

EXPLORING “GHOSTS IN THE ROOM”: AN INNOVATIVE WAY TO PROVIDE ADVOCACY FOR ADOPTIVE FAMILIES AND ADVANCE SUPERVISION EXCELLENCE



NARACES

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LEARNING OBJECTIVES:

- *Participants will identify “ghosts” of internalized narratives, unresolved losses, and societal adoption myths*
- *Participants will consider the use of self-reflection to clarify internal working models of family and the conventional narrative of family formation.*
- *Participants will evaluate the benefits of “ghosts” and ways in which experience and past history can inform work and integrate strengths from personal narratives into the counseling room advocating for ethical and effective care of adoptive families.*

This presentation was based partially on AI used in brainstorming ideas from dissertation for a supervision article

Ghosts of the Past



Ghosts are...

- Visitors from the unremembered past of the parents [*supervisors*]
- Present for two or more generations
- Not invited but take up residence and rehearse family tragedy from a tattered script
- Representations of the repetition of the past in the present.
- Stories of abandonment and neglect reenacted on the next generation
- Uniform pattern: parents who in the extremity of childhood terror, formed a pathological identification with the dangerous and assaultive enemy
- Repeated behavior of what was not remembered through associative affective experiences
- Repressed affect becomes the ghost of the past, haunting the next generation

Fraiberg et al., 1975

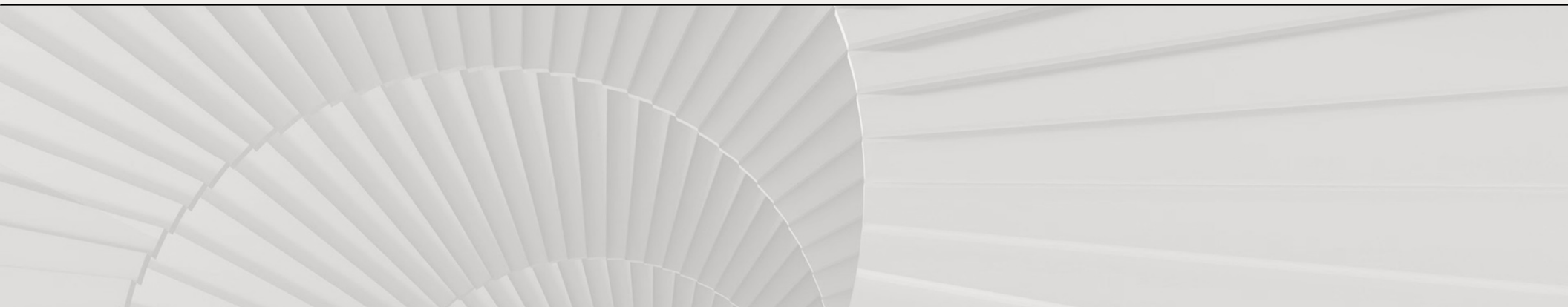
SUPERVISION FUNCTIONS

Formative: contribute to supervisee ongoing professional development

Normative: professional ethical review of supervisee work

Restorative: support supervisee welfare and resilience

Hawkins, P., & McMahan, A. (2020)





ADOPTION MYTHS:

Myth Number One: Children Adopted from international countries are raised in environments that meet their needs

Myth Number Two: The developmental delays the child experiences in the institution are normal and will resolve following adoption

Myth Number Three: Medical reports contain correct and complete information on the child's condition

Myth Number Four: The child can be quickly integrated into the family routine at a chronologically age-appropriate level

Myth Number Five: All the Child Needs is Love

Narad, C., & Mason, P. W. (2004). International Adoptions: Myths and Realities. *Pediatric Nursing*, 30(6), 483-7.
<https://www.proquest.com/scholarly-journals/international-adoptions-myths-realities/docview/199424735/se-2>

ADOPTION COMPETENCIES

An adoption-competent mental health professional has:

- The requisite professional education and professional licensure;
 - A family-based, strengths-based, and evidence-based approach to working with adoptive families and birth families;
 - A developmental and systemic approach to understanding and working with adoptive and birth families;
 - Knowledge, clinical skills, and experience in treating individuals with a history of abuse, neglect, and/or trauma; and
 - Knowledge, skills and experience in working with adoptive families and birth families.
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ADOPTION COMPETENCIES



An adoption-competent mental health professional understands:

- The nature of adoption as a form of family formation and the different types of adoption;
- The clinical issues that are associated with separation and loss and attachment;
- The common developmental challenges in the experience of adoption; and
- The characteristics and skills that make adoptive families successful.

ADOPTION COMPETENCIES

An adoption-competent mental health professional is:

- Culturally competent with respect to the racial and cultural heritage of children and families;
 - Skilled in using a range of therapies to effectively engage birth, kinship, and adoptive families toward the mutual goal of helping individuals to heal, empowering parents to assume parental entitlement and authority, and assisting adoptive families to strengthen or develop and practice parenting skills that support healthy family relationships; and
 - Skilled in advocating with other service systems on behalf of birth and adoptive families. (Center for Adoption Support and Education, 2009)
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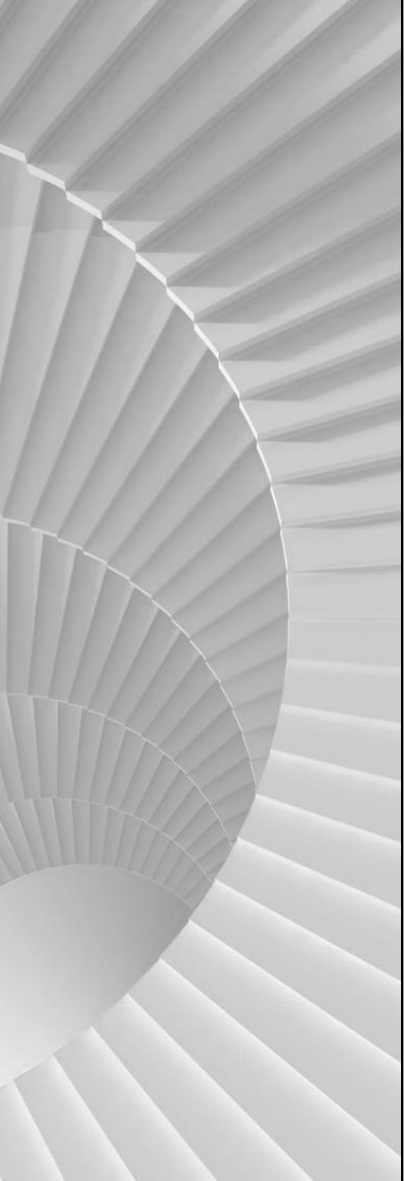
ADOPTION FACTORS

THAT COUNSELORS SHOULD UNDERSTAND

Process of adoption related factors:

- help adoptive parents reflect on their motivation for adoption
- help parents recognize their expectations, values, and beliefs surrounding adoption
- help parents consider steps to prepare for a child with trauma
- help them understand the importance of a protective support system
- help them understand the impact on their marriage and relationships

Rhoads, 2024



ADOPTION FACTORS THAT COUNSELORS SHOULD UNDERSTAND

Family system related factors:

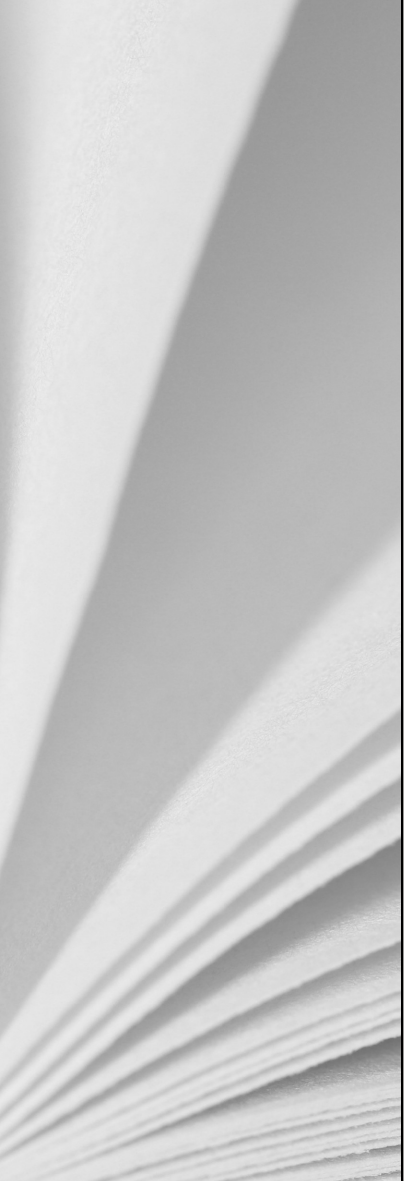
- help adoptive parents prepare thoughtfully and intentionally with other biologically related children in the family
- help parents of transcultural adoptions understand the impact of race and culture on their family (social stigma, mental health concerns, post adoption disruption)
- help parents understand the benefits and challenges of contact with birth family
- help them understand the importance of a protective support system
- help them understand the impact on their marriage and relationships

ADOPTION FACTORS

THAT COUNSELORS SHOULD UNDERSTAND

Adoptive child related factors:

- help adoptive parents understand attachment and developmental trauma
- build parents awareness of the impact of undiagnosed issues
- prepare parents for increased psychological, mental, emotional, and relational challenges
- help parents evaluate the survival behaviors the child will use
- help parents understand the importance of the child's need for safety and control
- help parents develop empathy for the child's fears and past experiences



ADOPTION FACTORS THAT COUNSELORS SHOULD UNDERSTAND

Parent related factors:

- help adoptive parents recognize grief and loss (infertility issues, pregnancy loss, loss of relationships, for child: loss of first family, culture, rejection, loss of an imagined life)
- build parents' skills of coping mechanisms to help stay regulated in a chaotic environment
- prepare parents for their own psychological, mental, emotional, physical, and relational challenges
- help parents understand moral injury and normalize doubts and fears, shame and guilt
- help parents prepare for safety issues, including using locks on doors, keeping numbers for emergency support and services handy

Rhoads, 2026



SEVEN-EYED MODEL

BY HAWKINS & MCMAHON (2020)

Mode 1: Focus on *the Client*: awareness of the observed, experienced reality of the client (their language, metaphors, images, and the story of their life as told by them).

Mode 2: Focus on *the Interventions*: attending to what, how, and why interventions were used (alternately, planning or rehearsing interventions and anticipating their impact).

Mode 3: Focus on *the Client-Supervisee Relationship*: dynamics in the relationship (conscious or unconscious) with imagery and metaphor to create greater insight for supervisee.

Mode 4: Focus on *the Supervisee*: explore the affect of the work on the supervisee (feelings, thoughts, actions, and countertransference), attend to supervisee well-being and professional development.

Mode 5: Focus on *the Supervisory Relationship*: quality of the supervision, explore parallel dynamics in work with clients.

Mode 6: Focus on *the Supervisor*: their own process: thoughts, feelings and images in connection with the supervisee and their work.

Continued:

Mode 7: Focus on the Wider Context (Possible Contexts)

- 7.1 The client context: their family, reason for referral, past experiences of help seeking, current interests and resources.
- 7.2 The professional/organizational context of the supervisee's interventions: nature of organizations influence on the work and choices of intervention.
- 7.3 The context of the client-supervisee relationship: focus on how the client was referred, client and family members' expectations and impact on the relationship.
- 7.4 The wider world of the supervisee: potential personal circumstances and opportunities for professional development.
- 7.5 The context of the supervisory relationship: discussions of roles and responsibilities, review of supervisee's management of risks, caseloads, and case notes.
- 7.6 The context of the supervisor: their experiences in other contexts, the questioning of the personal-professional boundary.

