SESSION XII

PERMANENCY FOR FAMILIES

Skill Set and Competencies

Skill Set: Basic understanding of emotional reactions to adoption commonly experienced by adoptive parents.

1. Familiar with emotional conflicts adoptive parents may have after the adoption. Aware of how these issues might impact the long-term adjustment of the family.

2. Knows the importance of talking with adopted children about their birth families in a way that they can easily understand. Knows why it is important not to talk in a negative way about the birth family.

3. Knows why it is important to talk to other people about the adopted child’s situation in a way that respects the child’s dignity and privacy.

4. Knows why it is important to get support and education after adoption.

5. Aware of resources and supports for adoptive parents after adoption finalization.

Agenda

I. Special Issues for Adoptive Parents
II. Talking About Adoption
III. Stages of Adjustment for New Adoptive Families
IV. Strategies to Help Parents Deal with Adoption Issues
V. Post Adoption Services: When and How?

Handouts

Pre-Training Handout
#1 Adoption Terminology
#2 Survival Skills for Adoptive Parents
#3 The Truth
#4 Subsidy Options
#5 Bibliography
I. Special Issues for Adoptive Parents (45 Minutes)

Trainer Instructions: The trainer presents the following information to participants with use of the PowerPoint presentation to highlight key points. As the issues for parents are presented, the trainer should refer back to the adopted child’s issues and clarify the relationship and interaction between the adoption issues of the child and those of the parent. For example, what would be the outcome of tentative parenting due to lack of entitlement, when combined with the child’s control issues?

Adoptive parents bring their own issues to the dynamics of adoptive family adjustment. The interaction of the child’s issues and the parent’s issues can potentially create a crisis, threatening permanence for children. Adoptive parent issues include:

♦ LOSS OF THE “DREAM” CHILD: Jean Pierre Bourguinon, author of After Adoption (1985), says, “Loss is the stage on which the drama of adoption is played.” That is, adoptive parents must grieve and resolve the loss of their ideal or fantasy child. Further, many disappointed adoptive parents, who have not successfully relinquished the dream child, verbalize that their parenting experience would have been more positive if they had “had their own child”. Adoptive parents experience the five stages of grieving [denial, anger, bargaining, depression, resolution] in their response to the loss of the ideal child, while their child is grieving the loss of the birth family, his heritage, and biological connectedness. The interplay between the grieving parent and the grieving child can often set up very negative interactions, particularly when the persons involved lack understanding of the impact of their own grief processes.

♦ UNMET EXPECTATIONS: All expectant parents have hopes and expectations for parenthood. However, the gap between the “dream” and the “real” is much wider for many adoptive parents than is typical for parents who have children by birth. Because adopted children are genetically different from their parents, they may also be different in temperament, appearance, abilities, interests, etc.

♦ INFERTILITY: Unresolved feelings about infertility can be closely related to the loss of the "dream" child. Sometimes infertile couples adopt children before they have addressed and understood the losses associated with infertility. When adopted children do not meet the family's expectations, grieving for the lost dream child can re-awaken feelings regarding infertility. In addition, infertile couples are more likely to deny differences between parenthood by birth and parenthood by adoption. We know that such denial is one of the most serious risk factors in predicting a turbulent post adoption adjustment (H. David Kirk, Shared Fate). Finally, infertile couples sometimes have difficulty coping with an adopted adolescent’s emerging sexuality and fertility. When the parent is threatened by the child's sexuality, and the child is trying to model the birth parent by creating an early pregnancy, tension in the adoptive family can become unbearable for both parent and child.
♦ FEELINGS OF FAILURE/ GUILT: Adoptive parents are in a unique position of having to "pass muster" by completing a home study or family assessment to become a parent. This dynamic sometimes fuels parents’ desire to prove that they are "Super-Parents", that they do, in fact, deserve to be parents. As a result, they may be overly demanding of themselves as parents. In our culture, we often measure the success of parents, in many cases unfairly, by the behavior or accomplishments of their children, not their own. When a child has serious adjustment problems that are not easily resolved, the parent’s sense of failure and resulting guilt, more so than the child's actual behavior problems, may lead to disruption and dissolution.

♦ LACK OF ENTITLEMENT: Entitlement refers to an adoptive parent’s feeling that s/he is truly the child’s parent and has the right to parent. Sometimes, entitlement is not adequately developed in adoptive families. A common indicator of weak entitlement is an adoptive parent who seems reluctant to enforce reasonable discipline with his/her adopted child. This is particularly evident in adoptive families having both birth and adopted children. In families with weak entitlement, parents exert lower levels of control when parenting their adopted children than they do when parenting their birth children.

