

Assessment and Treatment Planning



CLINICAL ASSESSMENT THROUGH AN ADOPTION LENSE

Lesson 1 draws from the article, *Using Clinical Assessment to Enhance Adoption Success*.



If you have not read this entire article, please do so now. The authors identify **5 key domains** to include in the clinical assessment:

1. **Child trauma & traumatic stress**
2. **Child & adolescent functioning**
3. **Parent-child relationship & attachment**
4. **Parent functioning**
5. **Adoption specific adjustment**

Ultimately, while psychiatric diagnoses are useful, and sometimes necessary to qualify for treatment funding, the conceptualization of the child must go beyond the DSM-5 classifications to include the impact of complex trauma, attachment relationships, as well as current risk and protective factors in the family and social environment.

Murray & Sullivan

Murray and Sullivan suggest using the assessment process as an opportunity to provide families feedback and psychoeducation to help them shift from blaming the child or themselves to a more realistic understanding of what has happened to the child and the resulting difficulties.



Based on the article, choose a youth in a foster, adoptive, or guardianship family, and complete an assessment of the five domains. Considering the issues raised in the article, develop a treatment plan to address challenges in each domain. A complete history must include factors such as number of moves, prenatal substance exposure, early deprivation, institutional care, malnutrition, neurocognitive functioning, the family's history of help-seeking, a cultural assessment, and the strengths of the child and family.

Use of Standardized Measures

Standardized measures reveal areas of difficulty and a basis for measuring change, but they do not reveal *the underlying causes*. Some commonly used measures discussed in **Lesson 1** include: Child and Adolescent Needs and Strengths Comprehensive Assessment, Treatment Outcome Package, Achenbach System of Empirically Based Assessment, Child Behavior Check List, Youth Self Report,



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the Parenting Stress Index, and the UCLA Post Traumatic Stress Disorder Reaction Index.



Please investigate any standardized measures above that are unfamiliar to you. There are links for most at the end of **Lesson 1**.

Special Issues in Kinship Placements

Relatives are preferred resources for foster and adoptive placements because they maintain the children's connections with their families. Research indicates that foster children finding permanency with kin have superior outcomes (stability, well-being measures, satisfaction) when compared with other types of foster care adoption.

The needs and challenges in kin families are likely to differ from other types of permanencies:

- **Role changes in families**
- **At times, conflict between the relative parenting the child and other members**
- **Caregiver conflicts related to loyalty, guilt & setting boundaries with birthparents**
- **Less income and fewer services**

Dr. Joseph Crumbley identifies 5 issues to assess in kinship caregiving families -- guilt; loss & ambivalence; projection & transference; hope, fantasy & denial; and loyalty issues.



Over time, review his excellent video training series, *Engaging Kinship Caregivers: Managing Risk Factors in Kinship Care*, which has a 20-minute module on each of the 5 important issues.



If you work with kin adoptive or guardianship families, assess the presence of these 5 dynamics in one of these families. Write a treatment plan that addresses these issues.

Using Assessment to Formulate Treatment

It is highly unlikely that a single diagnosis or treatment model will address the range of challenges present with an adopted youth and family. While a cluster of behaviors may lead to a specific diagnosis, it typically does not reveal their underlying causes. The case study of Samuel in **Lesson 3** illustrates this point.

Fetal Alcohol Spectrum Disorder

Prenatal exposure to toxic substances is a challenge for some youth in any type of adoption. While a range of legal and illegal drugs, including tobacco, can have negative impact on a fetus, alcohol exposure is particularly harmful. This disorder tends to be missed or misdiagnosed by professionals.



Become familiar with the range of symptoms and diagnoses related to FASD, including ND-PAE from the DSM-5, from the NIH brief, *Fetal Alcohol Exposure*.



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