obliged to continue. It is not your job to keep the therapist happy. But if this is the case, speak to the therapist about the problems or difficulties and try to work them out. You could also discuss the issues with your social worker to see what experiences and thoughts they might have.

If you want to make a complaint about a therapist, you would normally complain to the therapist's employer in the first instance (e.g. the NHS, the local authority or the adoption support agency). You could also complain to the therapist's professional or registration body. If you are concerned that there are any safeguarding issues in respect of your child, then you must raise these with an appropriate professional as a matter of urgency.

*Brilliant and inspirational*

# **ATTACHMENT, TRAUMA AND RESILIENCE**

THERAPEUTIC CARING  
FOR CHILDREN

**Kate and Brian Cairns**

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