Adoption Competency Training for Mental Health Professionals in Ontario

Online survey responses of adopted parents

2013

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Background

The Adoption Council of Ontario’s (ACO) motto is:

Kids Need Families and Families Need Support.

Through its award-winning AdoptOntario program, the ACO helps children who need families find permanent, loving, adoptive homes. To address the other half of its motto, the ACO strives to increase post-adoption supports to families so that adoptive families have the support they need.

The ACO’s experience is that adoptive families need greater post-adoption support in dealing with the mental health of their adoptive children and the family as a whole. The ACO is often contacted by families needing help and support and by adoption workers needing to point families in the right direction for support. Even mental health professionals contact the ACO for guidance on dealing with adoption related issues they are not experienced in dealing with. There are complex issues and dynamics involved in treating an adoptive child and his/her family. Without an understanding of the issues involved in adoption and the loss and trauma that many adopted children have experienced, mental health professionals can make issues worse for the child and their families. The ACO also understands that there are long waiting lists for those professionals who are more experienced in this area. There are also many areas of the province that simply do not have adoption experienced mental health professionals.

In addition to the many families that have already adopted children in Ontario, the ACO is also cognizant of the currently over 17,000 children and youth in foster care in the Province of Ontario. 7,900 of these children are Crown Wards. As the province works to find permanency solutions for these children through AdoptOntario and other avenues, the need for professional support will likely grow.
When the ACO was developing its Strategic Priorities in 2012, it resolved to look into this issue in greater depth and develop, if merited, an Adoption Competent training program for mental health professionals in Ontario. The project was divided into three phases as follows:

- **Phase 1**: Needs Assessment and Information Gathering
- **Phase 2**: Feasibility Study, Business Model, and Partnership Development
- **Phase 3**: Adoption Competency Training Pilot Program

*This report forms part of Phase 1 of the project.*

To accomplish Phase 1 of this project the ACO set out on an information gathering exercise to better assess the needs of adoptive families, as follows:

1. Review any relevant research in this area
2. Survey needs of Ontario adoptive families and adoption workers
3. Examine various adoption competency curriculums that exist

*This report will only cover the surveyed needs of Ontario adoptive families.* Other information gathered (e.g., relevant research, exploring various adoption competency curriculums) have been reported elsewhere.

**Methods**

To better understand the needs of adoptive families and professionals in Ontario and the existing state of mental health supports, the ACO conducted a survey of the needs of Ontario Adoptive Families in October 2012.

The electronic survey was developed by the ACO using Survey Monkey. The Adoptive Families Survey was sent to members of the ACO’s adoption community, who were encouraged to forward it on to other adoptive families that might be interested. In a two-week period of time, an astonishing 445 adoptive families responded to the ACO’s survey.

In February 2013, a brief follow up survey was also sent to the ACO’s adoption community to better understand exactly where adoptive families were looking for mental health supports. This information will be included in another report by ACO.
Findings

Demographics

In this section, the basic demographic information about the adopted parents who completed this voluntary survey is provided. There were a total of 445 adopted parents who responded to the survey.

When the parents adopted

The participants within the survey represented a wide range of adoption experiences. Adopted parents ranged from adopting their child(ren) within the past year to more than 10 years ago. Majority of the parents had adopted their child(ren) more than three (3) years ago (n=265 out of 441; 60%).

Approximately half of the parents who participated in this survey adopted their children through public CAS adoption (n=238 of 431; 55%). Adoptions also took place through international adoption (n=132 of 431; 31%), private Ontario adoption (n=56 of 431; 13%), and kinship adoption (n=5 of 431; 1%).

There were 21 participants who adopted through a variety of methods. There were the following combinations identified: public CAS adoption and private Ontario adoption (n=11), private Ontario adoption and international adoption (n=4), public CAS adoption and international adoption (n=4), public CAS adoption and kinship adoption (n=1), and public CAS adoption, private Ontario adoption, and international adoption (n=1).
**Details about the parents’ children**

There were many different ages adopted, according to the participants within this survey. Adoptees ranged from less than one year old to greater than 13 years old.