♦ FEELINGS OF FEAR/THREAT OF THE BIRTH PARENT: Adoptive parents, particularly those who lack feelings of entitlement, may feel threatened by the birth parent. They may fear that the child will wish to return to the birth parent(s), that the birth parent(s) will return to re-claim the child, or that the child might somehow love the birth parent(s) more. This fear might be so intense that the adoptive parent has trouble talking with the child about the birth parent(s) in a positive way, or may negatively over-react when the child asks questions about the birth parent(s). Children are quick to learn that adoptive parents can be deeply hurt by comments such as, "You're not my real mother!" or, "I wish you had never adopted me. Then I could be with my real mother!"

♦ ISOLATION: Adoptive parents often lack adequate support systems due to pervasive lack of knowledge about adoption issues on the part of the extended family, the school, mental health providers, and the community at large. The parents themselves may be unaware of the impact of adoption issues on their family and their child. Adoptive parents who have little contact with other adoptive families or skilled post adoption service providers may withdraw from social supports, because they feel judged or blamed when they or their children experience post adoption difficulties.

♦ CONTROL: Adoptive parents are usually very successful in other realms of their lives, but they sometimes feel “out of control” in areas of parenting. Infertility, a child with difficult behaviors related to adoption issues, sealed adoption records, and the home study process can all be factors that challenge the adoptive parent’s sense of control. Adoptive parents may feel that they cannot control the child or other factors important to family adjustment, such as information about the child’s history, adding more children to the family, or gaining acceptance of their adopted child by their extended family.
♦ **OVERPROTECTIVENESS:** Adoptive parents are typically older than parents who have had children by birth. They may have struggled for years to become parents, and they hold their children exceptionally dear. As a result, some adoptive parents may become unnecessarily overprotective of their children. This can be problematic for adopted children who have issues with control, divided loyalties, stressed attachment, or low self-esteem. Conflict about limits and “protective”, involved parenting may develop into power struggles between parent and child.

♦ **SIBLING ISSUES:** Many adoptive parents have “blended” families in which there are children in the family by birth, adoption, and/or foster care. While some degree of sibling rivalry exists in all families with more than one child, adopted children may constantly look for signs that the parents love and value the birth children more. If the adoptive parents have entitlement problems, they may, in reality, treat the adopted children differently. This can create resentment in both adopted and birth children. Further, if the family also fosters, tension may increase when foster children move in or out of the home. Adoption and foster care add intensity to already challenging sibling relationships.

Even in families where all the children are adopted, sibling conflict may develop if one child functions as a “Good Adoptee” and one functions as a “Bad Adoptee” [see Session XI for a further explanation of the Good Adoptee and the Bad Adoptee Syndrome, adapted from Lost and Found, Betty Jean Lifton, 1988]. The “good” child often becomes more and more insecure as a result of the “bad” child’s behavior (“you’re going to blow this family for both of us!”). The “bad” adoptee becomes more and more convinced that the family will choose to remove him from the family following comparisons to the “good” child.

**II. Talking About Adoption**

(50 Minutes)

Use: Handout #1: Adoption Terminology  
Handout #3: “The Truth”

**Trainer Instructions:** The trainer divides trainees into two groups and asks both groups: “Why should adopted children be told about their histories? Wouldn’t it just be easier for them if we didn’t give the children negative information?” Use the PowerPoint presentation for a graphic display of the debate issue. Group A will argue the Pro position, and Group B will argue the Con position. Allow the two groups to stand on opposite sides of the room and develop their “positions” for about 10-15 minutes. Each group should select a presenter, and the Trainer alternates between the two presenters, compiling a list of arguments for each position on two flip charts. At the end of the debate, the trainer recapitulates the main points, making a strong case for honesty in communications. The trainer then presents the following information in an informal lecturette, allowing ample opportunity for questions and participation.
Note: It is helpful to divide the participants into two groups by having them count off by two’s. This technique ensures that married partners will be in separate groups and will therefore be exposed to a variety of perspectives.

The two debate teams may develop some of the following “arguments:”

Children should be told about their histories because:

- If parents don’t tell children, they might hear information from others, undermining trust in parents;
- Children might get incorrect information from others or create incorrect “fantasies” if open communication does not occur;
- Children might feel shamed if information is withheld or secretive;
- Honesty is always the best policy.

Children should not be told about their histories because:

- If children hear negative things about their families, they will feel badly about themselves;
- “What you don’t know can’t hurt you;”
- Children might try to emulate or model after negative behaviors of birth parents;
- Children are too young or unsophisticated to understand the problems/situations of their birth parents;
- Children will feel angry if they hear negative things about birth family from the adoptive parents.

