The challenges of working with adoption

As editor of this special issue, Maggie Rogers highlights the implications of the Adoption and Children’s Act for psychotherapists and counsellors and looks at the challenges of working with all parties to adoption.

In December 2005, the Adoption and Children’s Act 2002 became law. Before that time, psychotherapists and counsellors could provide adoption support to clients through psychotherapy and counselling, but the passing of the Act changed the situation. The provision of adoption support now requires registration as an adoption support agency (ASA) with Ofsted, and regular inspection is part of the process. To date, there has been little discussion within UKCP about the implications of the legislation for psychotherapists. As guest editor of this issue of The Psychotherapist I am therefore aiming to raise awareness of the topic among individual practitioners and training organisations. In the following pages we will look at the current state of the law and some of the particular challenges of working with adoption in psychotherapy.

At one level the Act is very clear; at another it is open to interpretation. This makes things very difficult for the psychotherapist in private practice. The Act was designed to ensure that people affected by adoption (one in four people in the UK) are provided with adoption support services from practitioners who are both qualified and experienced, the expectation being that they are able to meet the particular needs of the group. However, the requirement for practitioners to register as ASAs makes therapeutic services less available rather than more available to people affected by adoption. Many individuals, groups and organisations responded to the call for submissions before the Act came into law, but to no avail: the legislation became law.

In a highly informative and human article, Kunu Gordon outlines the steps and stages of the process leading to Ofsted inspection and registration. She also provides information about the costs involved, the challenges and the benefits, and helps define some of the terms that govern registration which involve therapists in a whole new language and set of procedures.

**The letter of the law**

As the law stands, if you are working with a client where the main focus of the work is adoption support then you must be registered with Ofsted. Maeja Raicar’s article on page 6 speaks about the difficulties some adopted adults may have in forming relationships due to previous disrupted attachments. When read in conjunction with this editorial and the implications of the legislation, it also demonstrates how problematic the implementation of the law may be. If we follow the letter of the law, at the point when client raises adoption-related issues, the therapist should refer the client on to an ASA. Since Maeja clearly articulates why further disrupted attachments for those involved in adoption should be avoided, it seems quite bizarre that current legislation subscribes to this position.

“The requirement for practitioners to register as ASAs makes therapeutic services less available rather than more available to people affected by adoption.”

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There are those who argue that a less restrictive reading of the legislation is possible. This may be so. However, practitioners need to be aware of the law as it stands and make their own decisions accordingly. Promises of a review have been made since 2006, but no such review has been announced. When I questioned the need for registration for therapists in private practice I was told that it would take a test case to challenge the law.

So, if this is the way it is, what are the special skills and expertise that an adoption support psychotherapist requires? In addition to bringing alive the issue of disrupted attachments, Maeja’s article also highlights an essential area of training required by adoption therapists: the ability to work with grief and loss. A psychotherapist working in this field needs to be able to bear the weight of all the losses and grief of their adopted clients, adoptive parents, birth relatives and prospective adopters – and survive its enactment in the therapeutic space. The narrative of adoptive clients begins with loss. Loss and rejection are played out over and over again in the transference and counter-transference. Projective identifications can be intense, extreme and destructive. Watch out too when intimacy enters the space – a premature departure may ensue. Better to reject and abandon rather than stay and discover whether this time the (m)other will stay.

Adoption is seldom, if ever, a first choice for adoptive parents and/or prospective adopters. Usually there is a history of lost babies (through miscarriage or an inability to conceive), dead babies, and sometimes numerous attempts at IVF, donor conception and surrogacy. Until they have grieved the loss of the ideal child they haven’t had, adopters cannot attach to a new child. The losses of birth relatives are also profound: lost children, birthdays, weddings, grandchildren and so on. Grief work, and the ability to hold it, is essential in adoption therapy.

Esther Ina-Egbe’s article (page 10) highlights two areas of expertise required by adoption psychotherapists: identity and race. Who am I? Where did I come from? Who is my mother? Who is my father? What is my heritage/what are my heritages? Why was I given to a white family when I am black or mixed race? These are some of the very challenging issues facing adoption psychotherapists every time they work with adopted adults. As Esther highlights, a psychotherapist needs to be able to bring into the room the issues involved in working with a black or mixed race client, and needs to explore the repetitions and lack of mirroring that may be present in the therapeutic relationship.

**Reporting abuse**

Adopted adults, according to the legislation, are considered to be ‘vulnerable’, and working with vulnerable adults brings with it a need for attention to the requirements of the law. In this instance, vulnerable adults may have been subject to historical abuse. As the perpetrators of the abuse may still be alive and/or in contact with other children, and may therefore be continuing to abuse, the legislation may require adoption support therapists to break confidentiality and report incidents. In the first instance, this would be to a supervisor or registered manager. Should it be deemed necessary, reporting may be taken further to social services and, perhaps, the police. UKCP therapists, particularly those in private practice, should be aware that this is a wide departure from the more traditional approach of ‘working with’ or ‘working through’ instances of abuse raised in therapy. Others who work in therapy placements in organisations may be more familiar with this reporting requirement.

An adoption therapist needs to be alert to the law, have in place appropriate contracting agreements and attend child protection training on an annual basis. Many children who become available for adoption in the UK have suffered early trauma, including abuse and neglect.

**Adoption support therapists need expertise in the neurological impact of abuse and neglect**

This may have a profound impact on the brain and developmental delays may occur. In her interview with Beverly Morris, Eve Menezes Cunningham asks how movement work could help adoptees learn to reach out. Beverly discusses her experience of a workshop she attended and concludes: ‘Many personal challenges and hurdles that adoptees experience can start to be understood in the context of neurological developmental terms.’ Adoption support therapists need expertise in the neurological impact of abuse and neglect.

There are a large number of other expertises that an adoption therapist may have and wish to develop: the ability to explore life story work; reunion and rejection; post-adoption blues; and so on. However, without a deep awareness and psychotherapeutic understanding of how loss and grief are being played out in the workplace, it is unlikely that the needs of the client can be met.

This issue also includes a poem by Tim Cunningham, entitled The Moses Basket, about his mother long after she had died and he discovered he had a younger sister given up for adoption as a baby. And we review two publications: a book of writing and poetry by adopted children and young people, The Colours in Me, edited by Perlita Harris (2008), and The Emotional Experience of Adoption: A Psychoanalytic Approach edited by Debbie Hindle and Graham Shulman (2008).