Approximately half of the adopted parents indicated that they had adopted only one child (n=246 of 440; 56%). Of the children adopted, approximately 8 out of 10 were between the ages of less than one to three years of age (n=194 of 246; 79%). The remaining children adopted were 4-13+ years at the time of adoption (n=52 of 246; 21%). The other half of adopted parents indicated that they had adopted more than one child. Many of the parents adopted two children (n=152 of 440; 35%); while, a small sample of adopted parents shared that they adopted three to more than four children (n=42 of 440; 10%).

Approximately one-fifth of parents adopted a sibling group (n=84 of 439; 19%). Many of the sibling groups had two children (n=75 of 86; 87%). These sibling groups of two ranged in age from less than one year to 13 years old, with majority of the children being less than one to 6 years old (n=46 of 74; 62%).

Fewer parents adopted sibling groups that included three children (n=8 of 86; 9%), and four children (n=3 of 86; 4%). Their ages ranged from less than a year to greater than 13 years.
Adopted Families Use of Services

Parents were asked if they have used any kind of professional service outside of the adoption worker and the agency worker who assisted in placing their child, since the adoption.

Approximately three-quarters of parents indicated that they have used some form of professional services outside of the adoption and agency workers (n=326 of 439; 74%). There was only one-quarter of parents who indicated that they have not used additional services (n=113 of 439; 26%).

Of the parents that have utilized services, many of them have used the services for only one of their children (n=198 of 326; 61%). Followed by the use of services for two children who have been adopted (n=106 of 326; 33%), and three or more children who have been adopted and used additional services (n=22 of 326; 7%).

When parents sought services for their children, it ranged from 1-8 different services with an average of 2.8 services (SD=2.51). The top three services sought for parents’ children were for speech and/or occupational therapy (n=219 of 326; 67%), behavioural (n=173 of 326; 53%), and psychological (n=167 of 326; 51%). Refer to Table 1 below for a breakdown of all eight different services provided to parents on the survey.

Table 1: Types and frequency of services sought by parents for their children

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Frequency</th>
<th>% (out of 326)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic educational - tutoring, other extra help</td>
<td>137</td>
<td>42%</td>
</tr>
<tr>
<td>Specialized educational - psycho-educational assessment, private schooling</td>
<td>161</td>
<td>49%</td>
</tr>
<tr>
<td>Specialized medical</td>
<td>146</td>
<td>45%</td>
</tr>
<tr>
<td>Speech and/or occupational therapy</td>
<td>219</td>
<td>67%</td>
</tr>
<tr>
<td>Behavioural</td>
<td>173</td>
<td>53%</td>
</tr>
<tr>
<td>Emotional</td>
<td>153</td>
<td>47%</td>
</tr>
<tr>
<td>Psychological</td>
<td>167</td>
<td>51%</td>
</tr>
<tr>
<td>Psychiatric</td>
<td>88</td>
<td>27%</td>
</tr>
</tbody>
</table>
Mental Health Issues

Almost 2/3 of adoptive parents believe that one or more of their children have mental health issues (n=267 of 419; 64%). Of the parents that believe that their children had a mental health issue, parents suspected that their children had 1-8 issues with an average of 1.83 issues (SD=1.98). The three most frequently mental health issues parents thought their children had: anxiety (n=187 of 267; 70%), attention deficit disorder (n=172 of 267; 64%), and attachment issues (n=142 of 267; 53%). Refer to Table 2 for breakdown of the different types of mental health issues that children may have according to their parents. Parents also indicated that they think that their children have one or more of the following other mental health issues: addictions, alcohol related neurodevelopmental disorder, attention deficit hyperactivity disorder, auditory processing disorder, anger management, autism, biological sibling separation, borderline personality disorder, reactive attachment disorder, early sexualized behaviours, eating disorders, dyslexia, executive functioning difficulties, learning disabilities, low self-esteem, personality disorder, reactive attachment disorder, sensory integration issues, sleep disorder, and tourette syndrome.