Trainer Note: After the trainer elicits “arguments” supporting these opposing positions, the trainer should thank both debate teams for their efforts in shedding light on a dilemma facing adoptive parents. The trainer acknowledges that both “teams” made excellent points. Because of the importance of honesty to a relationship of trust, it is essential that parents be open and honest in discussing their child’s history. On the other hand, parents must develop skill in talking with their child so that issues of self-esteem, identity, divided loyalty, and trust do not create adoption-related problems for the child while the parent is sharing that history. The following information will provide some guidelines to parents who are helping their child understand, over time and in an age-appropriate way, their own history.

Adopted children need as much information about their histories as possible. Accurate and thorough information alleviates (but does not eliminate) identity confusion, control struggles, fears of abandonment, grief, divided loyalties, lack of trust, and negative self esteem. Such information is necessary for children to resolve their adoption issues. Young children often have fears of future abandonment; the young child may fear he will lose the adoptive family because he does not understand why and how he lost the birth family. Older children often have fears
related to unanswered questions about genetics compounded by lack of information. Older uninformed children may imagine more devastating problems than really existed in their birth families.

**When Do You Tell?**
Adoption should be an open, comfortable topic within the family from the time children enter the home. Parents adopting older children obviously do not have to worry about telling the child he or she is adopted. Families who adopt infants or preschoolers should begin to talk comfortably about adoption from the time the child enters the home. When parents wait for the “right moment” to tell their child about the adoption, that moment does not occur spontaneously and may be inappropriately deferred. The longer parents wait to initiate conversation about adoption, the more difficult it becomes to discuss the information comfortably. If parents are not honest about adoption from the outset, children are even more reluctant to trust their parents. Further, children’s self-esteem can be negatively affected by secrecy surrounding their adoption and history.

**How Do You Tell?**
The adoption story needs to be repeated many times, because children will only absorb pieces at each telling, due to their anxiety and developmental levels. Adoptive parents should not assume that the child correctly or fully understands all of the information because the story has been told a few times.

Because of the child’s concerns regarding divided loyalties, s/he may not ask questions about the birth parent for fear of hurting the adoptive parent’s feelings. Therefore, parents should initiate conversation about adoption rather than waiting for the child to discuss it. Adoptive parents can do this, for example, by commenting on positive attributes about the child such as, “You have such pretty long eyelashes (drawing or musical talent, etc.). I wonder if your birth mother has eyelashes (talent) like yours.” Parents may also use dates such as the placement date or Mother’s Day to talk about adoption: “I always think of your birth mother on Mother’s Day. Would you like to write her a note or card, telling her about what you’re doing? We can save it in a special place”.

Parents should never distort or try to “improve” information to make it more acceptable to the child—or to themselves. Because trust is a major issue for adopted children and youth, adopted children must be able to trust in the integrity of their parents’ words. If the child’s history is particularly painful, it may be necessary to tell the story in stages. As the child matures and develops abstract reasoning abilities, s/he will be better able to understand more difficult information. All information should be shared before the child begins adolescence. If available information is sketchy, a visit with the young adolescent to the adoption agency to obtain more information can enhance identity development.

If historical information is extremely negative, the adoptive parents may enlist an agency caseworker, post adoption worker, or mental health counselor to tell the child negative details.
Talking About Adoption With Friends
Children need to feel control over sharing their stories with people outside the family. Children should be helped to understand that such information is private not because the adoptive family is ashamed, but because this is their history, and it’s their decision if and when to share it. Children may need help in developing a condensed version of the story that keeps much of the detail private, but that will satisfy peers, cousins, and casual acquaintances.

Talking About Adoption at School
The child may have difficulties related to adoption at school. Teachers may assign projects involving family histories, genealogies, or baby pictures that can be uncomfortable or even threatening for a child who lacks this information. The child may also experience divided loyalties regarding which family to include in the project, etc. Parents should help the child decide which and how much information should be shared. Some parents choose to handle assignments about family trees by acknowledging both the birth family and the adoptive family in the child’s history. A family tree can be drawn with the birth family depicted in the roots and the adoptive family depicted in the trunk and branches.
Talking About Adoption in the Community
Adoptive parents should be prepared for insensitive comments from acquaintances regarding adoption. It is sometimes difficult to remain calm when hurtful comments or questions occur in the child’s presence. Again, many adoptive parents find it helpful to prepare a short reply that will terminate unwanted conversations or that perhaps can educate a community member regarding adoption issues.