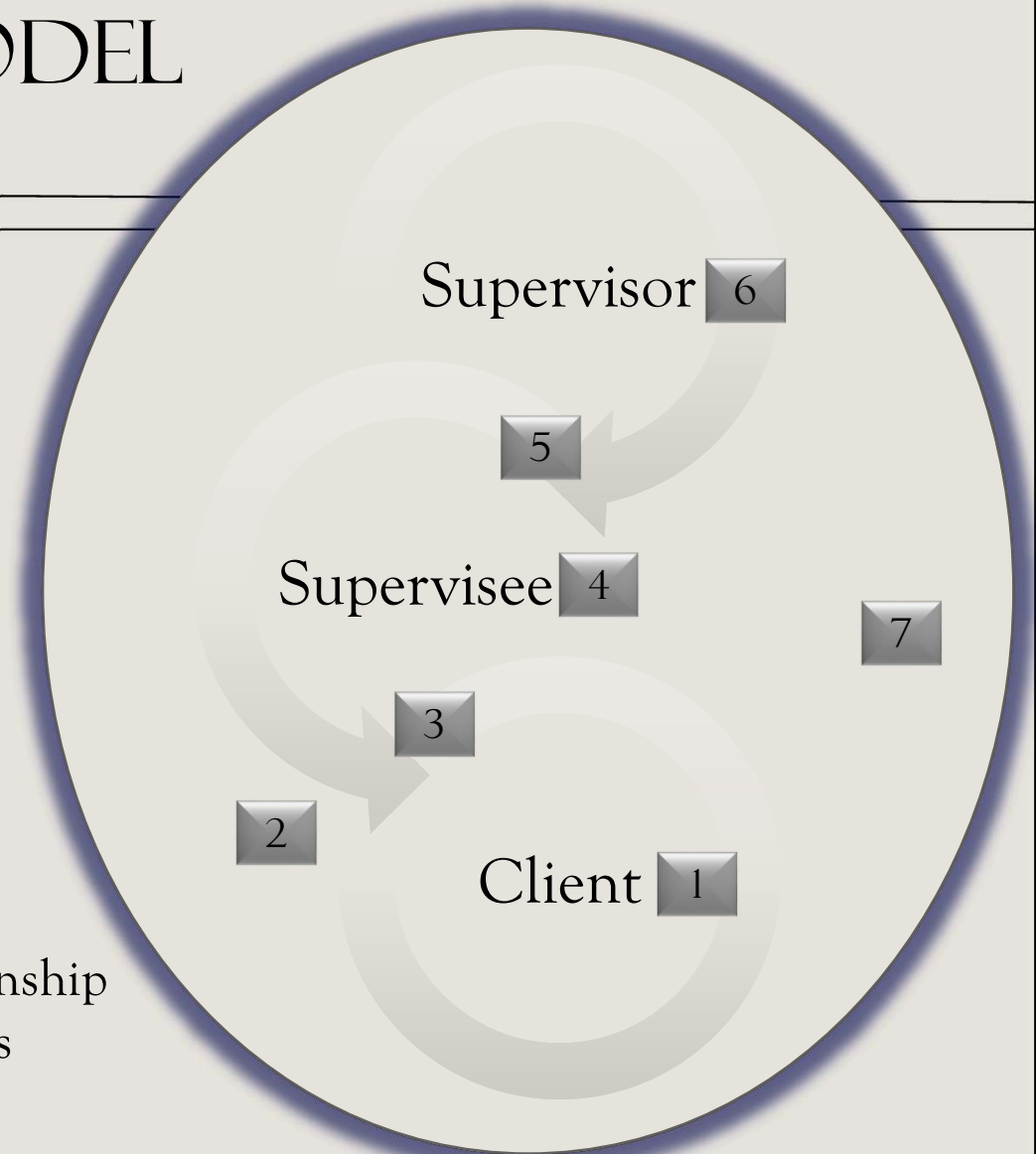
McMahon et al., 2022



SEVEN-EYED MODEL INTERACTION

FIND THE GHOSTS

- 7: The Wider Context
- 6: The Supervisor
- 5: The Supervision Relationship
- 4: The Supervisee
- 3: The Supervisee-Client Relationship
- 2: The Supervisee's Interventions
- 1: The Client