The most frequently identified other mental health issues was alcohol related neurodevelopmental disorder/ fetal alcohol spectrum disorder (n=37 of 267; 14%). This issue was more prevalent to the parents than bipolar, schizophrenia, and obsessive compulsive disorder.

Table 2: Types and frequency of mental health issues parents’ children may have

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Frequency</th>
<th>% (out of 267)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attention deficit disorder</td>
<td>172</td>
<td>64%</td>
</tr>
<tr>
<td>Attachment issues</td>
<td>142</td>
<td>53%</td>
</tr>
<tr>
<td>Trauma based issues</td>
<td>124</td>
<td>46%</td>
</tr>
<tr>
<td>Oppositional defiance disorder</td>
<td>74</td>
<td>28%</td>
</tr>
<tr>
<td>Obsessive compulsive disorder</td>
<td>26</td>
<td>10%</td>
</tr>
<tr>
<td>Anxiety</td>
<td>187</td>
<td>70%</td>
</tr>
<tr>
<td>Depression</td>
<td>61</td>
<td>23%</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>7</td>
<td>3%</td>
</tr>
<tr>
<td>Bipolar</td>
<td>25</td>
<td>9%</td>
</tr>
</tbody>
</table>
Adopted Children’s Use of Mental Health Services

Approximately ¼ of parents stated that their child(ren) were receiving professional services prior to the time of the adoption (n=97 of 420; 23%). These are children that parents suspected had 1-3 mental health issues (n=48 of 97; 49%), with a range of 1-8 issues. Some of the children who experienced public CAS adoption were linked to professional services prior to the time of their adoption (n=94 of 250; 38%). Followed by kinship adoption (n=1 of 5; 20%), private Ontario adoption (n=3 of 51; 6%), and international adoption (n=4 of 130; 3%). Of the parents who had children already connected to professional services prior to adoption, less than half indicated that they were able to continue with the same professional after the adoption (n=51 of 113; 45%).

Adopted Parents’ Perceptions of Accessing Mental Health Services

Parents were asked their opinion, based on their experience with their child(ren) to date, whether adequate professional services were provided to their child during the time prior to their adoption, whether that be in foster care, in an orphanage, or in another environment. Only 22% of the parents answered a definitive yes, absolutely (n=74 of 337). Some of the parents indicated that there were adequate services available to some extent (n=82 of 337; 25%). The some extent was qualified as either services were provided, but they weren’t sure they were the right ones or services were provided but without the involvement of a primary caregiver, they were not very effective. 40% of parents answered not really or not at all (n=136 of 338). A small number of parents were not sure if adequate professional services were received prior to the adoption (n=44 of 338; 13%).

In particular, when looking at how parents adopted and whether or not their child received adequate professional services prior to adoption, it appears that children from public CAS adoptions (n=130 of 218; 60%) and private Ontario adoptions (n=17 of 30; 57%) were absolutely or to some extent provided with services. Parents who adopted internationally reported their children were not really or not at all provided professional services prior to adoption (n=57 of 102; 56%). There were too few kinship adoptions to make any comments at this time. Refer to Table 3 for aggregated results.
Table 3: Type of adoption by whether adoptees received adequate professional services prior to their adoption

<table>
<thead>
<tr>
<th>How did you adopt?</th>
<th>Yes, &amp; to some extent</th>
<th>Not really &amp; not at all</th>
<th>Not sure</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public CAS adoption</td>
<td>130 (60%)</td>
<td>74 (34%)</td>
<td>14 (6%)</td>
<td>218</td>
</tr>
<tr>
<td>Private Ontario adoption</td>
<td>17 (57%)</td>
<td>11 (37%)</td>
<td>2 (7%)</td>
<td>30</td>
</tr>
<tr>
<td>International adoption</td>
<td>18 (18%)</td>
<td>57 (56%)</td>
<td>27 (26%)</td>
<td>102</td>
</tr>
<tr>
<td>Kinship adoption</td>
<td>1 (33%)</td>
<td>1 (33%)</td>
<td>1 (33%)</td>
<td>3</td>
</tr>
</tbody>
</table>