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<tr>
<th>Trainer Option # 2: Instead of the debate, the Trainer may choose to use the following exercise:</th>
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<td>The trainer selects three or four volunteers to share information about their personal histories with the large group. The trainer should warn volunteers that he or she will “tamper” somewhat with their histories. Volunteers should be prepared to either accept tampering or to withhold information about areas of their histories about which they cannot tolerate such tampering. The trainer asks the volunteers to come forward and sit at a table at the front of the room. The trainer distributes paper, markers and/or crayons to the group and then follows the instructions below.</td>
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Mystery History – Whose History Is It?¹

- Inform participants that they are about to participate in an activity that will give them an opportunity to see how they view a portion of their own personal history.
- Ask participants to pick a period in their childhood. Acknowledge that some times in their life may be easier to look at than others. They should choose a time that they feel comfortable sharing.
- Tell participants that they should draw or represent those parts of their lives. Tell them after they get started, the trainer will be asking some reflective questions.
- The following questions can be offered as they draw…
  - Think about the time you selected.
  - Who was considered family at this point in your life?
  - Who did you get along with best?
  - What house did you live in?
  - What were your favorite traditions?
  - What did the family do for birthdays?
  - Who were your friends?
  - Was there a pet?
  - What community places, such as the grocery store or park, did you frequent?
  - What were your favorite subjects in school?

¹ This activity was created by Candy Barr, M.Ed., L.S.W. and is used with permission.
Did you go to church?
What did you enjoy about church?
Any special or unique family memories?

- Allow about five minutes and ask the volunteers to give their drawings to you. Look at the drawings a minute or so without comment. Ask the volunteers to describe briefly what is in their drawing and why it has significance to them.

- After that, declare that there is just something in this drawing that the participant should not have to hear about ever again. It is just too painful, too awful, and the participant cannot handle it.

- Say “I am your caseworker, and I know what is best for you and what you are capable of dealing with.”

- The trainer should take the drawing, tear a piece of it off, and place it in a file box. The trainer should then give the paper back to the volunteer and say, “Here is your history.”

**Facilitate group discussion with the following questions:**

1. **How did you feel when I returned your history to you?**

   - It wasn’t all there.
   - I knew you were keeping something from me, and it made me angry.
   - What right do you have to decide what I know about my history?
   - How do you know what I can handle?

2. **What do you think you would do with the stuff that was missing?**

   - I’d try to remember it.
   - I’d think something was horribly wrong with my family because you took that part out and wouldn’t give it to me.
   - I’d be angry and try to get the information/picture somehow.
   - I’d search your office when you weren’t there.
   - I’d fill it in with my memory and draw it again.

3. **What might happen over a period of time with the missing information?**

   - It might get distorted.
   - I’d fill it in with anything, even if it isn’t true.
   - I’d think the hole was filled with really bad things.
   - Maybe I couldn’t remember anymore, and I’d feel a piece of me was missing.
Important Points to Discuss with the Participants…

- **The child’s history belongs to them, not to us…**
  We are simply entrusted to communicate their history to them in a manner that they can understand and incorporate into their view of self in as healthy a manner as possible. As the child grows and develops, the information will become more comprehensive and detailed in nature until the child has all the information that is in the file. If the child is disabled in a significant manner, it is important that this information be recorded so that future caretakers can be aware of the information, particularly if it has implications for behavioral or medical treatments.

- **We should give the child complete information on his/her developmental level**
  For example, a three year old who is in permanent care due to both a long history of neglect and documented sexual abuse against the five year old sister, does not need to know the details of the rape suffered by her sister. She should know that "Daddy hurt her sister” and that "Mommy didn't stop him.” It is likely that the younger child will request more specific information later, at which time it should be given to her.

- **Adults should remain calm in answering questions.**
  Children should believe that it is okay to ask hard and difficult questions about their past. One child stated about his adoptive mother, "Every time I asked a question about my past, she would get this pained look on her face. I began to think I caused her this pain.”

- **Adults should be honest in answering questions**
  One adoptive parent was afraid to tell the child that there were negative, abusive things in his past. She wanted to avoid them because she felt awful about them. In turn the child fantasized about even more horrible things than the actual events. This adopted person also continued to believe it was his fault that he was removed from his birth family long into adulthood.

- **Adults should be tactful in presenting the information about the child to him and to others. The adult should also help the child establish some boundaries around who she tells another past history and to what detail.**
  Unfortunately, some of the children who have been abused and neglected tell everything about their abuse to anyone. While some disclosure to appropriate sources is necessary and beneficial, children need to be assisted to establish some healthy, clear boundaries.
III. Stages of Adjustment for New Adoptive Families (20 Minutes)

**Trainer Instructions:** The trainer presents the following stages of adjustment through lecturette and guided group discussion, using the PowerPoint presentation to highlight key points. The trainer normalizes these stages, explaining that adoptive parents will be better prepared if they know what to expect from themselves and from the child.

