PRE-FINALIZATION SERVICES

201-A6-S

- June 2009 -

Developed by:

Jayne Schooler, B.A.  
Betsy Keefer Smalley, LSW  
Denise Goodman, Ph.D.

Nan Beeler, MSW  
Judith S. Rycus, Ph.D.

Contributions: Charlotte Osterman, MSW; Carol Cockrill, RN, MS, LSW
Pre-Finalization Services

COMPETENCIES

201-05-001 Knows the worker’s role and responsibilities in partnering with resource families and community service providers to ensure substitute families receive coordinated support in managing challenges associated with foster, kinship care and adoptive parenting

201-05-002 Knows issues facing resource families when adjusting to the placement of a child in their home, and when responding to emotional and behavioral problems with children in care

201-05-011 Understands how the impact of grief and loss on resource families can impact their ability to support permanency plans for children

201-05-012 Understands the dynamics of placement disruption and the ways that poor agency programming can contribute to placement instability

201-05-013 Knows strategies for providing support and crisis intervention for resource families to help them cope with the changes in their family brought about by placement

201-05-014 Knows early signs of placement stress and typical stages of foster or adoptive placement disruption, and knows how to intervene early to prevent disruption and retain foster caregivers

201-05-016 Knows how to use specialized agency programs and services to support and sustain resource families, including training, respite care, mentoring programs, support groups and access to caseworker support

201-05-018 Knows how to engage community members, social service providers and other resource families in providing support for foster, kinship and adoptive families

201-05-023 Can help resource families identify stresses brought about by placement and help them identify potential solutions and helping resources to resolve problems and promote placement stability
201-07-001 Understands predictable phases (i.e. placement, pre-finalization and post-finalization) in adjusting to adoption; the psycho-social tasks that need to be resolved during those phases; and the worker’s role in supporting the child and family during each phase.

201-07-002 Understands the typical emotional responses and ambivalence often experienced by children and adoptive family members prior to and after adoption finalization, knows when these issues are likely to emerge, and knows how to help the family manage stress and conflict during these periods.

201-07-007 Understands how factors such as children’s unique vulnerabilities; visits with birth families; specific developmental stages; changes in family structure and lifestyle; or adoption finalization could trigger emotional distress or crisis for children in placement and their adoptive families.

201-07-008 Knows how to recognize emotional distress and crisis in adopted children and their families, and knows how to provide support and crisis intervention to reduce distress, and resolve the crisis.

201-07-010 Understands the complex and inter-related factors associated with the child, family, agency, and community that contribute to adoptive placement disruption, and how adoptive families typically progress through predictable stages prior to disruption.

201-07-013 Understands the social/emotional impact of adoptive placement disruption on the child and the adoptive family, and how to provide them with supportive services before, during, and after these events.

201-07-015 Can prepare and support adopted children and their adopted parents during placement and pre-finalization processes to ensure stability of the family and adequate planning for the child’s current and future needs.

201-07-016 Can jointly develop and help adoptive families implement post-placement plans that include appropriate formal and informal support systems, networks of veteran adoptive families, health and mental health treatment, and developmental and enrichment activities to meet adoptive families’ needs.

201-07-017 Can prepare families to recognize early indicators of serious problems in the adoptive relationships and to intervene to...
prevent escalation into crisis and adoptive placement disruption

201-07-018  Can recognize indicators of problems in adoptive families prior to finalization and help them resolve problems and crises to avoid adoption placement disruption

**SYNOPSIS**

This workshop prepares staff to assess the adjustment and attachment of the child and family prior to finalization, to recognize stages of adoption disruption, and to implement strategies to avoid disruption. The workshop focuses on specific techniques that strengthen adoptive placements.

**Equipment Needed**

LCD Projector
Prepared PowerPoint Presentation
Prepared Handouts
Video *Troubled Transplants* (optional, used only for small groups)
VCR and Monitor
Flip Chart, Markers, and Tape
## OUTLINE

### PRE-FINALIZATION SERVICES

<table>
<thead>
<tr>
<th>Section</th>
<th>Time</th>
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<tbody>
<tr>
<td>I. Introductions and WIIFM</td>
<td>15 minutes</td>
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<tr>
<td>II. Why Are Pre-Finalization Services Critical?</td>
<td>10 minutes</td>
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<tr>
<td>III. Attachment</td>
<td>60 minutes</td>
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<tr>
<td>IV. Normal Stages of the Pre-Finalization Phase</td>
<td>60 minutes</td>
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<td>V. Barriers to Adjustment</td>
<td>75 minutes</td>
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<tr>
<td>VI. The Caseworker’s Strategic Place in Pre-Finalization Services: Practical Applications</td>
<td>60 minutes</td>
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<td>VII. When the Family Cannot Continue: Working with Adoption Disruption</td>
<td>60 minutes</td>
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<tr>
<td>VIII. Conclusion/Transfer of Learning</td>
<td>20 minutes</td>
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**TIME FRAME: 6 HOURS**
List of Handouts

Pre-Training Handout
1a. PowerPoint Handout
1. Questionnaire
2. Attachment: Helping Parents Encourage the Development of Attachment
3. Encouraging Attachment: A Group Exercise
4. Normal Phases of the Pre-Finalization Phase
5. Avoiding Placement Pitfalls in New Adoptive Placements of Children with Special Needs
6. The Losses of Childhood: A Comparison
7. Strategies to Help Grieving Children
8. Using Community Resources
9. Using Home Visits Effectively
10. Assessor Tasks for Pre-Finalization Visits
11. When a Family is in Crisis
12. Most Common Reasons for Adoption Disruption
13. Steps of Escalation Leading to Adoption Disruption
14. Parental Considerations in Disruption
15. Case Scenario
16. Case Scenario Work Sheet
SECTION I: INTRODUCTIONS AND WIIFM

Time:

15 minutes (Time may vary depending on group size.)

Method:

Group discussion with two pre-prepared flip charts, followed by brief lecture

Use:

Handout 1a: PowerPoint Handout
Handout 1: Questionnaire

Trainer Instruction: Prior to training, the trainer should create two posters for the wall of the training room. The trainer should refer participants to these concepts throughout the course of the training. One poster should read:

“You are the attachment coach.”

The other should read:

“Adoption is more like marriage than childbirth.”

The trainer divides the class into groups of four to six participants, instructing them to introduce themselves to each other and to discuss the two questions on the Handout #1, Questionnaire. The questions are:

“What is one of my strengths in dealing with adoptive families following placement of the child into their home” and

“What is one of my greatest challenges in dealing with adoptive families following placement of the child into their home?

The trainer should introduce him/herself and review the agenda for the workshop. The trainer should then ask Group #1 to briefly introduce themselves and state which county or agency they represent and to offer one challenge and one strength, based on the questions in Handout #1. The process is repeated until all groups have shared. NOTE: The "strengths/weaknesses" should be collective ideas from each group, not done individually.
The trainer should have set up two flip charts - one with the title "STRENGTHS"; the other titled "CHALLENGES." The trainer should list trainees' responses during introductions. The trainer should then review the "strengths" and "challenges" with the group. The trainees' strengths will enable them to contribute valuable information and perspective to the training. The "challenges" represent learning needs. The trainer should identify which "challenges" will be addressed in the workshop, and which ones will be addressed in other workshops. The trainer should then solicit additional learning objectives from the group.

Following this introductory period, the trainer should briefly present from the following content.

The advent of special needs adoption practice has generated significant changes in pre-finalization and post finalization services. Historically, with infant adoptions, few services were available to families after placement, and virtually none were available after finalization. It was widely but erroneously believed that there was little difference between biological and adoptive parenting. Workers recommended that adoptive parents treat the child as if he were born to them. Adoptive families often desired quick disengagement from the placing agency in order to maintain secrecy and privacy.

However, adoption professionals, particularly those working with children who had experienced abuse and neglect prior to their placement, quickly recognized that many adoptive families would need ongoing, and sometimes intensive, help. Adopted children had often experienced not only maltreatment (physical and sexual abuse and neglect), but multiple and abrupt separations. They frequently had difficulty trusting adults, resisted the development of attachments, and displayed a wide range of physical, emotional, cognitive, social and behavioral problems. These factors created a high risk of disruption (placement terminated prior to finalization), dissolution (legal termination after finalization), or displacement (the interruption of child's adoptive placement without a legal dissolution). We will discuss these terms in more depth later in the training.

The absence of supportive services before and after adoption finalization has been widely identified as a critical factor in the successful continuance of an adoption (Goodman, 1993). Consequently, a wide range of post-placement services has emerged in the past 15-20 years. These are designed to promote the permanence of adoptive placements by strengthening adoptive families and meet the ongoing needs of the adoptee.

Social workers who provide only foster care certification and support services may question why they need to attend in this "adoption" training. However, if the foster care worker has had a long standing relationship with the family as
their foster care worker, when that family adopts their foster child, it is most likely that they will turn to their foster care worker in times of need.

Adoption begins a process of significant change for the adopted child and the adoptive family. It is not just an event that occurs inside a courtroom, never to be mentioned again. It is the beginning of a special and unique relationship between a child and a family that lasts a lifetime and, whose needs for services may continue for many years, often well into the adopted child's adulthood.
SECTION II:
WHY ARE PRE-FINALIZATION SERVICES CRITICAL?

Time:

10 minutes

Method:

Lecture
Large Group Discussion
PowerPoint Presentation

Trainer Instruction: The trainer presents the following content through guided group discussion and lecturette. Trainer Note: The trainer moves swiftly through this section.

Adoption is a lifelong process, not an event. The adjustment period following the placement sets the tone for the children’s adjustment and attachment within their new family systems. Adoptive families normally experience numerous adjustments, and often require supportive services, within the first few months following placement. Often, the "seeds of disruption...or success" are sown in the months between placement and finalization. If adoption workers are committed to permanency for children, they must recognize that intensive services and ongoing support are essential ingredients in creating permanent families for children. Workers cannot place children and assume that their "work" is done...it is, in fact, only beginning!

The overall goal of pre-finalization adoption services is to strengthen, stabilize, and maintain the adoptive placement. There are several associated objectives:

- To educate family members about expected stresses and changes as a result of the adoption and its impact on ALL family members including the adopted child;
- To help adoptive families prepare for, adjust to and manage these changes;
- To facilitate the development of new attachments within the family and promote feelings of mutual belonging;
- To encourage the development of entitlement by adoptive parents;
- To recognize early indicators of potential disruption;
- To provide immediate interventions to stabilize placements at risk of disruption;
- To educate families about short-term and long-term challenges, and to develop their skills to deal with these challenges in the future.
SECTION III: ATTACHMENT

Time:

60 minutes

Method:

Lecture
Large Group Discussion
Small Group Exercise
PowerPoint Presentation

Use:

Handout #2: Attachment: Helping Parents Encourage the Development of Attachment
Handout #3: Encouraging Attachment: A Group Exercise

A. Introduction

A primary method of ensuring the long-term success of an adoptive placement is to promote the development of attachment between family members and the adopted child. The development of positive, nurturing relationships of extended family members is also essential. All family members must claim the child as their own, and must make the necessary accommodations to integrate the child into the family creating a new family unit.

The initial phase of integrating the child into the family is called the **adjustment period**. **There are two significant tasks the family must accomplish to ensure success and permanency:**

**Task #1: Creating a New Balance in the Family**

- *The family faces a significant psycho-social task during this period: creating a new family system which fully incorporates the child.* To do this, the family’s equilibrium must be upset, and family dynamics must change. This process is challenging to most families, and seriously problematic to some. The adoptive family is like a mobile, which has been carefully balanced. When the new child is added to the mobile, a period of “unbalance” occurs which necessitates movement of all of the
other mobile pieces before homeostasis, or balance, can be achieved. The degree to which the family can satisfactorily master these challenges of attachment and accommodation will impact the long term success of the adoption.

**Trainer Option:** The trainer may create a simple mobile with pieces of paper prior to training, and, during the training, add a “child” piece to it, demonstrating the resulting disequilibrium.

- Families that state, "I know that it will be chaotic for a while but it will get back to normal soon" will be disappointed as the family will never experience life as it was prior to the child's placement. If families are resistant to finding a "new normal" or are resentful of the changes that they have had to make to integrate the child into the family, problems will occur in the future, sooner or later.

**Task #2: Building Attachment Among Family Members**

- Attachment and accommodation follow fairly predictable patterns, and are intricately related to each other. First, we will discuss the nature of the attachment process, and how caseworkers can help parents build and strengthen attachment. Then we will discuss the stages of the adjustment period and the stages of adoptive family development. Finally, we will examine the common barriers to attachment and adjustment.

**B. The Process of Attachment: Three Strategies to Build Attachment**

**Trainer Instruction:** The trainer provides the following information through lecturette and assures that the following points are covered. The trainer also asks the group to provide examples of each style of attachment facilitation: Arousal/Relaxation, Positive Interaction, and Claiming. The trainer distributes Handout #2. The trainer should encourage the participants to visualize themselves working with and teaching their families about attachment and sharing the handouts with their families.

One of the MOST IMPORTANT roles of the adoption social worker is that of "Attachment Coach." Adoptive families will need education, mentorship and encouragement as they work towards attachment with their child. It is often assumed that the attachment process will occur on its own or that the family has already "fallen in love" with the child prior to placement. Attachment work is a journey for the families and children that includes detours, roadblocks and potholes. The family and child need the services and support of a
knowledgeable, skilled social worker to guide and support them along the way.

