



Hope & Possibility

By Karen Doyle Buckwalter, MSW, LCSW

A Toolbox of Possibilities for Struggling Families

It might not sound this way at first, but this is an article about hope and possibilities.

In my work at Chaddock, I have been involved on many calls with desperate parents and have often wished I could simply throw them a life preserver and rescue them from the challenges and pain they are experiencing in their families. When parents are at this point of desperation, they are often calling to inquire about placing their child in our Developmental Trauma and Attachment Program (DTAP), which is a specialized residential treatment program. There are common themes to their stories... “We have tried

many different therapists but most of them don't have specific expertise in the attachment and trauma issues that my child has . . . No one seems to agree on what is wrong with my child and everyone we see gives him or her a different diagnosis . . . My child just keeps being given more and more medications that don't seem to help and sometimes make things worse . . . My child has been in the child and adolescent unit of the psychiatric hospital several times but it doesn't seem to help . . . I just lost my job because my child's school kept calling and wanting me to come and get him, the professionals seem to think I am the problem and my child is fine...”

Many of these parents have educated themselves on adoption issues to the point they have surpassed the knowledge base of some of the professionals they are working with (make no mistake working in the area of adoption is a clinical specialty area that is too often not recognized as such). As I would speak with these parents, whose commitment and determination came across so clearly even amidst the extreme stress they were under, I began to think that if these folks had the right resources available to them in their home communities, residential treatment might not be needed. Of course in their mind, when they had exhausted every possible local option they could think of for help, the next logical step would be

placement at a residential treatment facility. But what if we could bring the expertise that was lacking in their local community to them? Or what if we could go to them and add to or enhance what the team they were working with was already trying to do? What if for one entire week they were the sole focus for a professional team? No other competing cases or demands. What could we then accomplish?

To answer these questions I, along with a team of colleagues, developed a program that draws from every tool in our toolbox, gained from 20 years of working with adoptive families. We began to think about how to take this toolbox on the road to families. There are so many advantages to working with a family in their home and so many advantages to spending extended periods of time with a family in a way that allows us to deeply understand, listen to and actually SEE their story. At times, this is needed more than the latest fancy evidence-based intervention, although we were prepared to implement those as well. This effort became known as our Intensive In-Home program.

Here are some of the things parents have said about the intensive...

“Finally you were able to see what I saw and no one else could see without being here hours at a time with us.”

“Thank you for letting me know I am not crazy!”

“If only I had known everything you have taught us years ago we could have been so much more effective as parents.”

“Even if this does not work, I will know that I have tried everything I could.”

“You helped me learn to follow my gut.”

My experience has been that most families can handle even some of the toughest kids in their homes if they are given the right education, support and partners. Too often, however, these essential ingredients are lacking or not being combined in a potent enough way to impact change. Perhaps the family has a great psychiatrist but a therapist who is not specifically trained in some of the unique challenges adoptive families face. Or maybe they have found an excellent therapist but that person is two hours away which makes attending therapy a challenge. Or maybe they have put together an outstanding treatment team but they can't get their child's school on the same page (working with the school is part of the Intensive In-Home Program).

With the Intensive In-Home Program we have been able to prevent residential placement, even though residential is the program that was initially being sought, in more than 70 percent of the cases. The success in this program is truly a testimony to the resiliency, the fight and the determination of the families and children we work with. Given the right tools, they can make it!

Don't get me wrong, I am not against residential treatment or saying that it's not effective or needed in some cases. It can be effective and I could share amazing success stories related to what I have seen happen as a result of our residential treatment program. What I am say-

ing is that it should be a last resort. It is a traumatic experience for everyone to place a child in residential treatment, and perhaps most traumatizing of all for the adoptee. We like to speak about stability and forever families in the adoption community, and sending a child away for treatment outside the home clearly flies in the face of that ideal. We also speak about least restrictive environments both in treatment and in education circles. Our goal must always be to try every possible alternative to out-of-home placement before moving in that direction.

The hope and possibilities I mentioned at the beginning of the article... those are found in the new options that are available to struggling children and their families. In many cases, families can build their own toolbox of practical strategies and possibilities without ever leaving their home. Does it take intense effort? Yes. Can it bring intense hope to desperate families? Absolutely!

Karen Doyle Buckwalter, LCSW, is director of program strategy at Chaddock, a multi-service agency providing a range of residential, educational and community-based services for youth, birth through age 21, and their families including foster care services. While at Chaddock, she has been instrumental in the development of an innovative residential program for adolescents, ages 8-16, with disorders of attachment and complex trauma. One of the only programs of its kind serving older adolescents, Chaddock's Developmental Trauma and Attachment Program (DTAP) has served youth from 28 different states in the U.S. originating from 17 different countries.



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