



THE LAST RESORT

Three Views on a Road Sometimes Taken

EXPERIENCE OF A PARENT:

The hopes of parenthood started after spending a few years of work and fun as a childless couple following marriage. It was time to settle down and start a family. However, we realized that not every dream comes true, at least not in the anticipated way. Our decision to adopt focused on South America. Everything seemed to go smoothly and, within a year, we became new parents, filling us with joy. We decided to have the perfect family, which led to the adoption of another child from the same orphanage.

Pre-adolescence was a challenge, but others arose, at which time we began to question our parenting skills. However, while in the depths of concern, "a book fell on my head," to paraphrase the late, great psychologist/

author, BJ Lifton, that changed our lives. The book, "Journey of the Adopted Self" was an enlightenment that moved us from ignorance to being proactive.

A summary of the years leading to the present includes continuing difficulties with school, behavior and other issues and we began to realize the nature of the issues. You see, what we didn't know is that a significant number of adoptees go through the emotional difficulties of abandonment, even in adulthood. After all, the person in one's life who would love her child without question would naturally be one's mother, which may explain a lot about a person's feelings about him or herself when relinquished. Today, new, never imaged challenges have emerged. Unfortunately, our situation is not unique. We are aware of many adult

adoptees with emotional difficulties, who may even be diagnosed with mental illness or have substance abuse issues. The bottom line is that we can't look back to consider what could have been. Our reality is similar to many parents sharing this experience. Only with careful, deliberate and educated steps can we begin to handle the challenges of unassuming couples seeking the ideal family. However, only with an education and coping skills were we able to make the best of a difficult situation. The goal is to pass on our knowledge to others. So what is a solution for the extreme cases?

Residential treatment had become a reality for us after we reached our limit. A number of serious and persistent unhealthy behaviors led to this last resort! These programs have the focus of behavior

modification, which can be good for many residents, but not for adopted teens. The complex issues associated with adoption and foster care require additional expertise that is frequently not part of the treatment approach. In these cases, we are talking about the deeper issues of early childhood deprivation and the development of attachment skills that must be targeted if treatment is to be truly effective.

OBSERVATIONS FROM A CLINICAL PERSPECTIVE:

As a social worker, heading up an adolescent psychiatric unit in the early 1980s, I made a grim discovery. A significant percentage of the adolescents, approximately 20-25 percent, were adopted. As a birth mother, who'd placed a child for adoption in the mid-1960s, it caught my attention. Oh dear, was this just happenstance or were adoptees showing up more frequently than the average teen? Had I done more than I realized to cause problems for the child I relinquished?

Today, adoptees can make up as much as 40 percent of the adolescent population in residential treatment centers. This is definitely not happenstance, but what is going on? "Identity formation" is the developmental task of adolescence. It's an extremely complex task for all teens. But in the case of the adopted teen, there are two identities to meld. One that is being lived and the other is the "road not taken." I often say: "Adolescence with adoptees is merely adolescence with the volume turned up." "Who am I?" is a difficult question, but imagine it for someone who does not have all their facts, or the earliest details of their own story. A factor in the increase of adoptees in RTCs is the increase in international adoptions. Early deprivation for those housed in orphanages has clearly taken a serious toll on young lives.

The last thing an adopted teen should have is another separation from his or her fam-

General Points to Check-Out

- Always make a personal visit to the facility.
- Do they have an accredited, educational curriculum that prepares students for a high school degree, college or later employment?
- Are all clinicians and administrators licensed?
- Is there medical staff on the premises?
- In addition to enrollment, clinical and tuition fees, will there be other incidental, fees charged later? Is there an early discharge penalty?
- Are there any provisions for scholarships or assistance to families in need?
- Check to see if complaints have been filed with the human service agency of that particular state, or with the Better Business Bureau.
- What is the philosophy of family involvement in their program? How do they offer cost-effective means of communication with staff, regular family sessions, and contact with your child?
- Review all contracts carefully.
- Ask to see the student handbook.
- Many RTCs will allow you to meet with students without staff present to ask about their experience with the program. Do this.

Adoption Specific Questions

- What percentage of their population are adoptees, on average?
- What clinical preparation has the staff had in working with the adopted population? Does any of the staff have post-graduate adoption certification?
- What is their philosophical approach in working with domestic adoptees? (Answer should include encouraging search/reunion while a resident of the program.)
- What is their philosophical approach to international adoption? (Answer should include RAD, PTSD and experience with early trauma and deprivation.)
- What specific programs do they offer to the adopted population, and what is the goal of treatment in each of these programs?
- Is the RTC a member of AAC and/or ATTACH? Do they know what those letters stand for? (American Adoption Congress) (Main organization devoted to the study of attachment issues.)
- Can they tell you anything about the Evan B. Donaldson Adoption Institute? (The premier research organization dealing with adoption.)
- Does the RTC seem to understand the notion that separating an adopted child from their family, is an absolute last resort? And that all attempts to minimize the separation from family are clinically indicated?

ily. Attempts must be made to deal with acting-out behaviors before they reach a level where residential treatment is the only option. Often a teen's behavior appears gauged to get him or her thrown out of the home. Frequently, there are episodes of running away. Drugs may be involved. However, the unfortunate reality is that, for safety's sake, sometimes the only choice is residential treatment.

Choose with caution. All treatment centers will tell you they work with adoptees. (Remember the high ratio in their care?) But find out "how" they work with adoption issues. That's the question you want answered in detail. Do they address attachment issues and, if so, what model do they use? Is the family intensively involved? Is it possible to find a treatment center that is easily accessible for the family? Are birth parent issues addressed? Is there an adoption group for the teens? Be thorough in finding out if the RTC you are considering is equipped to deal with the deeper issues

your teenager brings.