**Attachment Strategy #1: The Arousal-Relaxation Cycle:**

The **Arousal-Relaxation Cycle** is the first of three ways to build attachment and is based on our understanding that trust, security and attachment are built when a consistent adult caregiver repeatedly meets a child’s needs. This is the work of Dr. Vera Fahlberg. For example, a child becomes hungry and cries, reflecting a state of tension and arousal. The child expresses their needs through behavioral and emotional ways. The caregiver responds by meeting the infant’s needs, feeding and comforting the infant. The child receives comfort, which relieves tension, relaxes and experiences contentment. The parent feels secure, and happy that he/she has provided empathic care for the child. The good feelings are mutually reinforcing and reciprocal. This cycle in a healthy parent/child relationship is repeated multiple times each day.

![Arousal/Relaxation Cycle Diagram](image)

**Culture plays a part in the formation of attachment.** While attachment exists in every culture, how the process occurs may vary culture to culture. For example, the mother may be the primary parent in some cultures while the father may be the primary parent in another. In other cultures, the child may be cared for in a communal nature. Likewise, children may learn different ways to express their needs based on the culture.

This same process of attachment is how adults form close relationships. Adults generally fulfill their own physical needs such as feeding, clothing, etc., however, they often depend on others to meet emotional needs such as comfort, validation, appreciation.
Adoptive parents, guided by the Assessor, must learn to identify and meet their child's needs, using consistent, nurturing responses. New parents of maltreated children are often challenged when the children express their emotional needs through problematic behavior. Parents must recognize tantrums, nightmares, oppositional behaviors, refusal to do what is asked, feigning illness, and other outwardly negative behaviors as likely expressions of anger, fear, sadness and loneliness (expressions of need). Parents must learn to interpret these behaviors and develop ways to meet the child’s emotional needs, while still managing their negative and harmful behaviors.

The process of attachment for children in the foster care or adoption system may "look" a little different. The Assessor must assist the adoptive parent to interpret the child's arousal behaviors. Unfortunately, children (and many adults!) are not skilled in verbally expressing their needs and rely on behaviors to express their needs. As the Attachment Coach, the social worker assists the adoptive parents in interpreting the child's behavior in order to identify the child's underlying needs. Once the need is identified, the parent is able to complete the Cycle of Trust by meeting the need and moving to trust and attachment.

Example #1:

**Need Expressed:** Child yells and cries from bedroom at 3 a.m., "Mommy, Daddy, there are monsters in here! Help me!"
In this instance, parents may simply call out that there are no monsters in the bedroom and instruct the child to go back to sleep. They have missed an opportunity to attach!

**Underlying Needs:** fear, safety, security

**Parental Response (need met):** Go to child, reassure safety, offer to check out room for monsters, get "monster spray," turn on hall light, and be available, physically and emotionally, to the child if he or she wakes up again.

**Relaxation:** Child feels safe, believe that parents will protect her, experiences security

**Example #2:**

**Need Expressed:** Boy, age eight, has a huge tantrum when asked to complete a simple math homework assignment. This comes as a surprise to the parents!

In this example, parents may be prone to yell, threaten, put child in his room. While, parents must manage misbehavior, they must also work towards building attachment with the child.

**Underlying Needs:** Fear of failure, frustration, stress related to school

**Parental Response (need met):** Don’t raise voice, calm child, suggest that parent and child go for a walk to discuss why child is so upset over simple homework assignment, assist child with homework, praise child when assignment is completed

Note: Even though the child’s needs are addressed in a nurturing way, the parent can let the child know there will be consequences for misbehavior if the misbehavior continues.

**Relaxation:** Child feels in control, reassured, less stress, and support of parent.

To use this situation as a “teaching moment,” parents should tell the child that a tantrum is not an acceptable way to ask for help and that future tantrums will result in timeout, lost TV privileges or early bedtime, etc.

Severely neglected or abused children may also have varying degrees of attachment problems. They may be aloof, or appear not to care about, or for, the adoptive parent. They often resist attachment efforts. This can be very disturbing to adoptive parents. We will discuss how to address attachment problems later.

**Attachment Strategy #2: The Positive Interaction Cycle:**
While the Arousal-Relaxation cycle depends upon the child’s expression of need, the parent initiates affirming emotional and social exchanges with the child in the Positive-Interaction cycle. The cycle begins when the parent engages the child in a positive interaction. The child enjoys the interaction and reacts in an affirming manner. Both the child and parents feel a sense of self-worth and are motivated to continue to interact. This type of interaction greatly augments the attachment process.

Many of us have had the experience of a parent, grandparent, godparent, aunt/uncle doing something special for us, not because we earned it, needed it or deserved it...they did it "just because" they wanted to show us how much they loved us. A note in our lunchbox, an unexpected treat, a surprise outing are examples of Positive Interactions initiated by adults. How did we feel? Important, loved, special!

Many adoptive parents mistakenly believe that the child should “take the first step” in forming attachments with them. A lack of trust, and ambivalence about new attachments, may make this impossible for many adopted children. Adoptive parents must be encouraged to regularly approach the child in a non-threatening, gentle manner to initiate social interactions. Parents must be prepared to continue to engage the child in meaningful and pleasurable interactions without expecting the child to reciprocate in kind.

Again, the social worker is the Attachment Coach and must assist adoptive parents in identifying Positive Interactions that they feel comfortable in initiating. Culture plays an important part in Positive Interactions. For example, a social worker may suggest that playing a card game, buying a surprise gift, or taking the child to the movies would be great opportunities for positive interactions. However, for some families, playing cards might be against their religion. For others, buying gifts or going to the movies might be financially impossible or be seen as "spoiling" the child. A discussion with the family about positive interactions will identify those activities that are acceptable within the family’s cultural context.
In short, the best thing a family can spend on a child is time! Cooking or baking together, going for a walk in the park or reading are excellent examples of Positive Interactions.

Attachment Strategy #3: Claiming

Fahlberg recommends a third means to promote attachment, called “claiming,” which helps assimilate the child into the family, and helps the child feel part of the family. Claiming behaviors also promote the development of entitlement by the parents - the firm belief that they have a right to parent the child as their own. Claiming activities communicate acceptance and integration of the child into family life.

Claiming is a strategy that all families use when new members join and is very culturally-based. For example, when people are married, a ritual, the wedding, is held. There are countless variations on how weddings are planned based on one’s culture. However, there are also many informal symbolic actions that say, “you are one of us now”. For example, the new family member may be given a special dish to prepare, his or her birthday is remembered, he or she may be given a family nickname and taught to participate in a family card game.

In adoption, claiming activities communicate to the child, and the world at large, that the child is an integral member of the family. Examples of claiming behaviors might be:

- Take a family picture that includes the child, and send it to all extended family members.
- Add the child’s name to the mailbox; have the child sign greeting cards.
- Send announcements to family and friends when the child joins the family.
- Include the child’s lifebook with other family photo albums.
- Teach the child family traditions; incorporate traditions the child remembers from his earlier life into adoptive family traditions; involve the child in developing new family traditions.
- Jointly plant a tree or flower bulbs in the yard to celebrate the adoption, and symbolize the “planting” of the child in a permanent family. Enlist the child’s help to tend the new plants as they put down roots and flourish.
- Encourage the child to help plan vacations, family activities, and holidays to communicate that the child is a permanent part of the family’s future.
- Use language that reinforces the child’s position in the family. Examples are “my son,” “our family.”

In conclusion, social workers and adoptive families must form a partnership and work diligently towards attachment. The social worker serves as the family’s Attachment Coach, providing information and education about attachment to
the family. **During each home consultation, the social worker should assess the family's progress and provide feedback.** Directing the family to training, specialized services and attachment therapy may be necessary. The social worker should give the family “homework” on their attachment. For example, the social worker can ask the family to focus on a specific behavior as part of the Arousal Relaxation Cycle or plan some Positive Interactions. The worker can help the family claim the child by referring to the child as "your son" or "your daughter" during conversations.

**Encouraging Attachment: A Group Exercise**

<table>
<thead>
<tr>
<th>Trainer Instructions: The trainer divides participants into three to four small groups of four to seven participants each (depending on the size of the training group). The groups are given the following assignments:</th>
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<tbody>
<tr>
<td>Groups 1 &amp; 2: Read the following case example and identify ways to enhance attachment using the Arous/Relaxation Cycle--the trainer should ensure that the groups choose different behaviors. The trainer should prepare flipchart sheets with the following headings for these two groups:</td>
</tr>
<tr>
<td>Behavior</td>
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<tr>
<td>Group 3: Identify attachment techniques using the Positive Interaction Cycle--the trainer should remind participants in this group that these are initiated by the parents and aren't necessarily connected to the child's needs but may be more related to the child's interests, likes, and desires.</td>
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<td>Group 4: Identify potential Claiming behaviors—ways that the family can show that the child is &quot;one of them&quot;.</td>
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Small groups report conclusions to the large group.

Sharon, age eight, will soon move from her foster home to an adoptive family. She will be the youngest in a two-parent family, with three sisters ranging in age from 12 to 17. The father is a clergyman; the mother, a teacher. Sharon’s history reveals considerable emotional and physical deprivation, rejection, and physical abuse. She has been in and out of foster care since she was four years old. Sharon has experienced seven moves, including two returns to her birth parents’ care.

In her foster home, Sharon is enuretic, both at night and during the day. A medical work-up was negative. Sharon has many fears, including fear of the dark, sirens, and new situations. She is prone to nightmares. Sharon becomes very upset when family members tease each other or rough-house. She is described as a demanding and manipulative child.
Although there is no known history of sexual abuse, Sharon demonstrates sexually provocative behavior. She raises her dress in front of men and boys, and she asks them openly if they want to go to bed with her. Sharon has difficulty telling the truth. Sometimes she lies about her misbehaviors. At other times, she tells meaningless lies, such as saying that peas are her favorite vegetable when, in fact, she does not like them at all. She frequently brings home small objects (i.e., pencils, hair clips, etc.) from school saying either that she “found” them or that “a friend gave them to me.”

Although academically at grade level, Sharon has many gaps in basic knowledge. She exhibits problems in logical thinking and basic cause and effect. She does not always complete her school work and may “forget” to turn in work she has completed. She reads above grade level, but she has difficulty in math. Her play skills are poor, and she has difficulty keeping friends.

Sharon is physically attractive and has excellent self-care skills. She generally shows appropriate affect, and is outgoing and affectionate. Sometimes she is inappropriately affectionate with strangers. However, she is able to talk openly about feelings, and tells of many ways that she and her present foster family have fun together.

Potential responses:
### Arousal/Relaxation Cycle:

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<tr>
<th>Behaviors</th>
<th>Needs Expressed</th>
<th>Parental Responses</th>
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<tbody>
<tr>
<td>Bedwetting</td>
<td>Anxiety, fear, stress</td>
<td>Don’t overreact, help her change sheets and clothes, reassure, have a “wetting plan” in place, help her feel secure at bedtime, limit fluids, have dry pajamas and sheets nearby</td>
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<tr>
<td>Reaction to sirens, loud noises,</td>
<td>Anxiety, fears</td>
<td>Reassurance, take to firehouse to learn about sirens, give hugs</td>
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<tr>
<td>Nightmares</td>
<td>Fears, memories</td>
<td>Bedtime ritual, nightlight, stuffed animal, flashlight. Help her feel secure at bedtime</td>
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<tr>
<td>Provocative behaviors</td>
<td>Desire for attention and acceptance</td>
<td>Redirect inappropriate behaviors; reinforce appropriate behaviors; initiate positive activities; talk about sexual abuse, reassure her about safety</td>
</tr>
<tr>
<td>Lying</td>
<td>Fear of abuse, rejection</td>
<td>Talk with Sharon about feelings about moving, abuse, neglect, losses</td>
</tr>
<tr>
<td>Negative behaviors</td>
<td>Inability to express feelings</td>
<td>Help her to interpret her behaviors; encourage her to express feelings</td>
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### Positive Interaction Cycle:

- Engage in church activities as a family.
- Read stories and talk to Sharon at bedtime.
- Give attention and affection to Sharon when she is appropriately outgoing and affectionate.
- Engage in family activities that appeal to school-age and adolescent children (movies, sports, festivals and/or fairs).
- Older sisters may be able to fix Sharon’s hair.
- Engage in enrichment activities (reading, trips to museums or historical sites, or other activities that will enhance Sharon’s skills, knowledge and experiences).
- Play games, bake cookies, cook, decorate her room.
Claiming Behaviors:

- Have Sharon participate in sending announcements of the adoption to family and friends.
- Have a new family portrait taken with Sharon.
- Welcome Sharon to the “church family” in her adoptive father’s church.
- Encourage Sharon to use the family’s last name and perhaps a new middle name, if she is agreeable, which connects her to someone in the family.
- Point out to Sharon similarities when she looks like, acts like, or has talents similar to someone in the family.
- Teach Sharon about family traditions during holidays.
- Refer to her as “our daughter”, “your sister”
- Discuss long-range plans with Sharon, which connect her to the family.
- Put her name on her bedroom door
- Establish "Sharon's Place" at the table, for her toothbrush, to hang her coat, place put her boots, etc.
SECTION IV: NORMAL STAGES OF THE PRE-FINALIZATION PHASE

Time:

60 minutes

Method:

Lecture
Large Group Discussion
Video
PowerPoint Presentation

Use:

Handout #4: Normal Phases of the Pre-Finalization Phase
Handout #5: Avoiding Placement Pitfalls in New Adoptive Placements of Children with Special Needs
Video: Troubled Transplants (Trainer Option)

The Adjustment Phase

Trainer Instruction: The trainer uses PowerPoint Slide: “Learning to be a Family” to facilitate discussion. The trainer should conduct the activity to assist participants in identifying strategies to move families through the Ambivalence Phase. The trainer also directs participants' attention to Handout #4, Normal Phases of the Pre-Final Phase. The trainer should stress the role of the worker during each phase of the family’s adjustment.