William is a 15 year old young man adopted as a toddler from a Central American country into a White middle-class American family. Client presented with anger issues and relationship conflict with his family. Client struggled with his identity desiring to honor his Hispanic heritage while also believing that his adopted parents were good people. He often fantasizes about being part of Hispanic culture and created fictional Hispanic friends as stand-ins for his parents, as he has difficulty acknowledging his adoptive parents as Mom and Dad. Client prefers to be called Chico even though his legal name of William was given by his adoptive family. What "Ghosts" might be present for Chico?

CASE STUDY: WILLIAM AKA: CHICO



MODE 1: THE CLIENT

The Birth Parents as Ghosts:

Children make up ghost stories about the birth parents

What are my parents doing now?

Do they miss me?

Did they want to give me up?

Ghost of the “what if they had not given me up”

Ghost of alternate life with birth parents

- Would I be a different person?
- Would I fit better in my birth-culture?
- What would my life be like?

Adoption Genogram - create a genogram of the family, including:

- Family structure and relationships
- Significant losses, separations, or disruptions
- Family narratives about belonging, loyalty, and identity
- Cultural or religious values related to family

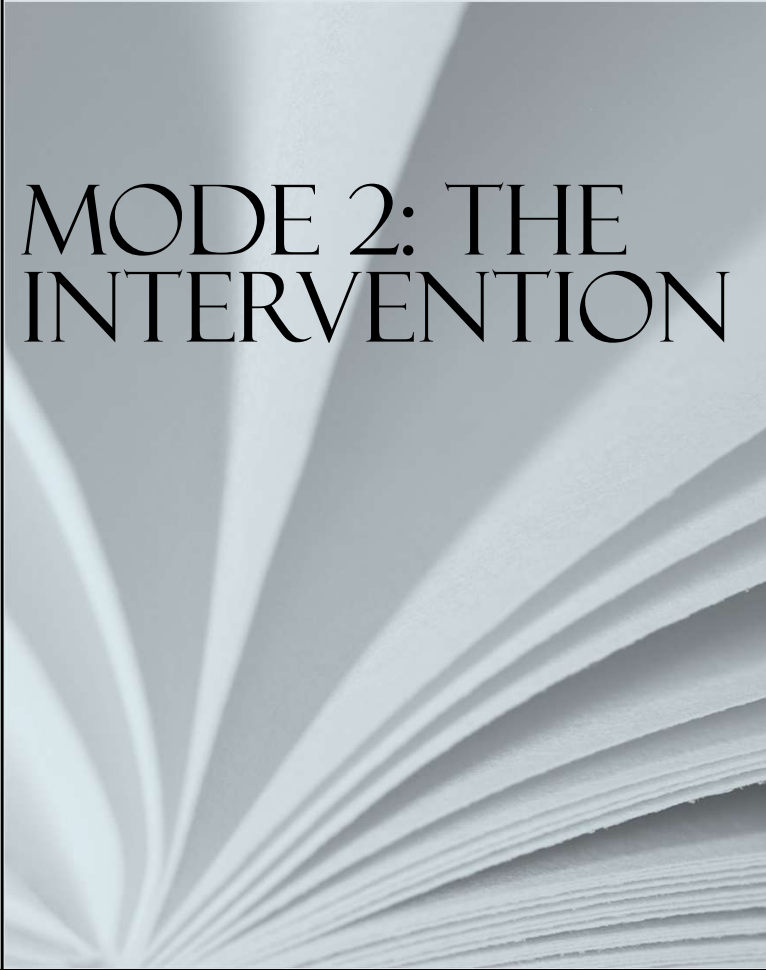
PARALLEL PROCESS REFLECTION

Supervisee creates personal genogram with same criteria then reflect:

- *"What ghosts from your own family are present in your clinical work?"*
- *"How might your family narrative be influencing how you understand your clients' adoption narratives?"*
- *"What assumptions are you making about family, belonging, or loss based on your own experience?"*

Ask supervisee to practice perspective-taking:

- *"If your client came from a completely different family structure or cultural context, how might their experience of adoption be different?"*



MODE 2: THE INTERVENTION

Reflect on the supervisee's internal working model of family, belonging, and loss shaped by their own developmental history.

Is there a **Ghost of the “Rescue Narrative”** shaping their beliefs about the adoption scenario? Do they:

- Unconsciously minimize an adoptee's grief or anger, interpreting it as ingratitude
- Over-identify with adoptive parents' "sacrificial" narrative
- Fail to validate the adoptee's legitimate loss of birth family, culture, and identity
- Pathologize normal adoption-related trauma responses as individual pathology rather than systemic impact

Option to reflect on where this narrative originated (media, family messages, religious teachings, personal values) and explore how it might be limiting their clinical perspective. Asking: *What would change in your clinical work if you viewed adoption not as rescue, but as a lifelong process of integration and identity formation?*

Is there a **Ghost of the “Grateful Adoptee”** expecting adoptees to be perpetually grateful?

Option to reflect on the perspective: *What would it mean for your client to hold both love for their adoptive family AND grief for their birth family without having to choose?"*

MODE 4: THE SUPERVISEE

BIAS AUDIT

MODE 3: CLIENT- SUPERVISEE RELATIONSHIP

Reflect on recent cases and identify:

Evaluate and Act:

Which clients they feel most empathy for
(and why)

Where did these biases come from?

Which clients they find most challenging
(and why)

*How might they be limiting my clinical
perspective?*

Which member of the adoption triad they
most naturally align with

*One way I will challenge this bias in my next
session...*

What narratives about adoption they hold
(rescue, gratitude, loss, etc.)

*One question I will ask my client to deepen my
understanding*



MODE 5: THE SUPERVISION RELATIONSHIP

The Ghosts of Parallel Process

- The Ghost of Abandonment
- The Ghost of Control
- The Ghost of Invisibility

Supervisors can reflect on their own ghosts when working with their supervisees:

- *"How am I showing up in this relationship? Am I present, attuned, and responsive?"*
- *"Are there ways I'm replicating dynamics that might mirror adoption-related trauma?"*
- *"How can I model a secure, attuned relationship that helps the supervisee internalize this as a template for their own clinical work?"*