FROM INSIDE THE RTC:

I first began working as a therapist at an RTC in 1996 and have worked with three such facilities. RTCs have also been called "group homes," "therapeutic boarding schools" or "reform schools." The keyword to RTCs is "structure." RTCs depend on structure to maintain order in the facility and to teach benefits of compliance, as the typical resident of an RTC is a youth who has been "out of compliance" at some level. RTCs differ from rehabilitation centers in a number of ways, especially in regard to length of stay; whereas a rehab typically runs 28 days versus six months to a few years. RTCs usually have licensed therapists on staff, offering individual and group therapy, and family therapy through telephone or Skype. Depending on the state, they will have a psychiatrist and oftentimes a registered nurse on duty full-time. Most often they are secure facilities, where residents simply cannot walk out of the facility. While

there are a number of facilities scattered throughout the United States, there is a significant number in Utah, because of laws that allow residents to remain until they reach 18 years of age, even against the violation of the youth. Most RTCs accept youth from ages 13 to 18.

RTCs are an extreme level of intervention and are appropriately a last resort, specifically designed for young people not responding to outpatient treatment, short-term hospitalization and medication management, and who may be a danger to themselves or others. RTCs will typically accept residents who present with a variety of mental health concerns, including mood disorders, substance abuse issues, sexual issues and conduct disorders.

For a number of parents, RTCs are the only way to keep their children safe from themselves and significant consequences of their destructive behaviors. A number of residents later tell me that their life was

(kids in waiting)



Jeremy, 12, takes a big interest in playing his Gameboy or Wii, and also enjoys playing with LEGOs and toy trucks or cars. Outside he can be found riding his bike, playing basketball or playing with pets. Jeremy has even learned to snowboard. He is an inquisitive, observant and sensitive child who loves to be helpful.

This seventh grader is meeting tremendous success in his educational setting. He thrives with adults who can communicate clear expectations, establish structure and offer him patience. He participates in speech therapy and counseling, which may need to continue after placement. Jeremy may need some assistance as an adult, but he can have a wonderful future.

His caseworker prefers a two-parent or single-father Colorado family; however, all family types will be considered. Jeremy hopes to maintain contact with his brother and sister. Financial assistance may be available for adoption-related services.

For Colorado children, both homestudied and non-homestudied Colorado families are encouraged to inquire; only homestudied families from other states should do so. For more information, contact The Adoption Exchange at (800) 451-5246. Colorado, ID 6421

saved due to placement in an RTC. There are significant drawbacks, however, including the cost, with many ranging between \$4,000 and \$7,000 per month, along with bloated fees for enrollment, uniforms, activities and more. Parents are asked to keep their distance, turning the care of their child over to strangers. Many RTCs will accept almost any young person for admission and with that will oftentimes come a “cookie-cutter” approach, meaning that their application of structure and therapy is sufficient enough to handle the variety of problems that the resident presents without truly customizing treatment to suit their child’s particular problems. This last point is of significant concern for the adopted youth, because, for those that I’ve worked with, their behavioral presentation is similar to others. However, the etiology of their behavioral acting out is usually at a far deeper level — an attachment level — that rarely gets addressed with the cookie-cutter approach. When only behaviors are addressed, the root problems are not, meaning that the chances for

relapse into former, unhealthy behaviors are significant. Another concern about placement is that of another separation from family. It can be seen as a violation of trust and serve to reinforce unhealthy cognitive messages that the youth has been telling him or herself. This is a concern that parents and caregivers must weigh when considering placing an adopted child into residential treatment and it is essential that this be addressed in sessions.

For any adoptive parent considering this level of intervention, it is crucial to know the clinician’s training with adoptees. It is important to ask questions about treatment plans, goals and objectives that address core issues around adoption. Educate yourself about options and visit the facility, asking to speak with residents. Your child is worth the effort. ❁

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who specializes in adoption and third party reproduction. Drawn to the field by placing her two firstborn sons for adoption, Mackinnon is featured in the book “The Girls Who Went Away.” She serves on the board of The Evan B. Donaldson Adoption Institute. For more information, visit www.lesliepatemackinnon.com.

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Bruce Kellogg works in real estate and lives in Atlanta. Beyond work, he has focused on issues relating to adoption and teens for 20 years. Kellogg graduated from St. John’s University, New York, and is an adoptive father to two adult children and is a grandfather.

(kids in waiting)



Shawn, 16, is a caring guy using additional talents for sports, especially football and wrestling. A cheerful young man, Shawn is always willing to help, and loves to hang out around the house. He is a typical teenager in many of his attributes and behaviors. The dogs in his current home are enjoyable to him, and he can often be found playing Monopoly or watching pro wrestling on TV. His goal is to someday have his own business. He is a member of the Choctaw Nation. In eleventh grade, Shawn benefits from an Individualized Education Plan. He likes to assist others at school.

Shawn dreams of being part of a loving family, one who will play sports with him and be there for his games. He prefers to live in the city, but will live happily wherever a loving family lives. He has siblings with whom he would like to stay in contact. His caseworker prefers a home in which Shawn can be the oldest child, and parents who are willing to participate in a transitional plan prior to placement; however, all family types will be considered. Financial assistance may be available for adoption-related services.

For Oklahoma children, both homestudied and non-homestudied Oklahoma families are encouraged to inquire; only homestudied families from other states should do so. For more information, contact The Adoption Exchange at (800) 451-5246. Oklahoma, ID 8457