Becoming a family is another piece of important work the social worker and family must focus on during the post-placement period. In many ways, adoption is more like marriage than childbirth. People, who had lived separate lives are coming together to form a family. They must learn to share, give and take, and form a strong relationship.

Family adjustment after adoptive placement generally occurs in a predictable sequence of five phases. These have been called Getting Acquainted, The Honeymoon, Ambivalence, Reciprocal Interaction, and Bond Solidification (Pinderhughes and Rosenberg, 1990). Progressing through these stages is a normal process that contributes to the family establishing a “new normal”.
Stages of Adjustment

Dating/Getting acquainted - This phase generally occurs during pre-placement visitation. All parties are on their “best behavior” and are engaged in learning more about each other. Children and families rarely experience “love at first sight,” and the “getting acquainted” phase allows them an opportunity to begin the attachment process. At this point, however, there is no real attachment. The parents and child are often engaged in activities such as going to the movies, eating out or playing miniature golf. It is recommended to adoptive parents that they provide some “reality” for the child during this phase by maintaining a schedule, expecting children to have manners and setting some limits. Consequently, when the child does move in with the family, there will already be some guidelines and expectations in place.

The Honeymoon - This phase is characterized by excitement and great optimism. Everyone is eager for the adoption to occur. There is great anticipation and expectation for the newly forming family. The child is on her best behavior, and all family members get along well. Often the adoptive parents feel that the caseworkers’ warnings and cautions were unwarranted, or they believe themselves to be one of the lucky families who will have minimal problems. In reality, the child at this phase is emotionally detached from the family, and is likely to be superficial in her relationships. The child gains considerable gratification from being the center of attention. The parents frequently overlook inappropriate behavior, and they minimize the importance of problems.

Typical characteristics of a family in the Honeymoon Stage may be:

- Belief that the worker was overly negative in preparing them for placement;
- Over-indulging child with too many gifts, trips, special foods, setting no limits;
- Children in family enjoy the novelty of new siblings and interact without arguments, competition, etc.

Child behaviors during the Honeymoon may be:

- Child is compliant and eager to please adults;
- Child may be emotionally numb from the shock of the move.

As adoption specialists work with a family prior to the placement of a child, they can prepare parents for the “honeymoon” stage by:

- Training the adoptive parents about the stages of family development;
- Using the “prediction path” to inform parents of child’s adjustment patterns during previous separations;
- Helping the adoptive parents assess their expectations and assure that the expectations are realistic.

The worker's role during this stage of adjustment:

- Worker encourages entitlement of the new parents whenever possible;
- Worker continues to provide education regarding typical patterns of adjustment;
- Worker encourages positive interactions cycle during honeymoon.

Ambivalence - The Honeymoon phase is followed by the Ambivalence phase. The child’s behavior is no longer compliant. Rather, the child begins to resist the parent’s authority; begins to test the parent’s ability to define limits, and tests the parents' commitment. The child often struggles with feelings of distrust, divided loyalty, resurrected grief, and fear of attachment. The child concurrently desires closeness with the adoptive family, yet fears being rejected and/or abandoned. The child also struggles with feelings of disloyalty to the biological parents and former caregivers if she attaches to the adoptive family. Consequently, the child may intermittently display both attachment behaviors (clinging, whining, neediness) and disengagement behaviors (aggression, hostility, behavioral acting out, and/or direct rejection of family members.)

Under the circumstances, it is not surprising that the family also experiences ambivalence. As the child’s testing behavior escalates, the parents may question their decision to adopt, or may question whether the agency gave them the “right” child. Each of the adoptive parents may have different perspectives of the adoption yet are not communicating their fears and concerns to the other parent. Extended family members may withdraw their support. Siblings may feel resentful or threatened, and their behavior may regress. The parents may fear discussing their ambivalence with the worker, or even with each other, as this may exacerbate their feelings of disappointment and failure. If the family and child are unable to navigate through the Ambivalence Phase, it is likely that the adoption will disrupt.

In his book, Troubled Transplants, Dr. Richard Delaney describes a challenge most often experienced by adoptive mothers, which greatly contributes to the parents' ambivalence. He refers to it as “splitting.” In this situation, the child experiences an emotional conflict about his birth mother, feeling extremely angry about his birth mother’s inability to meet his needs and care for him. The child exhibits guilt about feeling this way. In an attempt to resolve this conflict, he “splits”, or divides his feelings about his two mothers. He attributes blame and
anger towards the adoptive mother, since, in his perception, this is safer than being angry toward the birth mother. He also idealizes his birth mother. Birth mom is the “good” mom. Adoptive mom is the “bad” mom. The adoptive mother becomes a target of the child’s abusive, rejecting, insecure, or over-anxious behavior. However, this behavior is often demonstrated only in the presence of the adoptive mother - the adoptive father rarely sees or experiences this difficult behavior. The child’s view of the adoptive father is usually far more positive--he is a playmate. Unless the adoptive mother is aware of this dynamic, she often feels that she is the problem and is somehow causing the child’s emotional conflict and misbehavior. It is important for adoptive fathers to be well aware of the phenomenon of splitting. Delaney recommends that fathers need to intervene as much as possible as the child’s disciplinarian.

All family members must understand that ambivalence is a normal and expected part of the adjustment process. Feelings must be aired and validated. The worker can remind parents of similar periods of ambivalence early in their marriage, or after the birth of a child, and ask them how they dealt with it then. The family must learn to understand and accept the child’s experience and to provide support, while maintaining appropriate discipline and behavior management. Often, understanding the nature of their own ambivalence minimizes the parents’ disappointment, and enables them to maintain a commitment to the child and the adoption. The child’s ambivalence may most effectively be addressed and resolved by the foster parent, or another attachment figure with whom the child feels most secure. During the transition, the foster parent should reiterate strong support (known in the field as "blessings") for the move and provide the child with emotional support and reassurance.

The role of the adoption worker during this phase is to "shepherd" the family through this process. Often, workers deny the family is experiencing ambivalence as they are hoping for a smooth, problem-free transition. However, the family (and the worker!) must come to understand that ambivalence is a normal feeling when an individual is confronted by a new situation such as marriage, new job, new home, moving to a new city.

Characteristics/behaviors of families in the Ambivalence Phase:

- Family begins to report behavioral problems with the child;
- The parents’ excitement and enthusiasm begins to wane;
- Parents may show evidence of marital strain;
- Parent makes comments such as, "I'm not sure we are the right family for..."

Characteristics/behaviors the child may exhibit during the Ambivalence Phase:
• Child acts out in an attempt to return to earlier placement, birth parent or to test the commitment of the adoptive family;

• Child engages in conflicts with children who were already in the family;

• Child tells worker he is being mistreated.

The Ambivalence Phase is likely to impact all members of the adoptive family including other children residing in the home. For example:

• Other children are disappointed in the quality of the relationship with their new sibling;

• Children are angry and jealous about the time and energy devoted to the new family member;

• Other children try to sabotage the placement by "framing" the new sibling or by constantly complaining to the parents about behaviors of that child;

• Other children are angry that the new sibling is not sufficiently "grateful" to the parents or are upset about disrespectful treatment of their parents.

**Trainer Note:** The trainer leads a large group discussion with the group, asking them to brainstorm strategies or resources that can assist the family through this phase. Remind participants that different strategies will be successful for families based on the family’s culture so the Assessor much have a repertoire of strategies available. Review Handout #5, Avoiding Placement Pitfalls and suggest that Assessors share this handout with their families during a home visit.

**What resources or supports can help a family through this stage?**

• Mentor relationships with more experienced adoptive families (aka "Buddy Families")

• Reassurance that this is normal, helping the family to remember other situations in which they experienced ambivalence (i.e., new home, new job) and identifying the skills that helped them cope in the past;

• Use of the Prediction Path to see an "end" to the testing behavior and empowering the parent with specific strategies to manage behaviors;

• Time away from parenting to focus energy on the marital relationship, however respite care should not punish the child! Use of extended adoptive family members is helpful;

• Support, education from the adoption worker;

• Use of a diary or log to track the family's progress;

• Training/Education classes that assist in managing the child's behavior;
Books, videos and websites with useful information;
Attending an adoptive parent support group;
Family therapy to assist the family in communicating. Individual therapy may need to take a hiatus as forming the family relationships is paramount at this time;
Some agencies have Adoption Adjustment Groups that are both educational and supportive;
Blessings for the child from earlier attachment figures to move on and attach to a new family.

Families will utilize the resources and supports that are valued by their culture. Some families may not go to a support group because they believe that “what goes on in my family, stays in my family”. A “buddy family” may be more acceptable to them. Attending therapy at a mental health clinic may be out of the question for some families but talking with their child’s school counselor may an alternative.

When Adoptive Families don’t move through the Ambivalence Phase Successfully….  

Unfortunately, not all families successfully resolve the emotional challenges of each stage of adjustment. Some families cannot tolerate ambivalence, and do not develop healthy family relationships. For some families, the child’s lack of attachment and problematic behaviors prove too disappointing to the parents. They may interpret the child’s negative responses as a personal rejection, a lack of commitment, or a lack of appreciation. The child’s behaviors may threaten the stability of the marriage or challenge the parents’ self-esteem. Some families seem unable to manage the chaos and disorder that typically accompany an adoption. Their family system remains rigid, and they expect the child to conform to their expectations.

There are several “typical” outcomes when the family and child do not successfully manage these challenges.

- Some families end the adoption and disrupt. The call is made to the worker to remove the child and the crisis of disruption occurs. We will discuss this in more depth at a later point in the curriculum.
- Other families cope by maintaining the adoption, but have only superficial involvement with the child. The parents may meet the child’s physical needs, and legally maintain the adoption, but remain emotionally detached, and will simply “survive” until the child emancipates. Pinderhughes (1983) refers to this as “pseudo-adoption.” Ideally, a worker should work with a pseudo-adoptive family to establish a real
engagement and attachment between parents and child. If this proves impossible, the worker must decide, with the adoptive family, if the pseudo-adoption is sufficiently damaging to the child that a disruption or dissolution might be in the child's best interests. Considerations in this decision would include an assessment of the child's ability to attach to a new family, reasonable placement alternatives for the child, the potential damage done by another move, and the degree to which the child's needs are being met in the current placement.

The caseworker should be alert to early indicators of problems in the adjustment phase of adoption, and should actively help the family resolve the issues that arise during each stage.

**Reciprocal Interactions** - When adoptive families are able to cope with their ambivalence in a constructive manner, they generally progress to the "Reciprocal Interaction Phase." They are learning to accommodate their feelings and responses with the needs and feelings of their child. During this period, family members begin to develop feelings of closeness. The adoptive parents feel less threatened and tend to manage the child's misbehavior with less resentment. They also recognize and come to appreciate the child's individuality. Unless the child has serious attachment problems, he typically begins to trust family members, begins to believe he is going to stay, and works to establish a place for himself within the family unit. It is evident that affectionate bonds are being formed through the reciprocal “give and take” among all the family members. The family begins to have more good days than bad. They are anxious to share small accomplishments with the child and now have a sense of hope that the adoption will succeed.

The adoption worker can assist the family by making suggestions and problem-solving to help the family begin to accommodate the child. An example:

A family has complained to the worker that the 12-year-old boy can't get to the school bus on time and that every morning is a battle. The adoption worker can explore the reasons why the family is having such difficulty. She may discover that the child is not a morning person and suggest to the family that boy shower and prepare for school the night before and that he can sleep until 30 minutes before the bus' arrival, clean up, have breakfast and be on the bus in time. This can relieve stress on everyone!

**Signs that the family has successfully moved to the Reciprocal Interaction Phase:**

- Family reports feelings of "success" in managing the difficult behaviors of the earlier stage;
• Parents begin to ask questions about the process and timing of legalization;
• Parents demonstrate more comfort in making parenting decisions regarding the needs of the child.
• Parents share examples of pleasurable moments with the child

Examples of child’s behavior during the Reciprocal Interaction Phase:

• Child talks of a future with this adoptive family;
• Child engages in less testing/conflict with other family members;

Examples of behaviors of the other permanent children in the home:

• Other children have developed a more realistic and accepting view of the new family structure;
• Conflict between children continues, but at a manageable level;
• Adjustments to changes in birth order, when necessary, are made.

Resources that might prove most helpful to guide a family in this stage:

• Encourage the adoptive parents to use the positive interaction cycle;
• Reinforce commitment and successes of parents in making adjustments;
• Refer family to adoptive parent support organizations.

**Bond Solidification** - During the “Bond Solidification” Phase, all family members feel increased satisfaction with family relationships. Attachments between the family and the child have been strengthened. The family has re-established its equilibrium, and has re-stabilized. A new family system emerges that has accommodated the child’s needs, abilities, likes and dislikes. The family plans a future that includes the adopted child. The child now sees himself as part of the family, and has begun to incorporate adoptive family traits into his identity.