If adoptees were not receiving services prior to the time of adoption, over half of the parents indicated that it was not made clear to them at the time of adoption that their child(ren) might need professional services (n=115 of 267; 57%). The remaining 43% of parents indicated that it was made clear to them about the need for services (n=116 of 267; 43%).

In general, adoptive parents indicated that they were not given the names of professionals that might be of assistance by their social worker or the agency social worker (n=226 of 340; 67%).

However, when parents are asked when they adopted their child and whether or not they were given names of professionals, it is hopeful that more recent adoptions (within the past year) are provided this opportunity approximately half of the time (n=33 of 63; 52%). Previous years of adoption, it appears to be less likely to occur - 36% of parents who adopted 1-3 years ago received names of professionals; 29% of parents who adopted 3 to less than 10 years ago received names of professionals; and 18% of parents who adopted 10+ years ago received names of professionals that might be of assistance.

Availability of Subsidies to Help Defray the Costs of Services

Two-thirds of the parents indicated that there was no subsidies provided to them to help defray the costs of professional services (n=207 of 312; 66%). Only one-third of parents said that there were subsidies available (n=105 of 312; 34%).
When subsidies were available, it appears to be mostly provided to parents who adopted through public CAS adoptions (n=95 of 195; 49%). Followed by international adoptions (n=11 of 97; 11%), and private Ontario adoptions (n=3 of 32; 9%). There were only three parents who participated in kinship adoptions and only one third of them agreed that subsidies were provided (n=1 of 3; 33%).

When exploring the availability of subsidies and when parents adopted to their children, the findings suggest that parents who adopted within the past year were more likely to receive subsidies (n=31 of 48; 65%) than previous years. For instance, only 32% of parents were provided with a subsidy when they adopted their child between 1-3 years ago (n=27 of 85); or 32% of parents who received a subsidy when they adopted 3 to less than 10 years ago (n=47 of 147); or 22% of parents who adopted more than 10 years ago received a subsidy (n=16 of 72). There does not appear to be any differences if parents adopted a single child or a sibling group at this time.

Finding Professionals to Assist with Adoptees’ Mental Health Issues

In this section, parents were asked to answer from the perspective of their child with the most significant mental health issues and the professional who is involved most in their treatment.

Parents provided a variety of experiences when trying to find someone to help them with their child’s mental health issues.

- 33% found it was easy to find someone to help them (n=83 of 251)
- 17% found someone quickly but they did not seem to understand (n=42 of 251)
- 36% found they had a difficult time finding someone (n=92 of 251)
- 14% still haven’t found anyone (n=34 of 251).

Parents provided a wealth of additional comments about their experiences of trying to locate professionals. Refer to Table 4 for aggregated data on the responses of some parents by their type of experience.
Table 4: Qualitative responses of parents about their experience of finding help for their child’s mental health issues

