**Families Want Answers: Clinical or Administrative?**

**Introduction**:

Under the U.S. Department of State regulations related to the Hague Convention on Intercountry Adoption and the Universal Accreditation Act, international adoption agencies must use qualified staff for clinical services.

§ 96.37 Education and experience requirements for social service personnel.

(a) The agency or person only uses employees with appropriate qualifications and credentials to perform, in connection with a Convention adoption, adoption-related social service functions that require the application of clinical skills and judgment (home studies, child background studies, counseling, parent preparation, post-placement, and other similar services).

The qualifications vary but, generally, employees who provide adoption-related social service functions that require the application of clinical skills and judgment need to have a masters or bachelors degree in social work or a related human service field and/or experience in family and children’s services, adoption, or intercountry adoption (for details, see 96.37). They must also meet their state's licensure qualifications for the service they are providing.

Office staff that handle administrative services do not need to meet these requirements. However, administrative staff nonetheless frequently speak and interact with prospective adoptive parents (PAP) during the course of their adoption. For example, one administrative staff member's job focuses on collecting and sending to the social workers all the documents needed for the home study. Others help families assemble their international dossier and assist families with travel arrangements including hotels, ground transportation, in-country air, consulate appointments, visas, etc.

Still others talk more with PAP as their cases pass through the U.S. (i.e. USCIS) and international systems. They will receive child documents from the Central Authority (CA) and pass them along to the family.

They will also answer procedural questions from the parents when they know the answers and relay questions to the CA when they don't.

PAPs will ask questions about child health. Administrative staff will answer only with what is written in the child docs. They encourage PAP to take their questions to their doctor or to doctors specializing in international adoptions. If more medical information is needed, these IFS staff will convey the request to the CA, sometimes arranging for additional medical exams abroad.

Finally, others collect post-adoption, post-placement reports, talking to the PAP in the process. Often, clinical issues can arise.

Hague regulators want to be sure that our non-clinical staff do not stray into clinical issues as they talk with PAP who do not necessarily know they are asking clinical questions. This material is designed to help administrative staff if IFS to spot and redirect clinical questions to those qualified to answer them.

**The Clinical & Administrative Distinguished**

The following outline will help a non-clinical staff identify the kinds of topics that are clinical in nature as distinguished from administrative.

1. Questions for the family’s social worker
2. Long and short-term effects of institutionalization (orphanage care, foster care, hospitalization)
3. Health and medical issues
4. Malnutrition
5. Infections/ Parasites
6. Immunizations
7. Special needs
8. Developmental delays
9. Physical delays
10. Cognitive delays
11. Factors that affect attachment/ bonding
12. Loss of parent/ significant caregiver/ familiar surroundings
13. Significance of age at time of placement
14. Length of placement
15. Inconsistent caregivers
16. Orphanage conditions (lack of resources)
17. History of abuse, neglect, abandonment
18. Behavioral/social issues
19. Attention-seeking/ acting out behaviors
20. Defiant, destructive or aggressive behavior
21. Poor impulse control
22. Boundary issues
23. Indiscriminate affection
24. Poor peer relationships
25. Withdrawn/ anti-social behavior
26. Depression and grief
27. Outbursts of anger and aggression
28. Inappropriate sexual expressions
29. Manipulative (survival) behavior
30. Lying
31. Hoarding
32. Sleep and food issues
33. School issues
34. Cultural/ Racial Identity
35. Family’s understanding of importance for child; willingness to maintain cultural connections
36. Birth family
37. Good and bad assumptions
38. How to answer child’s questions
39. Administrative Questions
40. Information about process and procedures
41. Application
42. Hague/ non-Hague convention requirements
43. Country Info
44. Agency policy, fees, etc.
45. Basic adoptive parent criteria per state/ country/ USCIS
46. Required forms, documents, etc.
47. Timelines
48. Immigration questions
49. Post placement requirements

**Discussion**

In order to cope with the often-overwhelming array of information, families will seek validation of their questions and answers without realizing that they are asking an administrative staff member a series of clinical questions (if they even know the difference between the two). Yet, administrative staff shouldn't send the family away with a "that's not my department" kind of response.