MODE 6: THE SUPERVISOR

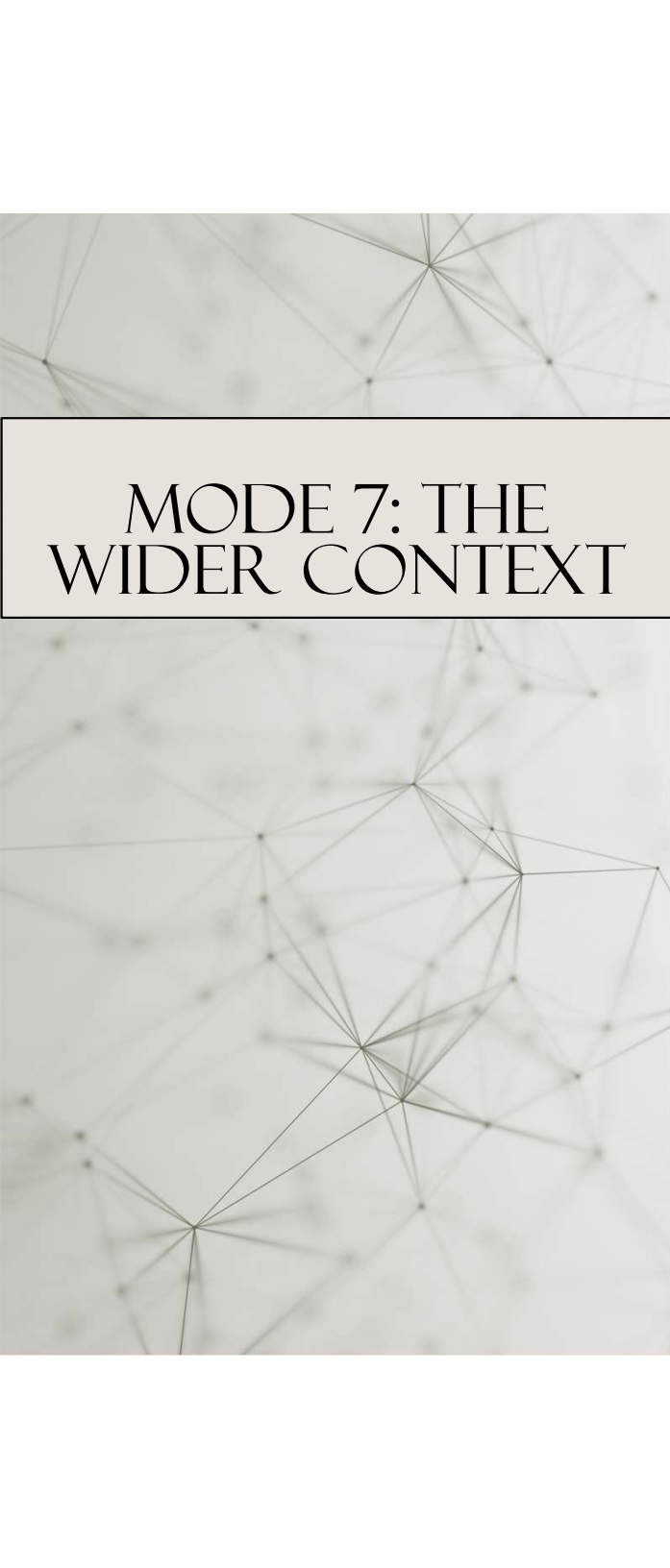
*The Ghost of Clinical Authority
vs. Lived Experience*

The Risk: A supervisor without lived adoption experience may:

- Inadvertently validate a supervisee's clinical distance from the adoptee's experience
- Prioritize symptom reduction over identity integration
- Miss the nuanced, non-linear nature of adoption-related grief
- Fail to recognize when a supervisee is minimizing or pathologizing normal adoption responses

The Opportunity: A supervisor without lived adoption experience can also:

- Model intellectual humility and curiosity about the adoption experience
- Actively seek out adoptee voices and narratives (including your dissertation's participant voices)
- Acknowledge the limits of their perspective and invite supervisees to teach them
- Create space for supervisees with lived adoption experience to lead



MODE 7: THE WIDER CONTEXT

Supervisor's Role in dealing with Ghosts (not pretending they don't exist or eliminating them entirely, but to acknowledge them so they no longer haunt the therapeutic alliance or cloud clinical judgment):

1. **Name the ghosts** so they become visible and discussable
2. **Understand the ghosts** by exploring their origins and their influence
3. **Integrate the ghosts** by helping supervisees understand how their own narratives can inform (rather than distort) their clinical work
4. **Model reflexivity** by examining your own ghosts and demonstrating intellectual humility

Purpose: to provide **heuristic reflexivity** through the process of bringing unconscious patterns into awareness so they can be examined, understood, and integrated.

Let's Practice: Find the Ghosts

7.1 The client context: their family, reason for referral, past experiences of help seeking, current interests and resources.