Changes that can be observed in the adoptive parents as they re-establish their “new” equilibrium:

• Parents demonstrate much more entitlement, are less reliant on the caseworker, foster parents, mentor adoptive parents for support and guidance;
• Parents are eager to legalize the adoption;
• New parents often talk of creating or updating a will to include the newly adopted child.
• Parents refer to themselves as "parents" and call the child "our son (daughter)."

Examples of the child's behavior in the Bond Solidification Phase:

• Child might express interest in choosing a middle name that "connects" him to the adoptive family;
• Child is clear about referring to adoptive parents when he speaks of "my parents."

Role of the worker in promoting successful legalization of the adoption:

• Worker asks parents if they feel comfortable with the idea of legalization;
• Worker asks parents what needs to occur to help them feel more comfortable with legalization.

**Trainer Option:** If the training group is small, and the trainer has sufficient time in the workshop, the trainer may show the video *Troubled Transplants* (20 minutes). The trainer instructs the group to identify the different stages of adjustment demonstrated by the families shown in the video. Use the following questions to process the video:

1. What examples of the Honeymoon Stage did you see? Ambivalence? Reciprocal Interactions? Bond Solidification? Connect the phases or words from the adoptive parents to the stages of family development.
2. What strategies did the families describe as helpful to them?
Examples of Honeymoon:
- Pseudo-attachment

Examples of Ambivalence:
- Distress of adoption
- Pressure to attach
- Different points of view
- Impact on the marriage
- Effect on the other children
- Splitting
- Early disappointments
- Re-enactment

Examples of Reciprocal Interactions:
- Turning point for progress
- Developing closeness
- Touch
- Importance of hope

Examples of Bond Solidification:
- Hope and satisfaction
SECTION V: BARRIERS TO ADJUSTMENT

Time:

75 minutes

Method:

Lecture
Guided Group Discussion
PowerPoint Presentation

Use:

Handout #6  The Losses of Childhood: A Comparison
Handout #7: Strategies to Help Grieving Children

Several barriers to adjustment may occur early in the adoptive parent/child relationship. If not resolved, these barriers can escalate into serious problems that can threaten the adoption. The worker must help the family acknowledge and deal with these barriers to minimize their impact, and to help the family continue to incorporate the child into the family.

Trainer Instruction: The trainer should conduct a lecture and guided group discussion that includes the following content. Utilize handouts as the content is covered. Encourage participants to share the handouts with their families during home visits.

A. Barriers From the Child’s Perspective:

- Barrier One: Unresolved Feelings About Prior Separation and Loss

There are a number of issues related to separation, grief, and loss that can hinder a child’s adjustment to his adoptive family.

A child who has been in foster care has generally experienced the loss of significant relationships early in life. He has, of course, lost his parent/child relationship with his birth parents. He may also lose relationships with siblings, extended family members and close friends, pets, playmates, belongings, neighborhood, significant persons, culture and foster parents. **By the time a**
child is moved to his adoptive placement, he may not be emotionally ready to transfer his attachment, particularly his maternal attachment, to yet another new parent. He may still be grieving earlier losses.

Grief associated with adoption is often unrecognized in our society. There is no public acknowledgement of the losses associated with adoption; there are no rituals in our society assisting children in this grief process (Refer to Handout #6, The Losses of Childhood). Adoption is a unique loss as compared to death and divorce. The child is likely to have no previous experience and lacks role models who can assist with dealing with the losses associated with adoption.

Ambiguous loss refers to a feeling of grief or distress combined with confusion about the lost person or relationship. Ambiguous loss occurs in two situations: when a person is physically present but psychologically unavailable, or when a person is physically absent but psychologically present. The latter type is most common in foster care and adoption.1 Ambiguous loss can be especially difficult to address because others do not recognize or even actively deny the loss and accompanying grief.

The child may feel that their birth parents would not want them to love or accept new parents. They may also feel the birth parents would not want them to do well in the new family. Consequently, the child’s behavior is being impacted by persons not present but in the child’s thoughts and memories (known as “psychological presence”). Ambiguous loss may be particularly difficult for the adoptive parents to understand and accept, especially when the child did not know or live with the birth parent.

In addition, adults may not recognize the signs and symptoms of childhood grief or accept that children do grieve. Adults may have difficulty understanding how or why a child would grieve the loss of a parent who abused or neglected the child or the loss of a parent the child never knew. Consequently, the child must often grieve privately, with little adult support or assistance. At times, with focus on the adoption as a "joyous event," the child may feel a need to hide or deny his grief and feelings of loss.

Adoption workers must assist children in the identification of important attachment figures in their lives. If the children are old enough, they should identify those people with whom they would like to have continued contact or have a need to “say goodbye.” Teachers, counselors, friends from school, as well as siblings, extended family members, foster parents might be identified. The worker must determine, with help from other caseworkers, the child, and foster parents, whether continued contact would be productive or harmful to

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If the child should maintain contact, then the worker must work with the adoptive family to create a plan for maintaining those significant relationships after the adoptive placement.

If permanent separations from his birth parents and/or other attachment figures are indeed necessary, the worker must assure that the child is provided support and assistance to begin the grieving process. The process is only beginning as the adoption is taking place. The worker should guide the child and adoptive parents through this process. Children who are dealing with unresolved grief and loss often have great difficulty allowing themselves to care for a new person. When separation has occurred abruptly, children are often traumatized. Forming new relationships will take a great deal of time and patience.

**Trainer Instruction:** The trainer distributes Handout #6 - The Losses of Childhood, and Handout #7 - Strategies to Help Grieving Children. The trainer briefly reviews the content of these two handouts. The trainer explains that a child’s responses to loss might vary according to the child’s culture, gender, age, and temperament.

The trainer then guides a very brief discussion regarding the impact of grieving in an open adoption. The trainer reminds participants of the continuum of openness, and asks the group how children might feel and express grief in a more open model of adoption.
# THE LOSSES OF CHILDHOOD: A COMPARISON *

<table>
<thead>
<tr>
<th>Types of Loss:</th>
<th>Divorce</th>
<th>Death</th>
<th>Adoption</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universality</td>
<td>Not universal, but common</td>
<td>Universal, though not always the death of a parent</td>
<td>Uncommon, may lead to feelings of isolation and difference</td>
</tr>
<tr>
<td>Permanence</td>
<td>Potentially reversible, non-custodial parent visited, reunion fantasies common</td>
<td>Permanent, irreversible</td>
<td>Seems like potentially reversible since parents still alive, reunion fantasies common</td>
</tr>
<tr>
<td>Relationship with Lost Parent</td>
<td>A long history of a relationship before divorce gives child a storehouse of memories that may help him to come to terms with the loss</td>
<td>A long history of a relationship before death gives child a storehouse of memories that may help him to come to terms with the loss</td>
<td>No history or memory of birth parents; little information about them, the lost parents often linger as ghosts in the adoptee's mental and emotional life, making it hard to come to terms with the loss</td>
</tr>
<tr>
<td>Voluntary vs. Involuntary Circumstances</td>
<td>A voluntary decision on the part of at least one parent, fosters anger, self-blame, guilt in the child</td>
<td>Involuntary, no one to blame</td>
<td>A voluntary decision on the part of at least one parent; fosters anger, guilt, self-blame in the child</td>
</tr>
<tr>
<td>Extent of Loss</td>
<td>Partial loss of one parent; sometimes permanent</td>
<td>Permanent loss of a single parent</td>
<td>Loss of both parents, extended family, cultural and genealogical heritage, sense of connectedness, sense of self, social status</td>
</tr>
<tr>
<td>Social Recognition of Loss</td>
<td>Loss rarely recognized, few rituals of support</td>
<td>Universally recognized, rituals of support</td>
<td>Loss rarely recognized, few rituals of support</td>
</tr>
</tbody>
</table>

*This was taken from *Being Adopted: Lifelong Search for Self* by Dr. David Brodzinsky*
STRATEGIES TO HELP GRIEVING CHILDREN

♦ Tell the child early and often that you understand her sadness at leaving important people. Give her permission to express her feelings of sadness, anger, or grief. Avoid saying such things as: “That was yesterday, and you’re with us now,” “Don’t think about them, we’re your parents now,” or “Don’t worry, you’ll forget them soon.” Give the child permission to grieve. “It’s ok to be sad because you miss them.” “I bet lots of kids who have been adopted felt the same way.”

♦ Keep the child’s schedule relatively free from constant activity. Adoptive parents often attempt to help their children forget about the past by filling up their children’s schedule. At this time, children do not need constant motion, but rather an environment in which time for sharing and talking is a priority.

♦ Keep the lifebook accessible to the child. Adoptive parents should not try to erase the child’s past by putting the lifebook out of sight and out of reach. Revisiting the lifebook is similar to visiting the cemetery following the loss of a loved one. It helps the child move through the grief process.

♦ Make arrangements for periodic contacts with foster parents and other important attachment figures. Abrupt separations create trauma and add to the panic and fear attached to loss. Periodic and planned contacts by phone or in person with former foster parents and other attachment figures can help a child through the stages of grief.

♦ Remember the importance of physical touch. Children feel strength from a parent who sits close to them when they are sharing strong feelings. A touch on the shoulder or a lap to sit on reassures a troubled youngster of secure love and concern. It should be noted that older children need the reassurance and security that comes with sitting on an adult’s lap or a hug as much as do the young children.

♦ Do not feel rejected by the child who remembers relationships with lost attachment figures. Grieving children will often mention the happy times with birth parents or foster parents. They may point out that “our foster mom never did it that way,” as they experience feelings of loss regarding the former caregiver. Responding positively to the children as they mention past activities, memories or traditions with former caregivers will send a message to children that they are accepted and loved.
Barrier Two: Lack of Pre-Placement Preparation of the Child

One of the tasks of adoption that often goes undone or "underdone" is the preparation of the child for the adoptive placement. Workers may believe that because a child has been separated from their birth family for an extended period of time, never knew their birth parents or has lived with the foster family who plans to adopt them, that preparation work is unnecessary.

Children must accomplish two tasks before they are ready to move to an adoptive family, or before they are ready to change to an adoptive status within a foster home. If these tasks are overlooked, both the short- and long-range adjustment of children within their adoptive homes will be compromised.

1. First, children must understand their histories to the degree they are developmentally able. The scope and depth of their understanding will increase as they mature. Children must know and accept the reasons for separation from their birth families, and they must know that reunification is not possible. Several tools can be used in working with children to elicit and talk about important historical information:

   Life Maps: The life map is an art therapy technique. The child is asked to draw a "map" that depicts his placement history. The map can portray where the child has lived, how long he lived there, the people who were important to him, why he had to move, and how he felt about it. It is helpful in identifying the gaps in the child’s understanding of why, where and how they have moved during their life.

   Lifebooks: Lifebooks are a therapeutic tool that helps the child understand his history. The Lifebook can include mementoes, stories, pictures (drawn by the child, photos), letters, life maps, etc. These books help the child integrate his past with his present and future. Ideally, lifebooks are begun when a child enters foster care, but they become essential when adoption planning is initiated. Photographs should be included of birth parents and extended family members, siblings, prior foster or kinship caregivers, friends, pets, and important events. Photographs can be provided by relatives and by past and present caregivers. As with life maps, lifebooks give caseworkers opportunities to involve children in discussions about critical issues and concerns, that, if not addressed, can interfere with the adoption.

   Family Trees: A modification of the more common family tree (genogram) can help children organize all the people who have been an important part of their lives. Birth family members can be depicted in the roots of the tree. ("They are there even when we cannot see them"). Foster or kinship caregivers may be depicted in the trunk of the tree, ("They help you grow strong and tall"). and the adoptive family can be
drawn in the upper branches, leaves, fruit, or flowers (They help you blossom!). Through this activity, children learn that they do not have to choose between families, and they come to understand that all families have played important roles in their growth and development.

**Collages:** A collage is a collection of pictures that are glued together on a large piece of poster board or cardboard, either in sequence or overlapping one another. In adoption work, the pictures can be glued to a cutout of a body outline of the child. The child may draw pictures that represent, to him, important people or events of the past as well as his wishes for the future. Many of our children do not have actual pictures of their family. However, pictures cut from magazines or catalogs to represent their likes, dislikes, interests can create a collage that represents the child.

2. **Second, children must psychologically disengage from a parenting relationship with the birth family.** That is, the child must not remain attached to fantasies that he can return to the birth family's care. Blessings from the birth family can be very powerful in assisting a child with this disengagement process. This does not mean the child has forgotten the birth family, or that they are unimportant to him. It does mean that he fully understands that his adoptive parents are his permanent parents, and he has begun to deal with feelings of loss. Even in open adoption, when a relationship with the birth family may continue, the child must understand that the nature of the relationship with the birth parent has dramatically changed. Unresolved grief over earlier losses and traumatic separations will impair children's ability to attach to new families. Some of the techniques to assist children in this process might include:

**The "Transition" Visit or Letter:** The "transition" visit or letter allows children to recognize that their birth parents will not longer be parenting or caring for them. When feasible, the caseworker arranges for the parent or a member of the child's extended family to write the child a transition letter, make an audio or videotape, or participate in a transition visit. According to Kay Donley Zeigler [Donley, 1990], the critical messages in this blessing to be conveyed are: "You are loved;" "You are wished well;" "You will be remembered;" and "You have permission to love another parent."

