



Children's Hospital Los Angeles
International Leader in Pediatrics

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Implementing the PCIT model with Adopted Children Living in Gay/Lesbian Households

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Objectives

- Increase awareness of unique attributes of single-sex parenting dyads/gay and lesbian headed families
- Increase awareness of gay/lesbian parent identity development
- Identify strategies to offer PCIT to gay/lesbian parents and their adopted children and aspects of PCIT model that had most impact



Family Development

- Multiple pathways to becoming parents that impact their thoughts and feelings about their role
- Parents may have had an expectation that their sexual identity precluded parenthood
- Many made carefully thought out decisions about the path to parenthood and have a deep commitment to doing their best for their children



Are Gay/Lesbian Headed Families Different?

- Children who grow up in gay/lesbian families show no 'ill effects' on a variety of measures
- Gay/lesbian families have unique strengths:
 - Parenting roles are less rigid and gender-defined
- Families are more egalitarian
- Children are more tolerant of others' differences



Gay/lesbian Families Face Unique Issues

- Parents grew up in a culture that rejected a fundamental part of their nature
- Family members are confronted with homophobia
- Parents may lack role models for healthy family functioning in single-sex parenting dyads
- Families may feel pressure to “represent” a positive view of all gay or lesbian families to outsiders
- Children know their families is different
- Family members may feel sadness at not having a “typical” family
- Generational differences in parents’ identity development and view of gay culture



Brief Case Background

- M. is the youngest of 5 children born to parents with schizophrenia, living on the streets
- Removed from parents at 20 mos., after report by shelter staff that Mom was “catatonic”
- Failure to thrive, suspected physical abuse
- Stable foster placement for 3 years prior to adoption; separation from siblings; questions about continued neglect
- Placed, along with brother 1 year older, with adoptive father at age 5, adoption finalized
- Father, a single gay man in his late 40’s whose partner moved out just before children were placed with him., arranged to have an au pair for the 1st few months
- A year after the adoption, father’s new partner moved in. Children told he was “not your dad, he’s dad’s partner”



Treatment History

- Mental health treatment while in foster care to address failure to thrive, noncompliance
- Referred to CHLA by father 9 mos. after adoption for difficulty in school, temper tantrums, “rages”
- Received family, and individual therapy, collateral support for father.
- Father and his partner participated in Incredible Years program at another agency
- Referred to PCIT 18 months later, treatment had “plateaued” and client continued to show defiance, oppositionality and frequent tantrums



PCIT Treatment

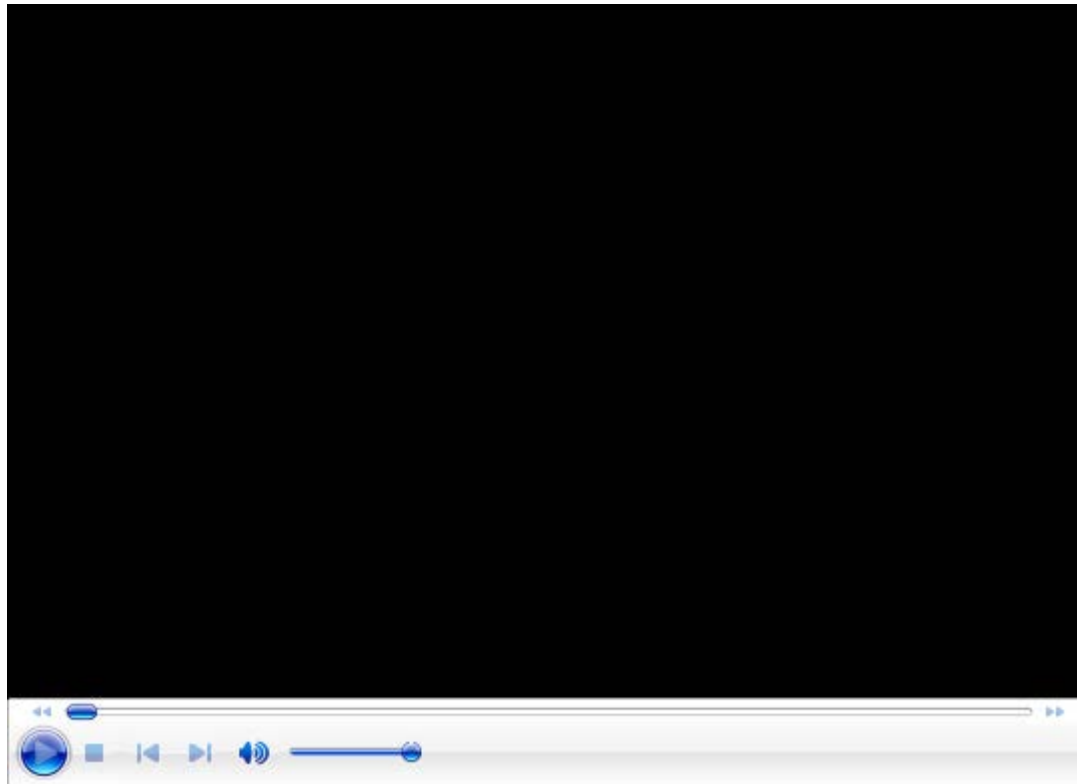
- Began PCIT with family in 10/08 (age 7)
- Treatment Goals:
 - Enhance Parent-/Child Relationship
 - Decrease Tantrums and Oppositional behavior
 - Address feeding issues (refusal to eat)
- 13 weeks CDI/ 14 Weeks PDI