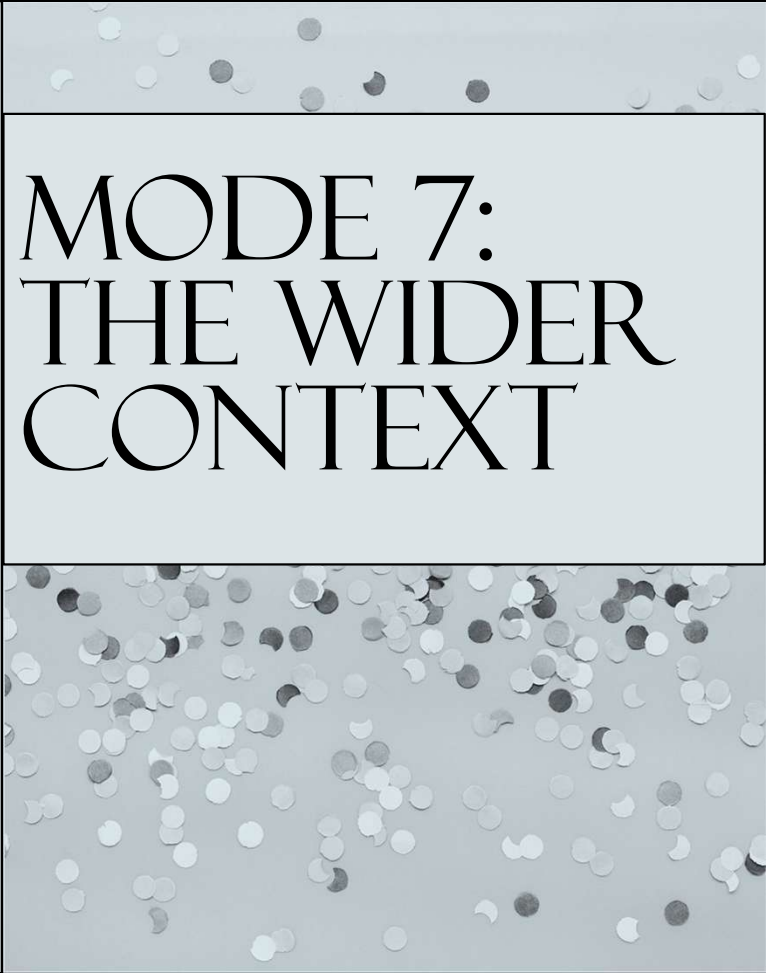
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MODE 7: THE WIDER CONTEXT

DESCRIPTION OF PROPOSAL

Competency surrounding adoptions within complex ecosystems is important for both counselors and supervisors. However, this topic is underexplored in counselor education and supervision paradigms. Every counselor educator, supervisor, and supervisee comes to the clinical space with “ghosts” from their past. Ghosts refer to internalized narratives, unresolved losses, intergenerational attachment patterns, and sociocultural myths that shape clinicians’ perceptions of family and adoption. These influences shape how clinicians understand adoption and can impact case conceptualization, clinical decision making, and therapeutic relationships. This presentation will consider the use of self-reflection to clarify internal working models of family and the conventional narrative of family formation. Further, strategies for educators and supervisors to assist supervisees in reflecting on any unconscious patterns that might be triggered by adoption dynamics will be provided. These strategies aim to enhance clinicians’ ability to conceptualize adoptive family systems, reduce bias and mis-attunement, and strengthen supervisory and clinical responsiveness. Suggestions for exploration of the “ghosts” for educators, supervisors and supervisees will advance ethical, trauma-informed care that increases counselor competence. Participants will engage in structured reflective prompts and applied case examples to examine how these “ghosts” emerge in supervision and clinical practice. Through awareness of values and beliefs about adoption, while exploring a systems perspective to respect adoptive families’ diverse experiences and identities, supervisees can adapt culturally aware narratives that promote excellent counseling for these families facing adversity and distress. Implementing a strengths-based approach using their tacit “ghosts” to self-reflect and harness awareness, counselors will be better equipped to cultivate intellectual humility and curiosity with adoptive families to advocate and care for their needs.

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THANK YOU

Q&A