**Doll play:** Doll play can be helpful when working with younger children or children who have difficulty verbalizing their feelings. A visual reenactment of the child's story is used to "act out" earlier events in a method children can see and understand. Children can use dolls to express their feelings about separations and indicate their readiness for adoptive placement.
Writing (or dictating) letters: Children can be helped to verbalize their feelings/grief related to loss of birth, foster, or kinship family members. Such letters can also be used to ask questions or tell earlier attachment figures about the current situation.

Visits to a parent's or grandparent's grave: Children should have the opportunity to say "goodbye" to attachment figures who have died. Children can take flowers and visit the graves of loved ones. One or many visits may be necessary, depending on the situation, to assist the child in grieving for a deceased loved one. The child may leave a letter or memento at the grave.

Caseworkers can choose from the tools mentioned above to develop an individualized program to prepare children for adoptive placement. The child's developmental level, the caseworker's skills level and access to cooperative attachment figures, and the child's temperament and interests will affect the selection of tools to effectively prepare children for adoption.

- Barrier Three: Child Demonstrates Attachment Problems

Most experts on attachment and bonding agree that the first 36 months of life are a critical period for the development of healthy attachment. During this time, the Arousal/Relaxation Cycle, described by Dr. Vera Fahlberg, occurs thousands of times, developing the child's ability to trust and form attachments to others, and to sustain healthy relationships. Unfortunately, interruptions in that cycle occur far too often, and the results of those interruptions are seen most frequently in the foster care and adoption systems. Attachment occurs along a continuum, as depicted below:

![Attachment Continuum Diagram]

While a small percentage of children with attachment problems can be correctly diagnosed as having Reactive Attachment Disorder, many more foster and adopted children display signs of stressed attachment. It is not surprising that children who have experienced maltreatment or traumatic separations would be hesitant to trust others sufficiently to attach. In fact, any of the following situations can create interruptions in the development of healthy attachment:

- Separation from the primary caregiver (through death, illness,

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hospitalization, or placement of child)

- Child neglect
- Child abuse (physical and/or sexual)
- Chronic and severe pain experienced by a very young child, from any cause, that cannot be relieved by adults
- Foster Care
- Adoption
- Chronic depression of the child’s caregiver
- Neurological problem in the child, which interferes with the child’s perception of, or ability to, receive nurturing (one of the common results of exposure to alcohol or drugs in utero)\(^3\)

It is impossible to predict with certainty if children experiencing these interruptions will develop impairments in their ability to form attachments. It is also impossible to predict the level of impairment in capacity to attach. The following are some risk factors that appear to increase the likelihood of stress/impairment:

- Age of the child (the younger the child at the time of interruption, the greater the likelihood of impairment)
- Constitutional factors (temperament, genetics)
- Frequency of interruptions
- Severity of trauma experienced during interruptions

A child with stressed attachment may be extremely fearful of being separated from his caregivers. While this behavior is normal in infants, clinging behavior continuing throughout toddlerhood and the school-age years may indicate stressed attachment. Separation anxiety may be evidenced by a child who:

- Has extreme school phobia;
- Cannot spend the night with friends, or even grandparents;
- Cannot attend “sleepover” camps;
- Experiences panic if parents are a few minutes late in picking him up from events;
- Experiences intense anxiety if a parent is away from home or develops an illness;

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\(^3\) Association for Treatment and Training in the Attachment of Children. Kathleen Moss. www.attach.org
• Resists emancipation from home at age 18 through self-induced failure.

Children with stressed attachment may also display insecurity in other ways, including poor self-esteem, fear of success or achievement, or over-reactions to any loss. Poorly attached children may avoid intimate relationships with others; avoidance might be displayed by refusing nurturance, inappropriately caring for himself and younger siblings, avoiding close relationships with peers, and/or attempting to sabotage placements. Some children are ambivalent in their connections, seeming to find themselves in a chronic approach/avoidance dilemma as they struggle to "connect" with families.

Children with more severe attachment difficulties may also display the following behaviors:

- Superficially charming and "engaging" behavior
- Indiscriminate affection toward strangers
- Incessant chatter
- Lack of eye contact on the parent's terms
- Lack of "cuddly" behavior
- Lying, even when the child does not seem to benefit from the lie
- Stealing or hoarding
- Abnormal eating patterns
- Lags in learning
- Lack of impulse control
- Destructive behavior to self, others, or material things (accident prone)
- Poor peer relationships
- Lack of cause and effect thinking
- Lack of conscience
- Cruelty to animals
- Preoccupation with fire

Certainly, many of these behaviors might have causes other than attachment difficulties. For example, a child with Attention Deficit Hyperactive Disorder lacks impulse control, and a child with developmental delays has lags in learning. However, when many of these behaviors are present, and when interruptions in healthy attachment have occurred, it is likely that the child is displaying some impairment in the quality of attachment. The degree of impairment might be determined through interviews with primary caregivers (in the case of child welfare, with foster and adoptive parents) who are usually first to pinpoint difficulties in the child's ability to form and sustain healthy relationships with others. Other assessment factors include the severity of "risk factors" in the child's history and the severity of problematic behaviors.

If foster or adopted children display minimal impairment in their ability to attach, the best remediation for them is permanent placement in a safe, stable,
nurturing family. If the impairment is more severe, it is likely the family will need support and guidance from mentor adoptive families, a skilled post adoption specialist, planned respite care, adoption subsidies, and significant training on techniques of living with attachment-impaired children.

The worker plays a key role in assisting the family in recognizing and overcoming the child's attachment problems and facilitating the family bonding process. Consequently, the worker must possess a solid knowledge of the dynamics of both healthy and unhealthy attachment and be able to develop effective parenting strategies with the family during pre-placement planning and pre-finalization service provision. Workers should consider, for example, the child's capacity to attach as a factor when selecting adoptive families for children. Further, the child's behaviors associated with impaired attachment should, when appropriate, be included in the Prediction Path. Parents of children with impaired capacity for attachment must be able to accept professional intervention and a high level of post adoption support, develop realistic expectations consistent with the child's ability to attach, and remain open to learning new styles of parenting.

- Barrier Four: Cultural Differences

The child may have been separated from his cultural milieu when he moved into foster care, and he may move into yet another cultural milieu when he transitions to an adoptive home. These transitions from one culture to another can be overwhelming for children. The child may feel that he “can't do anything right” or “feels different” from the other family members. In addition, racial or cultural differences can have a serious impact on the child's ability to form a positive racial, ethnic, or cultural identity. Children may misunderstand their new parents' cultural behaviors. For example, the child may come from a very affectionate birth family and be placed with a non-affectionate adoptive family. This difference in culture may lead the child to believe that the family does not love him because his new parents do not hug or kiss him.

Children need help in understanding the "rules" in their new families, developing survival skills in new communities, and developing a positive racial/cultural identity. Workers must be sensitive to cultural issues as children move from one family to another, and must help the adoptive parents to anticipate difficulties, incorporate practices familiar to the child into their family's culture, and support the development of positive identity as the child matures.
B. Barriers From the Adoptive Families’ Perspective

- Barrier One: Unmet Parental Needs and Expectations

Two questions must be addressed when working with an adoptive family: What are their needs for the relationship with the child? What are their expectations of the adoption experience?

**Trainer Instruction:** The trainer elicits from the large group a few needs of adoptive parents. Be sure to fill in any gaps in information.

Some **needs** parents may or may not express include:

- “I have a strong maternal/paternal need to nurture a child.”
- “I need this child to see me as his mother figure and forget about his past.”
- “I need to feel a deep attachment to this child.”
- “I need to give family membership to a child and to be appreciated for doing so.”
- “I need to be needed.”
- “I need to be loved”
- “I need to be seen as a good parent.”

These needs may lead to expectations of adoption that result in disappointment. The degree of disappointment is closely linked to the level of discrepancy between the parent’s expectation of adoption and the reality of the experience.

The adoptive family may not be aware of the scope of the changes they will experience until weeks or months after the placement. The effects of the child’s history on current behavior may not always be immediately apparent to family members. Families often need services that promote realistic expectations, help families fully understand and deal with change, increase the parents’ understanding of the child’s earlier experiences and their effects on current behavior, and strengthen parenting strategies.
Ten common parental expectations of adoptive parents are:

1. Our love will be enough.
2. We (I) will feel love and connection to this child quickly.
3. This child will step into our family system and easily learn to function within our “rules”, goals and ambitions.
4. This child’s needs will be just like those of our biological children.
5. Our biological children will embrace this new child as a sibling.
6. Our child will fit well into our extended family and be welcomed by them.
7. My friends and acquaintances will validate my role as parent in our child’s life and support us through the adoption process and beyond.
8. Our child will see us as his family and forget about his birth family and his past.
9. We/I can do for this child what was not done for me, or I will not do to this child what was done to me.
10. I will never feel any regrets or ambivalence in adopting this child with a traumatic past.

In addition, if the child does not meet the parents’ needs and expectations, he will be seen as a disappointment. The child can easily become the focus of the family’s ills and disruption is likely.

- **Barrier Two: Marital Problems**

The marital stability of prospective adoptive parents has a significant impact on the family’s successful transition to adoption. Some couples expect adoption to resolve marital problems. Instead, the adoption process often compounds problems. Occasionally, even couples in a stable relationship enter into the adoption experience without being fully in agreement in their commitment to the adoption. Because they are not in agreement, crises or stresses precipitated by the adoption can cause or exacerbate marital difficulties.

Likewise, the marital couple may discover their own cultural differences in regards to how they view child-rearing. One parent may be more permissive
while the other may be strict. In their cultures of origin, they may have learned different ways to discipline, show affection, and have opposing expectations for the child.

- **Barrier Three: Incomplete Resolution of Loss within the Parents’ Own Lives**

  **Trainer Note:** IF TIME PERMITS, the trainer can ask participants to generate a list of losses experienced by an adoptive family as they move into the adoption experience. Some of the losses include: presenting a birth child to their parents; loss of the “hoped-for” child; loss of genealogical continuity; loss of social peer group due to lengthy waits for a child; loss of experiencing pregnancy; etc.

Adoptive parents face not only those normal losses occurring through life’s transitions, such as the death of a parent, loss of a job, or loss of a spouse, but also the losses that are unique to their particular life circumstances and sometimes in their own perceptions. Some of those losses include: loss of a birth child (either by infertility or death), loss of dreams for a family as planned, loss of status as birth parent, loss of providing grandparents with a birth grandchild.

The degree to which adoptive parents have resolved their grief over these issues can influence the degree to which they can help the child resolve her grief. The adoptive parents must become the child’s “interpreters of loss.” They must help the child adopt a realistic attitude and understanding about the reasons she can never live with her birth parent. The child needs guidance in understanding she is not responsible for the separation from her birth parents, and that she is lovable and worthwhile. Adoptive parents must help the child grieve her losses, and in a healthy way, integrate this experience into her identity. When adopting older children, this task begins immediately, as the child requires explanations about the reasons for the adoption, and asks questions about the birth parents. Parents who adopt infants will experience this task later; this may require even more understanding and sensitivity, since the infant may never have known the birth parent.

Such empathy most often comes as a result of the adoptive parent’s experience with resolving grief. Adoptive parents who face their losses, learn to communicate to themselves, their spouse, and others regarding the feelings attached to those losses, and move toward resolution will be better able to assist the child with grief. If the adoptive parent has coped with losses by denying their significance and importance, or by believing that it is best to forget the past and concentrate on the future, he may not have resolved his grief issues. Lacking experience and skills to handle the various emotional and behavioral reactions to grief, it is unlikely that he will be able to assist the child in her grief process.
• Barrier Four: Cultural Differences

Adoptive parents who have not developed cultural sensitivity may misinterpret behaviors associated with cultural norms as "misbehavior." That is, a child may not share the family’s table manners or hygiene habits, or may use language objectionable to the adoptive family. These behaviors may be associated with the child's cultural experience and may not be an attempt to "act out" or test the adoptive family’s limits. Workers supporting adoptive families must be conscious of cultural differences and assist families in learning more about the cultural practices, beliefs, and codes of conduct familiar to the child. Adoptive parents should be helped to fully understand and appreciate the child’s cultural heritage, to locate culturally relevant social, recreational, and educational resources in the community. Significant persons from the child's pre-adoptive life can be valuable resources in helping the adoptive family maintain cultural continuity for the child.

• Barrier Five: Lack of Parental Preparation

A significant factor in determining the adjustment of an adoptive family is the level of preparation received by the family. Adoptive families need assistance through Preservice training (both group and individual), self-directed learning through readings and videos pertinent to adoption, and mentoring with veteran adoptive families. The adage "forewarned is forearmed" is particularly valid in adoption. However, Preservice training is "preparation in general" for adoptive parents and is not comprehensive enough in scope to include any and all issues the adopted child will present. Adoptive families with little information about the child’s history or experience cannot hope to anticipate and meet the child’s needs. In addition to a comprehensive Preservice training program, families need the following child-specific information prior to placement:

• Placement history of the child;
• Prediction path, including anticipated behaviors (refer to "Family and Child Assessment" workshop in Tier I of this series);
• Types of discipline that have been effective or ineffective in parenting this child;
• Medical issues, including immunizations, allergies, special medical needs;
• Psychological information;
• Educational information, including any history of special educational programming;
• Birth family social/medical history, including reasons for separation from the birth family, cultural information, positives as well as negatives;
• Information regarding child's daily schedule, likes/dislikes, fears, coping styles; and
• Special talents or interests of child (or birth family members).