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*.

### 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.

- **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.

**What are typical characteristics of a family in the honeymoon stage?**

- Belief that the worker was overly negative in preparing them for placement;
- Over-indulging child with too many gifts, trips, special foods;
- Children in family enjoy the novelty of new siblings and interact without arguments, competition, etc.

**What behavior does the child generally exhibit during the honeymoon?**

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

- **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;

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2 (Pinderhughes and Rosenberg, "Family Bonding With High Risk Placements," *Journal of Children in Contemporary Society*, 1990)
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 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, 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. 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.

What behaviors might the child 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.

What issues might arise for the other children in the home?

- Other children may be disappointed in the quality of the relationship with their new sibling;
- Children may be angry and jealous about the time and energy devoted to the new family member;

What resources could help the family through this stage?

- Mentor relationships with more experienced adoptive families;
- Time away from parenting;
- Support, education from the adoption worker.

Reciprocal Interaction - 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.

**What behaviors might the child exhibit during the Reciprocal Interaction Phase?**

- Child talks of a future with this adoptive family;
- Child engages in less testing or conflict with other family members.

**What changes may be observed with 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.

**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.

**Discussion Questions:**

**What further changes might be observed in the family as it re-establishes its “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)."

**How might the child refer to himself and his new family?**

- 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."
IV. Strategies to Help Parents Deal With Adoption Issues (20 Minutes)

Use: Handout # 2: Survival Skills for Adoptive Parents

Trainer Instructions: The trainer presents the following information through an informal lecture and guided discussion. The trainer distributes Handout #2.

We have acknowledged that parenting by adoption is different than parenting birth children. The adoptive parent needs special tools and skills to handle adoption issues affecting everyone in the family.

Some suggestions to help adoptive parents minimize difficulties:

♦ Acknowledge the child’s grief and let the child understand your losses.

♦ Network with other adoptive families to avoid isolation.

♦ Don’t over-react to problems. Not all problematic behaviors or feelings are related to adoption; many are developmental or are related to circumstances in the child’s environment. Talk with other parents and/or knowledgeable professionals to determine whether problems are really related to adoption, or are a normal part of growing up.

♦ Don’t under-react to problems. Get post adoption services early, if needed. Adoptive families often need post adoption support at key times in the life of their child. Families should be aware of available services prior to onset of crisis.

♦ Talk openly about adoption in the family. It is often necessary to initiate conversation, as children can be fearful of hurting the adoptive parent’s feelings.

♦ Encourage the child to have positive feelings about his birth family. To enjoy positive self esteem, he must feel good about his “roots”. Remember that parents are allowed to love more than one child. Children should be allowed to love more than one parent. Don’t force your child to choose between you and the birth parent.

♦ Get as much information as possible about the birth family and the child’s history. Remember that the “trail” gets cold quickly; get as much information as possible at the time of placement. You can return to the agency at any point in the future to clarify information or to obtain additional information.

♦ Always be honest in sharing information about the birth parent and the birth history. If the information is very difficult, some facts may be deferred while the child is very young. Facts should never be changed. As a rule of thumb, children should have complete information by the time they enter adolescence.
♦ Be alert for signs of distress when losses or transitions occur. Remember to be sensitive to “anniversary reactions” and increased emotional stress around birthdays, holidays, and Mother’s Day. Be sure to discuss feelings and fears openly.

♦ Allow the adoptive father to become the primary parent during adolescence. Much of the child’s grief, anger regarding abandonment, and divided loyalties are directed toward the birth mother. This anger is often transferred to the adoptive mother. The mother/teen relationship can become very strained. The adoptive father should handle limit-setting whenever possible.

♦ Avoid control battles. You may need to lose a few battles in order to win the war. Parents can successfully work on only one or two behaviors at a time. Prioritize your battles, and be prepared to let a lot of other less important issues slide for the time being.

V. Post Adoption Services: When and How? (45 Minutes)

Use:

Handout #4: Subsidy Options
Handout #5: Bibliography

Trainer Instructions: The trainer presents the following information in a lecturette and guided discussion.

Adoptive parents may use various types of post adoption services following finalization of the adoption. Sometimes adoptive families need intensive, ongoing help. More often, however, families need different services at key points in their child’s development, or as transitions and crises occur. The availability of supportive services to adoptive families at key intervals throughout the child’s dependent years is sometimes referred to as “long-term brief therapy.”