Administrative staff should respond by acknowledging the PAPs concerns as valid with a statement like, "That's a great question. We find that families often have questions similar to that one. I encourage you to jot that down when we hang up and include it with others you will think of and bring them up with your social worker. Have you met with him/her yet? Do you recall what she said about this or something similar? She will be your best resoure on these. You might also review some of the training you've had already and see if any of this is addressed there." The point is, do not send them away empty handed, but don't engage in clinical issues unless you have clinical qualifications.

Scenario #1: Family asks about child not liking food with texture

Kim received a question post-arrival from a parent worried about their child's rejection of foods with texture. She referred the parent back to their printed training (Reality Check) for resources as well as to her home study social worker.

This and other common sense, mom-to-mom advice, have patience, isn't a clinical issue. However, include the caveat, "If this continues, talk with your social worker." Other practical issues, child won't sleep or eat well, is sick all the time, respond well to me, are not necessarily clinical issues. But the staff person should encourage the use of professionals like doctors, social worker who conducted the home study, etc.

However, if the question touches on initial bonding, indiscriminate attachment, other inappropriate behavior, etc. then defer to the home study social worker. The child may be traumatized or grieving, both infants and older children.

Scenario #2: Out of control child during travel home from abroad

Bethany received a call from the adoptive parent reporting their child's behavior was out of control as they were abroad processing the final paper work. This illustrates why it is so important to prepare the parents prior to the adoption. Reaching a social worker in this situation can be very difficult. But until such contact can be made reminding the parent of their training, that the whole experience is disrupting to both the child and the parents is not to engage in clinical service. Nor is urging them to maintain calm and minimize over-stimulation, that it will pass and get better.

Scenario #3: Initial calm followed by stormy child behavior

Esther reported a conversation from a parent while the family was abroad finishing the adoption. The child was exceptionally calm and compliant, a sheer pleasure. However, Esther observed that children often behave this way initially, but will "melt down" after a few days. Indeed this child did act out on day three. Reminding parents of their training that a child will often engage in "honeymoon" behavior and then test her limits.

Scenario #4: "Yellow lights" observed in family post adoption self-reports

Kim observes from time to time that a family's self-report to the foreign country after the social worker has finished the post-placement or post-adoption reports will contain a "yellow light." She will contact the family to encourage them to speak with their home study social worker. In cases where the report comes in years after the adoption, the social worker may not be available. In those cases, family or other professional counseling could be recommended.

Reading a family self-report, noticing a possible concern and suggesting a referral is not to engage in clinical practice. It is much similar to reporting a child abuse or neglect case. The IFS staff is not evaluating or assessing the situation, nor is s/he diagnosing or labeling the behavior, much less recommending a course of treatment or action. To do these things is to engage in clinical service and practice, for which administrative staff are not qualified to perform.

QUIZ

Training provided by Berndette Cole, Licensed Master Social Worker, Independent Practice designation. Mrs. Cole has 37 years of experience, beginning with 25 years in work for Child Protective Services for the State of Texas, both in investigation and management. At retirement, she was working with the Interstate Compact for the Placement of Children. Her work has included home studies and parent preparation for both international and domestic home studies. She has been working with International Family Services since 2008.

**Families Want Answers - Clinical or Administrative?**

**(1 contact hour)**

(Questions are 10 points each; 80% correct required) Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Home studies and post-placement reports are the only adoption-related social service functions at the agency that require the application of clinical skills and judgment. T or F

2. Experience as an adoptive parent is a sufficient qualification in order to engage in adoption-related social service functions at the agency. T or F

3. Families may well ask clinical questions of administrative staff. T or F

4. Administrative staff are responsible for understanding when a conversation with a prospective adoptive family is entering into the clinical arena. T or F

5. When a parent asks clinical questions of administrative staff, the administrative staff should validate the parent's questions. T or F

6. Grief, depression, and the significance of age at the time of placement are examples of clinical issues. T or F

7. Lying, food hoarding, and difficulties going to bed are clear examples simple disobedience and are thus non-clinical issues that any experienced parent can help with.

T or F

8. When in doubt about whether a question deals with a clinical issues, administrative staff should encourage the parent to review their training, seek other resources, or speak with their home study social worker. T or F

9. Administrative staff should not attempt to evaluate the situation with the parent, put a label on the child's behavior or suggest possible solutions to the problem behavior.

T or F

10. Arranging a medical exam of a child is clinical issue. T or F

**For scoring upon completion,**

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