Workers must remember that adoptive parents may be excited and will be hearing a great deal of information at once. **It is helpful to give parents information in a variety of ways** so they have time to absorb all of the information. For example, parents may come to the agency to meet with the child's caseworker and receive a **verbal** report. The worker should assist them in accessing all information by asking questions, re-framing, and repeating information. The assessment worker should also assure that the family be given as much information as possible **in writing** so that information can be easily accessed later (perhaps years later, when the child asks a specific question about his history.) Finally, some workers may even choose to **audiotape** the meeting so parents can listen to the information again at their leisure. The agency should document what information was shared, and when and how it was shared, in the case file. This step protects the agency from charges of wrongful adoption if the adoptive parents later allege that they were not given necessary information.

**A pre-placement educational plan should be created for the adoptive parents customized to their child’s needs and the skills that are necessary to parent the child.** For example, if Mr. and Mrs. Jones are in the process of adopting 10 year old Alex, who is ADHD, has an IEP and wets the bed, an educational plan with classes on ADHD, “Working with the School System”, “Special Education Services for Children” and “Handling Bedwetting” should be developed and implemented PRIOR to finalization. It is not enough to tell people what to expect, they must be developed to parent the child with the identified needs.

• **Barrier Six: Sibling Conflict within the Adoptive Family**

Adoptive families who have both birth and adopted children are sometimes referred to as “mixed” adoptive families.4 Prospective adoptive parents may believe that having siblings will be a positive experience for their children. Often, the adoptive parents' pre-existing children are excited and anxious about new siblings. **When newly arriving children take more time or energy than anticipated, “pre-existing” children (by either birth or adoption) may feel resentment at becoming “invisible.”** The pre-existing children may also resent the fact that rules for the adjusting child(ren) are modified and more lenient.

4 Scherman, Rhoda. 2003. Siblings in the “Mixed Adoptive Home: The Relationship Between Children When One is Born, and the Other is Adopted, into the Same Family. Auckland University of Technology, School of Psychology.
Pre-existing children may have difficulty with destructiveness, embarrassment in the community or at school, intense jealousy, or control battles created by the adjusting child(ren).

“Siblings are often the first to realize that their new brother or sister presents problems. Children are less consumed with responsibilities than are parents. They have more time to observe family members and they are often spending a significant amount of time with the adoptee.”

Birth order considerations are another factor that can stress adoptive family adjustment. “In a classic study of disruption factors, Boneh (1979) found that the rate of disruption increased when the adopted child assumed the role of the eldest.” Sibling adjustments are challenging enough for all children, but when birth order is disrupted, the adjustment becomes even more difficult.

5 James, Arleta. 2009. Brothers and Sisters in Adoption. Perspectives Press. Indianapolis, IN.
6 Ibid.
SECTION VI:
THE CASEWORKER’S STRATEGIC PLACE IN PRE-FINALIZATION SERVICES: PRACTICAL APPLICATIONS

Time:

60 minutes

Method:

Lecture
Small Group Activity
PowerPoint Presentation

Use:

Handout #8: Using Community Resources
Handout #9: Using Home Visits Effectively
Handout #10: Assessor Tasks for Pre-Finalization Visits
Handout #11: When a Family is in Crisis

A.  Post-Placement Roles of the Worker

The adoption worker has three primary roles during the pre-finalization period. These are:

- **The Worker as an Adult Educator**

  As an educator, the worker provides thorough information regarding the child’s history, needs, and potential problems; helps the family understand the unique dynamics in their family brought about by the adoption; prepares them for typical issues and problems faced by adoptive families; and increases their knowledge of services available to assist them.

- **The Worker as a Facilitator**

  The worker may intervene to help families access needed resources and services. The worker may also arrange visits between the child and previous foster families, or with members of the child's extended birth family. The worker must help adoptive families determine the most appropriate level of openness for the adoption. This entails determining
with whom the child will have ongoing contact, the nature and frequency of those contacts, and how those contacts might change to meet the child’s changing developmental level and needs. Finally, the worker must facilitate the development of plans for resolving unexpected conflicts in the future.

- **The Worker as a Crisis Interventionist**

  The worker will provide immediate services to help families identify and resolve urgent issues that threaten the adoption, thus helping to stabilize the placement. The worker may directly provide crisis intervention counseling, or may help families access providers with special skills in managing adoption issues.

As educator, facilitator and crisis interventionist, the worker plays a strategic role during the pre-finalization phase. The worker may be the only person to have regular contacts with the family after the adoptive placement. The worker must help the family continually assess their adjustment and their feelings, identify potential problems, and work immediately to resolve them. The worker can provide supportive services or can link the family with appropriate community providers. If the family and worker can identify and manage stress before it reaches crisis proportions, the adoption can often be stabilized and maintained.

In practice, workers providing post-placement services often perceive themselves as observers who assure that the placement is going well prior to finalization. They do not recognize the necessity of intensive post-placement interventions, and they often do not see themselves responsible for initiating and providing such services. When family problems escalate and crisis occurs, these workers feel helpless and unable to stop the impending disruption. This is unfortunate, since early intervention can often prevent crisis.

The child welfare agency must conscientiously develop a network of post-placement services providers in the community and must train workers both to support adoptive placements and to link the family with the most appropriate services providers.

**Trainer Instructions:** The trainer distributes Handout #8: Using Community Resources and provides the content in lecturette format.
B. Using Community Resources

Agencies may refer adoptive families to community resources for help with post placement adjustment issues. In addition, connecting the family with community-based services will be useful in the future, after the case is closed, when the family is in need of services.

Community resources should: 1) complement the services provided by the caseworker, 2) meet the needs of the child and, 3) be appropriate within the family’s cultural context. The caseworker should work with the family to locate and select services that the family is comfortable in using. Through this collaborative selection of services, the worker will:

- **Model skills necessary to access services.** This will be useful to the family in the future should additional services be necessary. The worker should encourage the family to take a proactive role in selecting and contacting identified service providers rather than depend on the worker to make all the arrangements. This is critical in empowering the family to meet the child’s needs and not become dependent on the caseworker.

- **Normalize the process of accessing support and services** since most adoptive families will need help at critical points throughout the child’s development. Some families perceive that seeking help is a sign of weakness or that they will be viewed as not worthy or capable of parenting the child.

- **Empower the parents to meet their own family’s needs.** When case planning and service selection are initiated and conducted by the family with input from the worker, the family members feel more entitlement to be the parent. Caseworkers must reinforce the necessity of seeking services and that competent parents know when to ask for help.

- **Access services within the context of the family’s culture and community.** The family must feel comfortable and confident with the service provider, and the services must be relevant to them. For example, some families may feel that “what goes on in my family, stays in my family!” Consequently, referring the family to an adoptive parent support group will be counterproductive. Discussing with the family sources of acceptable support may reveal that they would welcome the opportunity to talk one on one, over a cup of coffee with an experienced family. Likewise, if the service or support is across town, it may be inconvenient for the family and it is difficult to find or get there, families may easily give up and not utilize the service.
Types of Resources and Services Needed by Adoptive Families:

There are many services that families may need over the lifetime of their adoption. Here are some examples:

- **Mental Health Services**—particularly family therapy (services must be sensitive to issues of child abuse/neglect, adoption issues for children, adoptive parents, and siblings), crisis intervention, partial hospitalization, residential treatment, evaluation and treatment
- **Educational Resources** for the child, including special education resources and settings, assistance with testing and IEPs, advocacy
- **Parent Support Groups** (Type of groups include: for parents of ADHD children, for parents of children with physical challenges, adolescents in crisis, adoptive parent groups)
- **Respite Care**, daycare, and substitute caregivers (babysitters) capable of meeting child's special needs
- **Parent Education** including classes, reading materials, mentors, websites, online classes, bibliographies, etc.
- **Speech and Hearing services**, testing, speech therapy, hearing aids
- **Recreational and developmental activities**
- **Medical care and services** for children with delays, disabilities, or medical problems, physical therapy, occupational therapy, specialized equipment
- **Subsidy information and clarification**—helpful when a new issue has been discovered or when children need more intensive services than first believed,
- **MR/DD services and supports** including specialized education, SSI, sheltered workshops, advocacy and parent support groups
- **Substance abuse services**-FAE/FAS, assessment and treatment services,
- **Legal Assistance**
- **Cultural information**—parent support groups, culture/ethnic camps, books, dolls and toys
C. Effective Home Visits

One of the most critical services provided to the adoptive family during the pre-finalization phase is an effective home visit. For families residing in rural areas, it often is the caseworker that is the main service provider for the family. Some caseworkers feel inclined to “give the family some time to settle in” after placement before calling, visiting or providing services. In reality, it is these first few weeks and months that the family is most in need of service and support.

Most often, it is during the first 90-120 days that the family is transitioning from the Honeymoon Phase to the Ambivalence Phase. During the first weeks, the caseworker should meet with the family for one-two hours in the home. When this occurs regularly, the family will normalize the involvement of the caseworker and come to see these visits as a normal part of the adoption process and welcome their help and insights. The family will relax, behave more normally and will be more forthright and honest about their feelings and concerns. Should the caseworker observe that the adjustment is going well, visits can be moved to two to three weeks apart.

While being involved with the family is critical to provide insights, information, referrals and support, the caseworker must also work towards empowering the family, building attachment, growing entitlement and preparing the family for eventual case closure.

The caseworker and family should develop an agenda for each visit. During the home visits, the caseworker should meet with family members both as a group and individually to fully understand their perspectives and feelings. The caseworker should inform the adoptive parents of this structure in advance to normalize the process.

The objectives of the home visits are:

- To develop and strengthen the collaborative relationship between the worker, members of the adoptive family and the child;
- To review the child and family’s adjustment;
- To help the adoptive parents assess their responses to the child’s behaviors, their coping strategies and the effectiveness of those strategies;
- To identify and assess the areas of potential problems and concerns;
- To review the child’s lifebook and to help the adoptive parents acquire skills that will enable them to talk comfortably with their child about his
history and adoption issues;

- To give the family positive feedback regarding their successes and to provide reassurance;

- To provide the adoptive family timely information about the adoption process, services and supports;

- To observe the family’s interactions and progress in the attachment process;

- To reassess the parent’s spoken and unspoken expectations for themselves and for the child.

Assessors are mandated by OAC Rule 5101:2-48-17 to make visits at regular intervals following an adoptive placement. According to this rule, effective June 15, 2009, Assessors must make visits at the following intervals:

- Face-to-face visit within first seven days of placement

- One face-to-face visit with child and adoptive parent(s) within first 30 days, not including visit within the first seven days

- After the first 30 days, a minimum of one face-to-face visit with the child and family in the adoptive home monthly.

If there are other household members in the home, the frequency of visits will be:

- One face-to-face visit every 60 days;

- At a minimum, two face-to-face visits in the adoptive home prior to finalization with any household member whose permanent residence is the adoptive home; no less than 60 days between visits.

The content and focus of home visits provided to adoptive families will differ based on the point in time they are offered during the pre-finalization period. There are four sub-phases of the pre-finalization period:

**At Placement** - During the first 60 days following placement, home visits are focused on assisting the family in their initial adjustment, obtaining information and services, and developing a routine that allows the family to function on a daily basis.

**Early Placement** - In the next 60-120 days, the home visits will continue to help the family adjust and problem-solve issues and needs that have
surfaced as they move from the Honeymoon Phase to the Ambivalence Phase.

**Mid Placement** - Four months prior to finalization, home visits with the family are focused on ensuring that the family is progressing with the attachment process, engaged in useful support services and empowered/entitled to be the child’s parents.

**At Finalization** - The final visit(s) prior to finalization and case closure prepare the family for the finalization hearing, ensure that all information has been shared and that subsidy and services are in place. In addition, during these visits, the Assessor is working on bringing closure to the casework relationship.

**Small Group Activity: Making the Most of Home Visits**

The purpose of this activity is to assist the participants in developing skills in providing effective home visits during the pre-finalization period.

**Trainer Instruction:** Divide the class into four equal groups. Each group will be assigned one of the four visitation phases to develop: At Placement, Early Placement, Mid-Placement, and At Finalization.

The trainer should review Handout #10, Assessor Tasks for Pre-Finalization Visits. Each group explores their phase of the placement on the handout, and each group is directed to develop one or two additional ideas for Observations to make, Information to gather, Information to share, and Services/Referrals for their particular placement phase:

**Observations to make:** What observations would be important to make during this phase?

**Information to gather:** What information should the Assessor collect from the family at this point? What questions should be asked?

**Information to share:** What information does the family need from the Assessor now? What information is critical to continuing the family’s adjustment?

**Services/Referrals:** What services, supports or referrals would benefit the family at this point in their adjustment?

Provide each group a sheet of flipchart paper and markers. Instruct the groups to divide their paper into four quadrants—one for each home visit task and to list one or two specific agenda items under each task heading.

Allow 10-15 minutes for the groups to record their agendas.

At the conclusion of the small group activity, the trainer leads a large group discussion about strategies to assure these tasks are addressed completely in a
foster-to-adopt transition.

Distribute Handout #9, Using Home Visits Effectively.

Summary

Home visits are a key service provided to adoptive families between placement and finalization. They provide useful information, facilitate and encourage the development of attachment, assist the family in problem-solving, and empower the family to assume their role as the child’s parents.