Post adoption services are most commonly provided by an adoption agency, by an agency that specializes in post adoption services, by family therapists, or by an adoptive parent association. Any counselor or therapist used for post adoption support must be fully trained in adoption issues if s/he is to be of help.

Trainer Instructions: The trainer may distribute information regarding resources in and near the community, including post adoption services provided by the placing agency, other post adoption programs, counselors in the vicinity who are competent in treating adoptive family issues, associations (with meeting times and contact persons), newsletters/magazines for adoptive families, educational opportunities.

Essential components of post adoption services include:

* Post Adoption Education/ Training
Educational services are one of the best prevention tools for adoptive parents.

Adoptive parents can be coached to become the child’s primary supports as s/he struggles to deal with losses and separations in his/her life. Parents can also learn effective ways to talk with their children about adoption, and how to use positive terminology.

Knowledge of typical developmental stages of adopted children will be useful for adoptive parents in deciding when and if they need professional help. Training helps parents normalize both the issues, and the need for post adoption services at predictable stages in the child’s development.

Forewarned is forearmed: families who know what to expect are less likely to need crisis intervention services in the future.

* **Adoptive Family Associations**

Adoptive families benefit greatly from the social and educational experiences afforded by adoptive family associations. These groups also allow adopted children to interact with other adoptees, thereby reducing their isolation and sense of being different from their peers.

* **Adoption Subsidies**

Adoptive parents may receive subsidies to help with adoption expenses, such as legalization charges or private adoption agency fees (Nonrecurring Costs), daily living expenses of the child (Maintenance Subsidies), or special expenses for a child’s particular needs (Special Services Subsidies).

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Trainer Note: The trainer should distribute Handout # 4 and may share additional literature regarding subsidy options with participants at this point. The trainer should give participants direction about where to go within the agency for additional information regarding application and requirements.

* **Support groups**

According to Reuben Pannor, a post adoption therapist in California, support groups have been the treatment of choice for adoptive families and adopted adolescents. Group experience tends to normalize the issues, thereby reducing problems with self-esteem, and feelings of differentness, or unconnectedness in both the child and the parent. Adopted youth benefit from the peer interaction far more than they would from one-to-one counseling with an adult who has not personally experienced the feelings typical of an adopted person. Parents benefit because the group experience often ameliorates their guilt and sense of failure. Further, parents participating in support groups often leave the sessions with a more realistic picture of their own child’s problems, and how these compare to problems faced by other adoptive families. They are less likely to feel alone.
* Crisis Intervention

Crisis often occurs in adoptive families when a child experiences a major loss, or when a child reaches a developmental stage in which his/her own control issues and anger become difficult for the family to manage. Crisis frequently develops when the child announces to the adoptive parent that s/he is not the REAL parent, and that the child no longer wishes to remain in the home. The adoptive parent, often tenuous in his/her feelings of entitlement to the child, frequently over-reacts to this distancing behavior and responds inappropriately, suggesting that the child can and/or should in fact leave the home. The parent should instead be educated to understand that the child may not be making a statement, but may be asking a question: “Are you going to keep me?” When the parent responds appropriately and affirmatively, “Of course!” to this pseudo-question, the crisis begins to dissipate.

Placement outside the home should be discouraged, because it reinforces the adopted child’s feelings of rejection as a result of separation from his birth family. In selected cases, however, a longer-term placement may be averted by the use of short-term respite care.

* Family Networking/ Mentoring

Family networking refers to the use of veteran adoptive families to mentor families experiencing a crisis. Families may be linked through the agency staff (with permission from both families). Invaluable networking may also occur informally at association meetings, educational workshops, or at support group meetings.

* Family Therapy

Family therapy can help adoptive families learn about effective communication and conflict resolution strategies. However, therapists who are not sensitive to adoption issues often do more harm than good. Therapists must be aware of the grief work which is essential to the adopted child, and must be able help parents recognize and resolve the loss of their “dream child”.

* Respite Care

Respite care is short term placement outside the primary family, usually lasting 1-14 days, to alleviate tensions between family members or to give relief to parents at the end of their rope. Respite care may be provided by foster parents, by friends or extended family members, by other adoptive families, or by volunteers, or at a group home or small institution. Respite care should be used planfully because of the child’s fears of abandonment. When respite care is used only when the family is in crisis, the child may interpret the respite break as rejection or abandonment caused by his or her own inability to maintain a family. All parents need breaks from the demands of parenthood, and respite care should be normalized as much as possible.