<table>
<thead>
<tr>
<th>Experience of finding someone to help with their child’s mental health issues</th>
<th>N</th>
<th>Additional comments*</th>
</tr>
</thead>
<tbody>
<tr>
<td>It was easy to find someone to help us</td>
<td>20</td>
<td>These parents found it easy to find someone to assist them because they worked within the “education field dealing with learning/behavioural needs”, “child development”, “paediatrics”, or “within the field”. Other ways to locate help were noted as: “recommended by CAS”, the parents “knew someone from church”, and/or they “have found various people over the years”. Some of these parents indicated that while it was easy to locate help, there were other challenges that were presented. Some of these included “waiting times and costs”, “they were far away”, and/or “finding another professional who is adoption-competent”</td>
</tr>
<tr>
<td>We found someone quickly but they did not seem to understand the adoption issues we faced</td>
<td>1</td>
<td>There was only one parent who commented further about how they were able to locate help, but the organization didn’t seem to understand adoption related issues. This parent was confident that after the child has had an assessment, that they would be able to locate resources.</td>
</tr>
<tr>
<td>We had a difficult time finding someone</td>
<td>21</td>
<td>These parents indicated that they had a difficult time finding someone, in particular who is “adoption competent”. One parent described the process as a “nightmare.” It was difficult to find someone because there was “no one to coordinate” the entire process. There was “an ongoing struggle to find assistance”. Some parents stated that their child did not qualify for services because they were “borderline”. Others find that it is “difficult to find someone who understand both [medical issues and trauma issues]”. In particular, when the professional “only dealt with one facet of a multifaceted, complex situation,” or they don’t deal with “dual diagnosis” issues. Other parents indicated their frustration with the lack of services for children diagnosed or suspected of FASD. For instance,</td>
</tr>
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</tbody>
</table>
that they "need to go outside the community, as these resources (e.g., FASD) don’t exist where we live."

It was so difficult for some families that they “are no longer using a professional for support”.

<table>
<thead>
<tr>
<th>We still haven’t found anyone</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>These parents struggled with locating someone to help their child’s mental health issues. Parents often struggled to obtain an assessment, diagnosis, and supports. Particular areas of difficulty were &quot;regarding FASD&quot;. Parents talked about making several attempts to seeking help. One parent shared that they &quot;went to 27 different professionals seeking help. None were able to help.&quot; Much frustration was expressed about lengthy &quot;waitlists&quot; for services. Parents also experienced additional challenges to locate help for their child's mental health issues, if there were more than one issues presented. Often parents were recommended to locate additional service providers to assist with the process.</td>
<td></td>
</tr>
</tbody>
</table>

*Note: Italicized words are direct quotes from the parents’ responses*

There were a variety of individuals who helped parents identify professionals to assist with their child's mental health issues. Parents were asked to indicate all professionals that they have used within a short list of seven professionals. On average, parents shared that only an average of .61 individuals helped them to find professionals with a range of 1-5 professionals sought (SD=.873). The results indicate that the most frequently used supports were: paediatrician (n=73), social worker (n=62), and/or child’s school. Other sources of support in locating professionals included: support group (n=39), agency social worker (n=37), employer’s insurance plan (n=10), and the ACO website (n=7).

Some other sources of support in locating a professional predominately included self-advocacy and self-researching: colleagues, crisis hotlines, daycare, family doctor, friends, Internet searches (e.g., Google), information sessions (e.g., on FASD), networking, online chat group with other international adoptive parents, other adoptive parents, and police officers. Other more formal sources included: agency executive director, educational psychologist, family resource centre, hospital, lawyers, mental health workers, and/or religious/spiritual leaders.
Waitlists

Once a professional for the adoptee was identified, parents were asked about whether or not there was a waitlist to see the identified professional. Majority of the parents indicated that their family was placed on a waitlist (n=193 of 278; 70%). Of those families that were on a waitlist, approximately half of them had to wait 1-6 months for service (n=91 of 193; 47%). One-third of parents had to wait more than 6 months (n=64 of 193; 33%), and the remaining one-fifth of parents had to wait less than one month (n=38 of 193; 19%).

There does not appear to be any difference between the type of adoption (i.e., public CAS adoption, private adoption, or international adoption) and the amount of time it takes to access services. All three groups have approximately half of their waitlist times within 1-6 months.