Assessors must develop an agenda for home visits that includes observations to make, information to gather and share, and referrals for services and supports. This will ensure that the home visit is a working meeting that meets the needs of the child, family, and social worker.

In addition, adoptive families should be encouraged to develop their own agenda for the home visit to ensure that their needs are met and their questions are answered.

Trainer Instruction: The trainer distributes Handout #10, Assessor Tasks for Pre-Finalization Visits and assures that participants understand the tasks associated with effective home visits.

D. Crisis Prevention

During the pre-finalization phase, the Assessor has countless contacts with the adopted child and family, and hence, countless opportunities to observe and assess the progress the family is making towards healthy and long-lasting relationships. Assessors are also in the position to notice the early warning signs of problems or issues that could lead to a crisis and disruption.

Here are a few suggestions:

- **Do “eye-ball” social work**—make your home visits without fail. Nothing can replace you being in the home, interacting with and observing the family first hand. Vary the time and day of the home visit to catch the family in different routines and activities. Talk with family members as a group and individually to double check how every member of the family is coping with the changes they are experiencing.
• **Confront the issue or concern**--too often, Assessors hope that the problem or issue will go away without any intervention and fail to discuss the concern with the family. Be direct with the family about what you are observing or hearing. Encourage the family to be candid about how they are feeling and reassure them their honesty can only help to secure the services and supports to help them and prevent a crisis.

• **Avoid over-reacting or under-reacting**--it is important to strike a balance between ignoring the concern completely and calling in the SWAT team! By using solid assessment skills, you will be able to determine the family’s needs. Work with the family to identify services and supports within the family’s cultural context. Closely follow up with the family and service providers to ensure that progress is being made and that the crisis has been averted.
SECTION VII: WHEN THE FAMILY CANNOT CONTINUE: WORKING WITH ADOPTION DISRUPTION

Time:

60 minutes

Method:

Lecture
Small Group Discussion
PowerPoint Presentation

Use:

Handout #12: Most Common Reasons for Adoption Disruption
Handout #13: Steps of Escalation Leading to Adoption Disruption
Handout #14: Parental Considerations in Disruption
Handout #15: Case Scenario
Handout #16: Case Scenario Work Sheet

A. Terminology

There are three terms that are important to understand in this discussion:

Disruption— the termination of the adoptive placement prior to finalization. Example: Adoptive family calls the agency six weeks after placement and requests the child’s removal as it is “just not working out.”

Displacement— this is the interruption or termination of the adoptive placement after finalization. An interruption of the placement can happen when the child is in need of intensive therapy, residential treatment, crisis hospitalization, or is a danger to himself or others. In these situations, the family seeks help for the child and participates in the treatment process with the goal of the child rejoining the family.

However, a displacement can also become a termination of the adoptive placement. Adoptive families may seek out-of-home placement for their child but then disengage from the child and do not participate in treatment and there is no plan for the child to reunite with the family. The child is emotionally divorced from the family and may
remain in foster care or group care until emancipation.

**Dissolution**—because adoption is a legally formed relationship, to formally end it requires a legal process. The *legal termination* of an adoption has also be referred to as a “de-adoption”, “vacating the adoption” or “setting aside of the adoption”. When this happens, the child’s custody is held by a local public child welfare agency.

**B. Statistics**

Relatively few adoptions result in a “disrupted” or terminated placement while about half of marriages in the US end in divorce! Though adoption tends to be far more stable than marriage, there are certainly challenges to the permanence of adoption commitments made, and some families struggle to maintain the family units they have created through adoption, both before and after adoption finalization. There is increasing concern that disruption rates will rise as more older, traumatized children are adopted from the foster care system.

In the past several decades, there have been numerous studies to determine the rate of disruption and dissolution among adoptive families. Here are some interesting statistics on adoption disruption, displacement and dissolution:

- Only 1% of infant placements and about 5%-26% of children placed for adoption from the foster care system (percentage varies depending on a number of factors including age at placement, number and type of special needs, time since separation from the birth family) disrupt prior to the finalization of the adoption.7

- “In 1971, the adoption disruption rate in the United States was estimated at 2.8% (Kadushin and Seidl, 1971); almost two decades later, Barth & Berry (1987) estimated adoption disruption rates between 7% and 47%.” 8

- About 3-6% of children adopted from the foster care system have their adoptions dissolved following finalization.9 It is certainly not easy to accept another person with a history, culture, and temperament different from your own into your intimate life circle. Research has repeatedly found that inadequate training and preparation of prospective adoptive

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parents are predictors of adoption crisis and disruption.  

- Studies of the adoptions of healthy white infants reported an average disruption rate of 1.87%, while research conducted on adoptions of children with special needs reported an average disruption rate of 11.3%.

- In a 1993 dissertation about the adoption disruption, dissolution and displacement in Ohio, it was found that 11.3% of children in group care were adopted.  

- Displacement rates in U.S. domestic adoption occur in a range from 1-8% of adoptive placements. It is difficult to gather more precise information due to the manner in which out-of-home placements are tracked.  

**C. Causal Factors**

The literature has also documented many of the causal factors of this phenomenon. The University of Southern Maine documented the following reasons, listed in order of frequency, as the most significant factors leading to disruption:

**Trainer Instruction**: The trainer distributes Handout #1 regarding the University of Southern Maine findings on factors that contribute to adoptive placement disruption. The trainer notes that most workers find disruption extremely painful and that “blame” for the disruption is frequently laid at the feet of the child (“he’s so disturbed”) or the parents (“the mother is so rigid”). The University of Southern Maine study is significant in that it demonstrates that the agency’s actions (or lack of them) can have a profound impact on adoption success. Mismatches, poor preparation, and lack of post-placement support can exacerbate family stress and contribute to disruption. The trainer should emphasize that this knowledge is important not to induce worker guilt, but to enhance the worker’s understanding of the immense importance of skilled adoption assessment and placement services. Workers can have a significant effect on preventing future disruptions through good, thorough assessments of both the child and the adoptive family, and through solid pre-placement planning and post-placement support. The trainer should be sure to make

12 James, Arleta. *Brothers and Sisters in Adoption.* 2009. Perspectives Press, Indianapolis, IN.
13 Partridge, Susan; Hornby, H.; and McDonald, T. 1986. *Legacies of Loss, Visions of Gain: An Inside Look at the Adoption Disruption.* Human Services Development Institute, Center for Research and Advanced Study, University of Southern Maine.
D. Most Common Reasons for Adoption Disruption

(Adapted from study by the University of Southern Maine)

- **Mismatch**
  In a mismatch, the child’s lifestyle is not compatible with the adoptive family’s lifestyle. There may be a presence of negative characteristics in the child that the parents cannot tolerate.

- **Inadequate Preparation**
  The lack of preparation may be for the child, adoptive family or both. One example is the placement of child who has serious issues related to unresolved past losses, who has not had an opportunity to “say goodbye” or is struggling with loyalty issues. Likewise, a placement with an adoptive family that was not prepared to adopt a child with special needs will result in difficulties. The family may lack the knowledge, skills, commitment and desire to parent a child with emotional, behavioral, cognitive or physical needs.

- **Lack of Post-Placement Services**
  As discussed earlier, adoptive families and children are in need of highly specialized services in the first weeks and months following placement. When there is an absence of services or if the services are inappropriate or insufficiently used, the family will lack the necessary support to overcome the obstacles of adjustment.

- **Lack of Family Supports and Resources**
  In many cultures, people often rely on extended family and friends in time of need. However, some adoptive families find that their family and friends are not supportive of their decision to adopt or withdraw support when the child’s behavior becomes difficult, leaving the family without help. In addition, the adoptive family may be hesitant or unable to reach out to community resources due to cultural reasons, embarrassment or fears.

- **Unmatched Expectations**
  In this factor, the child does not meet parents’ expectations, and parents cannot successfully come to terms with feelings of disappointment. This may include the parents’ expectations that the child will be grateful, will easily attachment or will not have any behavioral issues.

- **Lack of Empathy and Incomplete Attachment**
Perhaps one of the biggest challenges in any adoptive placement is the formation of attachment. As discussed earlier, the child’s past history of abuse and neglect may inhibit their ability to form attachments. The child may be seen as resistant, ungrateful or unlovable. Adoptive parents may lack the ability to interpret the true meaning of child’s behavior and the adoptive parents are disappointed when the bonds do not form. In addition, children may not know how to interpret, understand or respond to the adoptive parents’ caring gestures.

- **FAMILY SYSTEM STRAIN AND OVERLOAD**
  This factor refers to the internal and external forces that impinge on family, making it impossible for them to cope with the stresses inherent in the adoption and the many changes that accompany it. The family, despite its supports and resources, collapses under the stresses.

- **INSURMOUNTABLE OBSTACLES**
  Many children placed for adoption today were seen as unadoptable in the past. Their histories of abuse, neglect, sexual victimization, abandonment and multiple moves have taken a toll on the children emotionally, socially, physically, cognitively and behaviorally. At times, placement of special needs children can be considered high risk placements. Unfortunately, for some family and children, the extreme difficulties that are present early in high-risk placement continue and wear the family down.

- **UNPREDICTABLE CIRCUMSTANCES/ EVENTS**
  These include the occurrence of unforeseen situations (pregnancy, serious illness, death in the family, marital upheaval) which make it impossible for the family to continue with the placement. These events can trigger a crisis or disrupt the family’s structure throwing the family into chaos from which they cannot recover.

These factors leading to adoption disruption have been documented. Research has also identified several steps in the escalation of problems commonly experienced by families during adoption. (Partridge et. al, 1986; Goodman 1993). Understanding these dynamics can provide social workers with early warning signs of potential crisis, so that services to stabilize the placement and prevent disruption can be provided. The sequence usually begins after the honeymoon, at the time that ambivalence/resistance begins to emerge.

**E. Emotional Stages of Placement Breakdown**

Adoption disruption begins with the hidden process of emotional disengagement by the adoptive parents. It is “a time - a moment when the parent realizes that the child would never be the child they wished for and
never an integral member of the family.” The placement breakdown is a journey through a series of emotions. These emotions are connected to concrete events, but it is the emotions, not the event, that demarcate the stages of adoption/foster care disruption.

**Emotional Stages of Placement Breakdown**

- **Denial** - Parents ignore early predictions, or unconsciously overlook the severity and duration of the difficulties the child is experiencing in school, the neighborhood and family. Adoptive parents may minimize the issues or behaviors the child is displaying.

- **Frustration and Anger** - These are emotions that well up when one’s efforts are thwarted, when one’s presence is resented, when one’s opinions and values are ridiculed, and when one’s energies are exasperated!

- **Guilt** - Guilt is a strong and pervasive emotion. Adoptive parents may find themselves feeling guilty about things such as: the impact of the adoption on the marriage, the other children, disrupting the family’s life, not loving the adoptive child. Guilt may translate into anger and self-destructive behaviors.

**F. Steps of Escalation Leading to Adoption Disruption**

**Trainer Note:** The stages of disruption may look different in different families depending on culture. Distribute Handout #13 at the conclusion of the discussion.

- **The Honeymoon** - Adoptive families typically experience pleasure and excitement at the onset of the adoption (Pinderhughes and Rosenberg 1990). They are positive and hopeful about the family’s future. The child may be attempting to adjust to the adoption by being compliant, responsible, or withdrawn, and display few or no behavior problems. The parents are able to manage the child’s behavior. This phase may last several months, or in some cases, years, with no major crisis experienced by the family.

- **Diminishing Pleasures** - The adoptive parents begin to feel tension in their interactions with the child. They have difficulty tolerating the child’s misbehavior. What may have been “cute” during the honeymoon is irritating now. However, the parents are still hopeful that this is “just a phase” and that it will eventually pass, returning the family to the level of comfort they felt during the Honeymoon Phase.
During this stage, the caseworker should be alert to indicators that the family is becoming disappointed in the child. Caseworkers should listen carefully to the adoptive parent's reports of family adjustment. During this phase, adoptive parents often are unable to face their emerging doubts, and either consciously or unconsciously attempt to "cover up" disappointments or minor problems. They may, for example, talk about the child in unrealistically positive, "glowing" terms. If the caseworker can help the adoptive parents identify their issues and concerns, and help the adoptive parents resolve them, then there is a good chance that the problems will not escalate further. Early intervention is critical.

- **The Adopted Child is Seen as the Problem** - Despite their best efforts, the parents are unable to tolerate the child's behaviors. Every tantrum, angry word, or misbehavior upsets the parents. The child senses the parents' tension. This raises the child's anxiety, and his negative behavior and emotional withdrawal increase. The parents interpret this as a rejection of them by the child, and they may overreact to minor infractions.

Further escalation can be prevented if the caseworker can provide counseling services, or can refer the family to a therapist skilled in adoption issues. The parents need to learn to realistically interpret the misbehavior and understand the child's emotional turmoil; learn to approach this as a family problem, and not identify the child as the "problem." Adoptive parents need guidance to develop behavioral management strategies to stop the misbehavior.

- **Going Public** - Eventually, the child's behavior impacts the family's public life. The child may experience school problems, or extended family and friends may witness behavioral outbursts. Prior to this time, the family has likely dealt with the struggle privately. Now the parents turn to others for support and sympathy, and they often air a long list of complaints. Other people may offer advice, may concur with the parents' assessment that the child is the problem, or may unintentionally support the parents' subconscious (or conscious) intent to disrupt. While the adoption, at this point, is quite tenuous, appropriate services and interventions can still help families re-establish stability and avoid disruption.