* Obtaining additional information regarding the birth history
Adoptive parents sometimes find they lack sufficient information regarding the child’s birth history. Parents may return to the agency after legalization for additional information or for clarification of information. Sometimes parents find it helpful to bring a young adolescent to the placing agency to learn the information first-hand from the agency worker. This can be particularly helpful when the information is especially sensitive or negative, or when the child lacks trust in the adoptive parent to provide complete information.

* Day Treatment

If an adopted child has significant behavioral or emotional problems, the child may receive treatment and special education, while still anchored within the adoptive family during evenings and weekends. The day treatment center can also provide support and respite care to the adoptive family, thereby helping maintain their commitment and attachment to the adopted child.
Skill Set and Competencies

Skill Set: Basic understanding of emotional reactions to adoption commonly experienced by adoptive parents.

- Familiar with emotional conflicts adoptive parents may have after the adoption. Aware of how these issues might impact the long-term adjustment of the family.

- Knows the importance of talking with adopted children about their birth families in a way that they can easily understand. Knows why it is important not to talk in a negative way about the birth family.

- Knows why it is important to talk to other people about the adopted child’s situation in a way that respects the child’s dignity and privacy.

- Knows why it is important to get support and education after adoption.

- Aware of resources and supports for adoptive parents after adoption finalization.
ADPTION TERMINOLOGY
Adapted from the work of the Parenthood Post Adoption Program, Columbus, Ohio, 1986

Certain adoption-related terminology evokes negative feelings and should be avoided. Below are suggested alternatives that communicate the same information in more positive ways.

<table>
<thead>
<tr>
<th>POSITIVE</th>
<th>NEGATIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birthparent (father, mother)</td>
<td>Real parent</td>
</tr>
<tr>
<td>Biological (parent, child, ancestry)</td>
<td>Natural parent</td>
</tr>
<tr>
<td>Woman (lady) who gave birth</td>
<td></td>
</tr>
<tr>
<td>Adopted person</td>
<td>Adopted child (when speaking of an adult)</td>
</tr>
<tr>
<td>Adoptee</td>
<td></td>
</tr>
<tr>
<td>Adult Adoptee</td>
<td></td>
</tr>
<tr>
<td>Adoption Triad</td>
<td></td>
</tr>
<tr>
<td>Adoption Triangle</td>
<td></td>
</tr>
<tr>
<td>Adoption plan was made for...</td>
<td>Adopted out</td>
</tr>
<tr>
<td>The baby joined the family</td>
<td>Put up for adoption</td>
</tr>
<tr>
<td>The older child moved in with his/her family</td>
<td>Given away</td>
</tr>
<tr>
<td>An adoption was arranged for...</td>
<td>Given up</td>
</tr>
<tr>
<td>He/she was placed</td>
<td></td>
</tr>
<tr>
<td>Birthchild</td>
<td>Their own child</td>
</tr>
<tr>
<td></td>
<td>Their real children</td>
</tr>
<tr>
<td>To opt for, to take on, to choose, to continue parenting</td>
<td>Keeping</td>
</tr>
<tr>
<td><strong>POSITIVE</strong></td>
<td><strong>NEGATIVE</strong></td>
</tr>
<tr>
<td>--------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Born outside of marriage</td>
<td>Illegitimate child</td>
</tr>
<tr>
<td>Born to a single person (Divorced Single, Never married, Unwed mother)</td>
<td>Bastard</td>
</tr>
<tr>
<td></td>
<td>Unwanted child</td>
</tr>
<tr>
<td>Termination of parental rights; Unable to continue parenting (older child)</td>
<td>Gave up for adoption</td>
</tr>
<tr>
<td>Court termination</td>
<td></td>
</tr>
<tr>
<td>Made an adoption plan</td>
<td>Gave away</td>
</tr>
<tr>
<td>Legally released</td>
<td></td>
</tr>
<tr>
<td>Voluntary release</td>
<td></td>
</tr>
<tr>
<td>My child</td>
<td>Adopted (when it is used constantly, it can become a label)</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>The waiting child</td>
<td>Hard to place child</td>
</tr>
<tr>
<td>Child with special needs</td>
<td></td>
</tr>
<tr>
<td>Child available for adoption</td>
<td></td>
</tr>
<tr>
<td>Search</td>
<td>Finding one’s real family</td>
</tr>
<tr>
<td>Reunion</td>
<td>Locating one’s parents</td>
</tr>
<tr>
<td>Making contact</td>
<td></td>
</tr>
</tbody>
</table>

- Language is important in describing adoption.
- Adoptees are sensitive to feeling different.
- We want to try to avoid negative terms and use less judgmental language.
- How is language used in your own family? What does Grandma say? Peers? Outsiders?
- Help to educate yourself and others to routinely use positive and constructive language.
Survival Skills for Adoptive Parents:

♦ Acknowledge the child’s grief and let the child understand your losses.