Starting the Mental Health Services

Once a mental health practitioner was located, 42% of the parents located services within their own neighbourhood and between 1 and 10 kilometres away (n=115 of 271). Another 42% the parents indicated that they need to travel between 11 to 50 kilometres to get to the professional (n=115 of 271). The remaining 16% of parents were required to drive more than 50 kilometres away from their neighbourhood in order to see the professional for their child (n=41 of 271).
After receiving the services from the professional for awhile, the parents’ perceptions of these professionals varied. Some of the professionals were very experienced in treating adoptive families (n=74 of 275; 27%), had some experience with adoptive families (n=81 of 275; 30%), and had limited or no experience with adoptive families (n=69 of 275; 25%). There was a small group of parents who didn’t ask (n=51 of 275; 19%). Refer to Figure 1 for an illustration of how parents felt about the professionals they located for their children.

The parents’ perceptions of mental health professionals may also be connected with how long they had to wait to see the professional. When there was no waitlist, half of the parents indicated that they found the professional to be very experienced in treating adoptive families (n=41 of 82; 50%). When the waitlist moved to less than a month, parents perceived the professionals as being either very experienced or had some experience with adoptive families (n=25 of 38; 39%). While families who were placed on a waitlist for 1-6 months indicated that the professional had some experience or limited to no experience with adoptive families (n=57 of 90; 63%). Similar findings were also noted when waitlists were greater than 6 months (n=48 of 63; 76%).

Parents were also asked if they considered the professional that they were working with to be “adoption competent”, in terms of being able to effectively treat all members of an adoptive family. Just over half of the parents indicated that the professional was adoption competent (n=148 of 266; 56%). However a large portion of parents indicated that the professional was not adoption competent (n=118 of 266; 44%).
Despite approximately half of the parents indicating that the professional they received services from within Ontario was adoption competent, the majority of parents felt that it was very important that the mental health professional be adoption competent if they were treating families who have been touched by adoption (n=277 of 320; 87%). A small number of parents indicated that it was only somewhat important (n=41 of 320; 13%). Even fewer parents suggested that it was not very important for the mental health practitioner to be adoption competent. A few parents (n=21) indicated 'other' as a response and specified that it was "crucial" or "absolutely essential" that professionals be knowledgeable about adoption related issues.

**Receiving the Mental Health Services**

Adoption competent professionals are able to effectively treat all members of an adoptive family. Parents were asked who the professional primarily spends most of their time with during sessions. Majority of the parents reported that the professionals meet with both the child and family (n=163 of 251; 65%). Other professionals tended to mostly spend their time with the child, family involved from time to time (n=59 of 251; 24%). While the remaining professionals met solely with the child (n=29 of 251; 12%).

Some parents (n=57) indicated 'other' to how their professional primarily spent their time. This included a combination of the above responses. Many of the responses suggested that it depended upon the type of service that may influence who is involved in it.

If the child and/or the family had begun treatment, the timeframes differed.

- 33% Less than six months (n=78 of 235)
- 14% 6 months to 1 year (n=33 of 235)
- 17% 1-2 years (n=41 of 235)
- 22% 2-5 years (n=51 of 235)
- 14% More than 5 years (n=32 of 235)

Approximately half of the parents had begun treatment within the past year (n=111 of 235; 47%). Of the children and/or families that have begun treatment, their initial experience of the professional was predominately positive. Many of the parents indicated that it was excellent - the professional really seemed to understand my child and our family (n=84 of 240; 35%). Followed by good, no complaints (n=71 of 240; 30%), and
satisfactory (n=57 of 240; 24%). A small number of parents were unsatisfied with the professional during the initial experience (n=28 of 240; 12%).

For families who have been in treatment for greater than a year, their experiences were predominately positive, though less so. Many of the parents indicated excellent - the professional really seemed to understand my child and our family (n=32 of 134; 24%), good, no complaints (n=30 of 134; 22%), and satisfactory (n=29 of 134; 22%). Approximately 1/5 of parents were unsatisfied with the experience (n=27 of 134; 20%). A small number of parents were not sure about their experience with treatment (n=16 of 134; 12%).

Reasons for an unsatisfactory experience included:

**Unhelpful information/advice**

Parent  
"A psychologist associated with CAS told me that I was too lenient and I needed to be stricter. That very afternoon, another counsellor associated with the trouble she was in at school, told me that I was too strict, and I needed to lighten up.