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Clip1: Playing with Bride & Groom Dolls

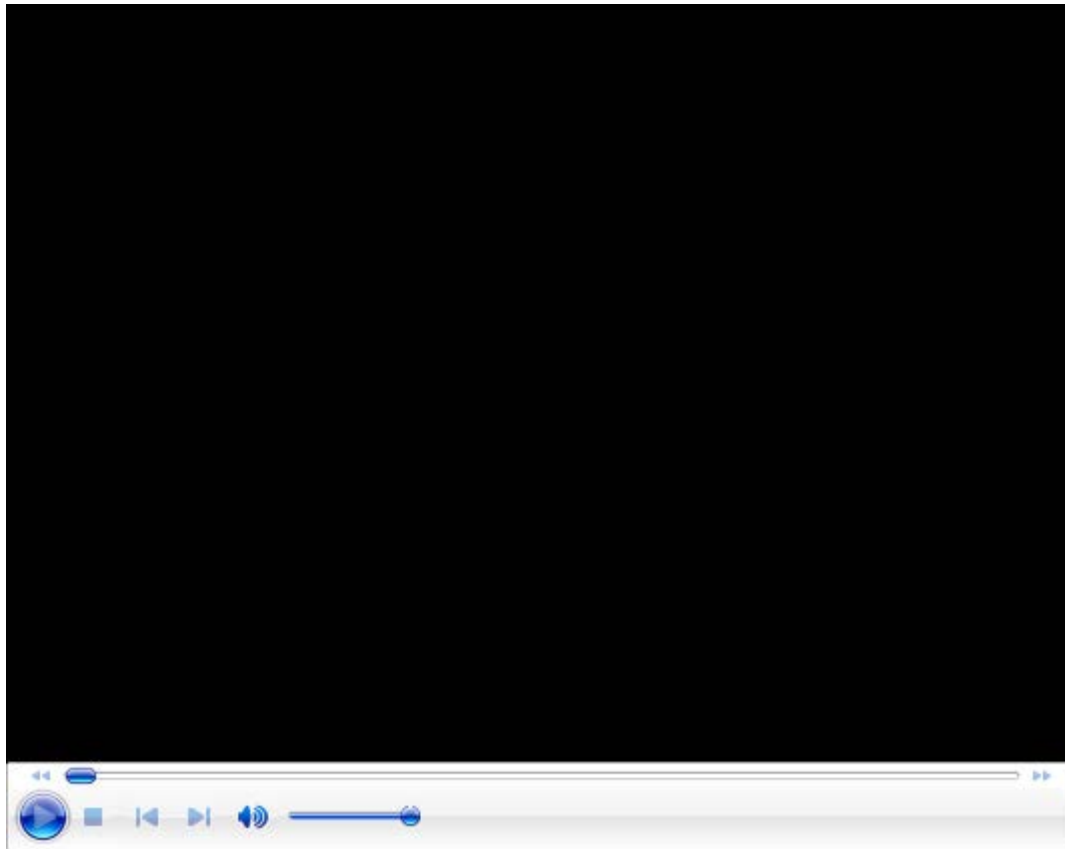




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Clip 2: Client Tests Limits with Dad's Partner





Specific PCIT Strategies for Gay/Lesbian Adoptive Families

- CDI Interventions are most important:
 - Encourage parent to follow child's lead in play; even when the theme is uncomfortable
 - Involve partner in sessions
 - Collateral sessions with both parent and partner are key to understanding the roles in the new family unit (disrespect vs. not understanding)

“You're not my dad and your not my mom....I don't know what you are!!!!”



Selected References

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