- **The Turning Point** - The family continues to deteriorate. The child is involved in a "critical incident" which was long expected and dreaded by the parents. The child may act out sexually, steal, assault a family member, or provoke the parent to lose control. In the family's
perception, the child has “crossed the line”, and there is no hope of reconciliation. The family begins to fantasize about life without the child.

- **The Deadline or Ultimatum** - The adoptive parents establish a deadline by which the situation must drastically improve, or the child must leave. Frequently, these demands are unrealistic, such as demanding that a child earn all “A’s” on a report card after the child has earned failing grades during most of the school year. In doing so, the parent, either consciously or unconsciously, sets the child up to fail. This, in the parent's mind, justifies the disruption.

- **The Final Crisis** - The final crisis erupts within the family. It may occur because the child did not live up to the parents' ultimatum, or a small incident has become the “straw that broke the camel's back.” The entire family is in turmoil. Outside interventions generally prove futile.

- **The Decision to Disrupt** - The “final crisis” results in the decision to displace the child permanently from the family. In most cases, the family requests (or demands) the child’s immediate removal. However, this may also be initiated by the child, a therapist, or social worker. The worker must act quickly to secure an appropriate placement for the child and must help the child and family members manage the trauma of separation.

- **The Aftermath** - Once the child is removed, it would appear that the crisis is over. Yet all parties involved are typically experiencing considerable pain. The child often feels angry, hurt, and rejected. The parents, who generally appear angry, may also be experiencing guilt, feelings of loss, and an overwhelming sense of failure. The social worker may also feel guilty and may believe that the disruption was his or her fault. Or the worker may angry at the family. Unfortunately, this pain and anger may be denied or avoided. (Partridge et.al. 1986). The worker may not want to become involved in the turmoil. The family often does not reach out for help because of shame and embarrassment. The child’s new caregivers or social worker may not want to broach the topic of the disruption for fear of upsetting the child. Consequently, all must generally cope with the trauma of disruption without support.

Disruption is believed to occur most often within 12 to 18 months of the child’s adoptive placement. “The timeframe from the point when parents discuss their concerns with workers (sic: going public) to the actual disruption is almost always relatively brief, with most children
being removed within one to two months of the time the parents first report a problem to the worker.”

G. When a Family is in Crisis: Providing Intervention Services

There are predictable and typical stresses for adoptive families. Most adoptive parents experience some level of discomfort when talking with the child about the adoption and about his biological family. Many older children experience a difficult adjustment during the period just prior to finalization. Adopted children may react strongly to difficult life events, such as losses or separations, moving, life transitions such as new schools, or normal developmental stages such as adolescence, puberty/sexuality, etc. In addition, some adoptive families are challenged by the child’s special physical, emotional, or psychological needs.

Many adoptive families are able to handle these challenges by seeking out community services and support. In other families, these events may escalate into clinical crisis, which often threatens the permanency of the adoption. Unfortunately, the adoption worker may be the last person the family contacts for help. When the crisis appears to be unavoidable, the worker should pursue the following steps:

1) Identify the presenting problem and its source. Parents in crisis may be angry, emotional, and anxious. They may behave in ways that seem to be overly dramatic. They may threaten or blame others. Their behavior may be volatile and erratic. The worker must assess the situation to determine the nature of the problem and how serious it is. The worker must fully explore the events that led up to the crisis, and identify “the trigger event.” Information can be gathered both from family members and from sources outside the family to accurately understand what has happened. It is likely that the underlying problem will be related to one or more of the following issues:

- Parents’ misinterpretation of normal child or adolescent behavior
- The long-term impact of abuse and neglect
- Adoption-related issues
- Cultural differences

2) The worker should be part of the solution, not part of the problem! When a crisis call comes into the agency, the worker’s typical reaction is to panic. This often results in an over-reaction, which may lead to the child’s immediate removal from the home...often unnecessarily. OR the worker

may become immobilized and under-react by denying that the problem exists. Workers must avoid becoming caught up in the family's heightened anxiety and emotionalism. The worker must view the crisis as an expression of unmanageable stress and not project blame on the child, family, or the circumstances. The worker must also recognize her own attitude and realize that her response to the family in a calm, direct, matter-of-fact, confident manner could have a direct effect on the outcome.

3) **Develop a short-term plan with the family for immediate relief.**

- The family can be seen on an emergency basis by a mental health professional.
- The child may spend a few days with relatives, former foster parents, or friends. Both the child and family need respite.
- The child may be admitted for an inpatient evaluation if he is demonstrating severe behavioral or psychological problems.
- Family members should agree that they will operate for the next several weeks on a day-to-day basis, and that they will not make any permanent or important decisions.

4) **The worker should conduct the family assessment with an objective adoption professional or group of individuals who have been involved with the child and family, such as therapists, or other consultants.**

5) **Design an intervention plan.** The goal with all adoptive families in crisis is to strengthen, empower, and preserve the family. Once the origins of the problems have been identified, the family should choose only one to three issues/problems to address. Objectives should be developed for each issue or problem. The objectives should be short-term, observable, and should not target only the child as the problem requiring intervention.

### H. Parental Considerations in Disruption

When adoptive families are struggling with a decision whether to disrupt, it is a chaotic and unstable time. Adoptive parents may not be thinking clearly and the parents may not be in agreement regarding the decision to disrupt. The following questions may assist them in determining if disruption, displacement or dissolution is truly the right decision at this time.15

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15 Ibid.
• If my birth child was acting this way, would I move him or her? Why do I view the adoptee differently?
• Have we truly given this child enough time to adequately adjust and integrate into our family?
• Are we certain this isn’t a temporary crisis?
• Are we moving the child because he or she isn’t meeting our needs?
• Have we fully examined (hopefully with an objective adoption professional) our original and current expectations? Were they and are they realistic?
• Have we truly attempted to attach to this child, even if the child is rejecting?
• Have we sought every possible avenue of formal (therapeutic) and informal (peer) support?
• Have we made efforts to educate ourselves?
• Have we worked to implement a variety of parenting techniques?
• Are we blaming an agency for our troubled adoption, or are we accepting our role in our current situation?
• Have we given consideration to the aftermath—what will happen with each of us after the child leaves? How will the other children in the home be affected?

**Trainer Instruction:** The trainer distributes Handout #14, Parental Considerations in Disruption.

I. "When to Hold 'Em, When to Fold 'Em"

**Trainer Instructions:** The trainer should conduct a guided group discussion, asking participants the following questions:

1. When should the worker stop trying to prevent a disruption?
2. Under what circumstances would a worker opt to terminate a placement and move the child to a different adoptive home?
3. When is it actually in the child’s best interest to disrupt an adoption?

Possible responses:

When the child is emotionally or physically abused in the adoptive home;
When it is clear that the child’s long-range needs cannot be met in the adoptive home;
When new information about the child surfaces which is unacceptable to the adoptive family;
When the assessment with the family has not produced a good or even adequate “match,” and the family and/or child cannot attach.

Note: If participants have never experienced an adoption disruption, they may have had a kinship or foster placement “blow” or disrupt. Trainees should use these experiences to apply experience to these training concepts.

J. Application Activity

**Trainer Instruction:** The trainer conducts a small group exercise. The trainer distributes Case Scenario (Handout #15) and instructs participants to assess the situation and develop an intervention plan for the family.
Case Scenario

Ms. Marjorie Marks, her 11-year old-daughter Patrice, and her grandmother, Mrs. Stokes, have recently become the new adoptive family of Cindy, age eight. After one month of placement, it was clear that Cindy was struggling with trust issues. She was having a hard time making friends and kept saying that she shouldn’t bother trying, she was just going to move again. Cindy had trouble with tantrums both at home and at school.

During the sixth month of placement, Cindy’s behavior, which had been steadily improving, deteriorated quickly. She began to wet the bed regularly and had violent temper tantrums. She said that “she did everything wrong”. She threatened to run away, and one day she did not come home from school. Patrice said she had looked everywhere, and didn’t know where Cindy had gone. Patrice also said that “Cindy isn’t any fun anymore…I’m not sure I need a sister!”

After a frantic tour of the neighborhood and a call to the police, the family found Cindy sitting alone in the dark on the school playground. Ms. Marks called Richard Velasquez, the caseworker, and asked him to come out to the home.

Ms. Marks was emotionally still distraught and frantic. She and Richard tried to identify what might have happened to prompt this behavior. Ms. Marks said she wasn’t sure she could put up with Cindy running away. Mrs. Stokes said she was unsure of how to help Marjorie or Cindy.

- Which stage of adjustment is the family in?
- Identify the family member(s) and what specific psychological, emotional, and social problems they may be experiencing in relation to the adoption
- Identify intervention strategies to address the issues identified in the assessment. The plan should include specific information (who, what, where).

Trainer Instruction: The trainer should direct participants to use Handout #16, Case Scenario Work Sheet to complete the assignment.

The family is in the AMBIVALENCE stage of adjustment.

- Identify the family member(s) and what specific psychological, emotional, and social problems they are experiencing in relation to the adoption. (SUGGESTED ANSWERS IN GRID BELOW)
- Identify intervention strategies to address the issues identified in the assessment. The plan should include specific information (who, what, where). The trainer should encourage participants to identify specific resources in their local communities they would utilize to assist the family.

(SUGGESTED ANSWERS IN GRID BELOW)

<table>
<thead>
<tr>
<th>Family Member(s) affected</th>
<th>What is the issue/problem?</th>
<th>Specify service/resource recommended</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cindy</td>
<td>Divided Loyalties</td>
<td>Transition message with blessing from foster caregivers, birth family members;</td>
</tr>
<tr>
<td>Cindy</td>
<td>Attachment Barriers, Loss, Fear of Rejection</td>
<td>Family Counseling</td>
</tr>
<tr>
<td>Cindy</td>
<td>Trust</td>
<td>Reassurance from adoptive mother</td>
</tr>
<tr>
<td>Marjorie (adoptive mother)</td>
<td>Feelings of failure</td>
<td>Participation in adoptive parent support group or having an experienced adoptive parent as a mentor, education</td>
</tr>
<tr>
<td>Marjorie (adoptive mother)</td>
<td>Unmet expectations, Feeling out of control</td>
<td>Family Counseling/Training: • Reinforcement for her successes, • reframing unrealistic expectations; • safety planning for emergencies,</td>
</tr>
<tr>
<td>Patrice (sibling)</td>
<td>Concern for mother</td>
<td>Time alone with her mother;</td>
</tr>
<tr>
<td>Patrice (sibling)</td>
<td>Feeling disappointed in new sibling’s adjustment difficulties; Having difficulty with empathy for Cindy’s lack of “appreciation” of the new family;</td>
<td>Family Counseling: • reinforcement of her role in minimizing family stress; • education re: Cindy’s fears, • activities to build relationship between Cindy and Patrice</td>
</tr>
<tr>
<td>Family Member(s) affected</td>
<td>What is the issue/problem?</td>
<td>Specify service/resource recommended</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>------------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Mrs. Stokes (adoptive grandmother)</td>
<td>Concern for her daughter and grand-daughter</td>
<td>Family Counseling/Education: •reinforcement for her wisdom in helping Marjorie cope; •special interaction/activities with Patrice; •special interaction/activities with Cindy,</td>
</tr>
<tr>
<td>Mrs. Stokes (adoptive grandmother)</td>
<td>Confusion over how to help family</td>
<td>Casework counseling to clarify roles/responsibilities of adults in family</td>
</tr>
</tbody>
</table>

**Trainer Instruction:** The trainer allows 20 minutes for small group discussion; then each group reports briefly on their work. After the first “report out,” the trainer should guide the groups to report only new ideas. The trainer contributes additional insights and recommendations as needed.
SECTION VIII:
CONCLUSION/TRANSFER OF LEARNING

Time:

20 minutes

Method:

Paired Activity
Large Group Discussion

Use:

Action Plan

**Trainer Instruction:** The trainer should conduct an action planning exercise. The “Action Plan” form should be distributed. Trainees should be instructed to work in pairs. Each person reviews their notes and “Idea Catchers” and identifies three ideas she would like to implement on the job. The participant also identifies the possible barriers to implementing an idea, and persons/mentors who could help overcome those barriers. The trainer should ask three or four of the trainees to discuss their ideas.

**Trainer Option:** The trainer instructs the group to consider all they have learned in this session and do one of the following:

1. Identify the services, supports or interventions they will utilize with a family with whom they are currently working;

2. Identify a strategy they learned in the session they will plan to use with the next/first adoptive family who is in the pre-finalization phase.

At their tables or in small groups of three or four, participants should share their responses. After five to 10 minutes, the trainer solicits sample responses from the group.

The trainer distributes the evaluation, explains its importance in providing valuable feedback to the trainer and the training program, and asks that it be completed as fully as possible.
Resources


James, Arleta. 2009. Brothers and Sisters in Adoption. Perspectives Press. Indianapolis, IN


James, Arleta. 2009. Brothers and Sisters in Adoption. Perspectives Press. Indianapolis, IN


Scherman, Rhoda. 2003. Siblings in the “Mixed Adoptive Home: The Relationship Between Children When One is Born, and the Other is Adopted, into the Same Family. Auckland University of Technology. School of Psychology.