Parent  
"As a three year old she was in play therapy and it helped but the report identified that as a adolescent the issues may arise again they did and there was not preparation follow through and now she has been in life threatening situations and only crisis care provided."

Parent  
Didn't feel issues were being addressed. Too much jargon, not enough solutions"

Parent  
"Generally uninformed about the impact of deprivation on emotional and neurological functioning."

Parent  
"Psychologists at Children’s Hospital not helpful - hard to diagnosis trauma and aggression - private psychologists considered him too complex"

Parent  
"Previous counselling did not recognize that we were dealing with a brain based disability"
Recommended parenting course, blaming the parents

Parent: "After jumping through many hoops we eventually got our son to a child psychiatrist who, after one visit, determined that there was nothing wrong with our son and that my husband and I need parenting training."

Parent: "Instead of helping my child with issues it became about the parents and parenting"

Parent: "Many of the professionals seemed unable to distinguish between birth family issues and current family issues and there was a great deal of parental blame dished out - mother blame in particular."

Parent: "My counselor was not skilled in trauma nor did she understand the issues related to the neurological and psychological damage my son had suffered. She did not understand how our family also became traumatized by his experience and behaviour. She felt we didn’t understand him, parenting and made me feel like I didn’t try hard enough or see him clearly."

Parent: "Not a very nice person, makes us feel belittled and inadequate as parents"

Parent: "Our therapist at first really seemed to understand but then she started to play the blame game - we went to another therapist in the same office who was terrific but now she has moved on and we are left in the lurch - so we are looking again."
Not listening to parents and the professional doesn't understand their situation

Parent  “Did not listen to the parent and juggled meds far too often”

Parent  “Discussed before-Incorrect diagnoses, wrong counselling approach, lack of professional education re adoption related issues

Parent  “Initial professional seemed to get "stuck" and lose touch with both child and parent needs”

Parent  “The last professional had a good connection with my child, but did not really know how to move forward adequately.”

Parent  “No understanding of the issues facing my children”

Parent  “All practitioners suggest medical intervention; a reluctance to refer us to trauma-based psycho-therapy (neuro-psychology)

Process is not helpful

Parent  “Sometimes the referral would take a while, then waiting lists, and then the person wasn't helpful”

Parent  “Asked me to detail her life before adoption, while daughter listened. She had to hear things I haven’t yet discussed with her, and she had to hear them bluntly”

Parent  “Because our child is now legally an adult/ we are limited even though she is developmentally delayed and mentally ill.”

Parent  “Had little understanding of the real issues and had the child ask for material things that the child said would solve his problems.”

Parent  “I felt that our first resource provide appts that were more like a social call than anything else”

Parent  “It would have been useful to continue the sessions after we moved but the "rules" didn’t allow us to continue. My daughter would have continued with the first professional but didn’t want another.”
“All adopted children have experienced the loss of their whole world at least once – and, in some cases, many times over – at crucial times in their development. These losses are a major trauma in their young lives and inevitably impact many facets of their development.” ~ Adopted parent

Parent  “Most services are disjointed and appointments are too far apart.”

Parent  “My daughter is now seeing someone who although we haven’t met him, do not like him at all. We have concerns but my daughter likes him and she is 18 so we are out of the equation for now.”

If the parents’ experiences were unsatisfactory, they were asked to elaborate on that point. Many of the parents indicated that the treatment was not effective. It was suggested that services should be provided “much earlier”.

For whatever reasons, approximately half of the time parents indicated that they have had to change professionals at least once (n=48 of 239; 20%) or more than once (n=78 of 239; 33%). The remaining parents stated that they did not have not change professionals (n=113 of 239; 47%).

When specifically asked what main reason resulted in the parent changing the professional, many of the parents indicated that there was no improvement (n=31 of 81; 38%). Followed by the professional didn’t seem to understand my child (n=27 of 81; 33%) and the professional did not understand adoption (n=10 of 81; 12%). Fewer parents stated that we didn’t click (n=7 of 81; 9%) or the professional didn’t seem to understand my family (n=6 of 81; 7%).

Other reasons that may have constituted a change in the profession included: youth aged out of service, youth changed schools/cities, professionals end service (e.g., burned out, retired, maternity leave), additional services provided to the youth and their family from another service provider, and changes to funding.

Typically, parents were paying for the professional services through an average of .7 payment methods (SD=.825), ranging from 0-3 types which include employer’s plan (n=90), out of pocket (n=147), and CAS subsidy (n=73). If the services were not free, the other forms of payment consisted of: OHIP, AB subsidy, ACSD, government, mortgaged their home, school board, and grants (e.g., Trillium). Approximately 67% of the parents were at least partially paying for these services out of their own pockets.
Typically, children were only seeing one mental health professional (n=188 of 270; 70%). Of the 82 children who had experienced more than one mental health professional, their perspectives of these other professionals ranged from positive to negative experiences.

Approximately 3 out of 10 parents indicated that they had more than one child with mental health issues (n=81 of 275; 30%).

The parents with more than one child having mental health issues indicated that in general it is difficult to get support. When support is obtained, it varied again from a positive to negative experience.

Perceptions of Availability of Mental Health Services

Based upon the experiences of the parents, they were asked about the availability of mental health services.

- The vast majority of parents indicated that there are not enough qualified mental health professionals in Ontario that are capable of helping adoptive families (n=246 of 270; 91%).

- Almost all parents think that more adoption related training of mental health professionals would be of benefit to adoptive families in Ontario (n=284 of 286; 99%).

- Almost all parents would like to see more extensive listing of mental health professionals who have been trained to be Adoption Competent on the Adoption Council of Ontario’s website to help them identify possible sources of assistance (n=299 of 303; 99%).


Summary

The adoptive parents who participated within this survey about adoption competency training for mental health professionals in Ontario represented a wide range of adoption experiences. About half of the parents adopted their children through public CAS adoption, followed by international adoption, private Ontario adoption, and kinship adoption. These experiences reflect adoption within the past year to more than ten years ago. When children were adopted, they were between the ages of 0-13+ years.

Three quarters of parents indicated that they have used some form of professional services outside of their adoption worker and/or the agency worker who assisted in placing their child, since the adoption. Trends within the research suggest that more support, subsidies, and services are available to adoptees and their parents if the adoption occurred within the past year. There doesn't appear to be any differences to access to services if parents adopted one, two, or more children. While parents who adopted internationally tended to not be connected to professional services prior to adoption.

Typically, parents had a lack of available subsidies to help defray the cost of professional services. When subsidies were available, the findings suggest that parents who adopted within the past year were more likely to receive subsidies than those parents who adopted in previous years. Adoptive parents are quite resourceful in searching and locating someone to help them with their children's mental health issues. However only one third of the parents found it easy to locate an appropriate professional; while, the remaining two-thirds of the responding parents had some difficulty finding an appropriate professional. Parents tended to seek support from paediatricians, social workers, and/or the child’s school. Other methods included self-advocacy, crisis hotlines, daycare, family doctor, friends, Internet searches, information sessions, networking, and so on.

When services were located, the waitlists appear to have impacted the parents’ perceptions of services. If there is no waitlist or less than one month wait, there tended to be a more positive perception of the professional services. Irrespective of how long the child and/or the adoptive family were receiving services, parents indicated that treatment was considered unsatisfactory when the information and/or the process were unhelpful, professionals were not adoption competent, and when parents are blamed by professionals.

In order to improve the availability of adoption competent mental health professionals in Ontario for adoptive parents’ children, it was suggested that (a) more adoption related training of mental health professionals would be of benefit to adoptive families in Ontario, and (b) more extensive listing of mental health professionals who have been trained to be Adoption Competent on the ACO’s website to help them identify possible sources of assistance.