♦ Network with other adoptive families to avoid isolation.

♦ Don’t over-react to problems. Not all problematic behaviors or feelings are related to adoption; many are developmental or are related to circumstances in the child’s environment. Talk with other parents and/or knowledgeable professionals to determine whether problems are really related to adoption, or are a normal part of growing up.

♦ Don’t under-react to problems. Get post adoption services early, if needed. Adoptive families often need post adoption support at key times in the life of their child. Families should be aware of available services prior to onset of crisis.

♦ Talk openly about adoption in the family. It is often necessary to initiate conversation, as children can be fearful of hurting the adoptive parent’s feelings.

♦ Encourage the child to have positive feelings about his/her birth family. To enjoy positive self esteem, s/he must feel good about his/her “roots”. Remember that parents are allowed to love more than one child. Children should be allowed to love more than one parent. Don’t force your child to choose between you and the birth parent.

♦ Get as much information as possible about the birth family and the child’s history. Remember that the “trail” gets cold quickly; get as much information as possible at the time of placement. You can return to the agency at any point in the future to clarify information or to obtain additional information.

♦ Always be honest in sharing information about the birth parent and the birth history. If the information is very difficult, some facts may be deferred while the child is very young. Facts should never be changed. As a rule of thumb, children should have complete information by the time they enter adolescence

♦ Be alert for signs of distress when losses or transitions occur. Remember to be sensitive to “anniversary reactions” and increased emotional stress around birthdays, holidays, and Mother’s Day. Be sure to discuss feelings and fears openly.

♦ Allow the adoptive father to become the primary parent during adolescence. Much of the child’s grief, anger regarding abandonment, and divided loyalties are directed toward the birth mother. This anger is often transferred to the adoptive mother. The mother/teen
**Survival Skills for Adoptive Parents (cont)**

relationship can become very strained. The adoptive father should handle limit-setting whenever possible.

♦ Avoid control battles. You may need to lose a few battles in order to win the war. Parents can successfully work on only one or two behaviors at a time. Prioritize your battles, and be prepared to let a lot of other less important issues slide for the time being.
Sharing with Children about Their Unpleasant Past: The Adoptive Parents’ Challenging Task

“If we aren’t straight with our children about their past, they will pick up on it and fantasize something that may be much worse.” Carol Williams, University of North Carolina

Why is it difficult to do?

Sharing with a child about an unpleasant past is difficult for both workers and parents. The details seem far too painful. Yet, according to Claudia Jewitt, the missing pieces are often those pieces that make sense to the child and fill in the blanks.

“The information is a relief for these children,” Jewitt says “because it takes the responsibility for what happened off the child. They need to know that they weren’t placed for adoption because of something they did.”

Knowing that it is the right thing to do, and knowing just how to do it are two different things. Just how does a worker or parent carry out this an unpleasant task?

Sharing about Abandonment

Adults abandon children when life circumstances become overwhelming. One thing a parent can point out, according to Jewitt is to ask the child, “Have you ever had a real hard thing to do? Did you get frustrated? What did you want to do? ‘Leave it’ is generally the answer. The child perhaps can related to the emotion of frustration.

Points parents and workers can make:

- People abandoned children out of fear, confusion and frustration
- Children are hard to care for and some people can not handle the responsibility
- A child’s behavior is not the cause of an abandonment
- Adoptive parents will not abandon the child in tough times

Sharing about Physical Abuse

A child is not slapped, screamed at, or hit because he is a bad child. He is treated that way because the adults in his life are out of control.

In helping a child to understand parental angry, Jewitt suggests to ask the child, “When you are angry, do you feel like hitting someone?” This question will help a child understand in a small way why people hit when they are angry, even though they know it is wrong.
Points parents and workers can make:
• When children are hit, the adult is out of control.
• Parents, often frustrated by life circumstances take their anger out on their children, even when they know it is wrong.
• It is possible that their parents experienced the same trauma of abuse growing up and it is the only way they know to handle their anger.
• It is not the child’s fault for what the parent does.

Sharing about Sexual Abuse

Sexual abuse is a type of abuse that children do feel partially responsible. Perhaps the abuser indicted this to the child. An abuser perhaps told the child he wanted to be close to him in a special way, yet he knew it was wrong. The child often suffers with fear by keeping the secret and guilt after releasing the truth. Both those emotions must be recognized by parents and workers and addressed.

Points parents and workers can make:
• Sexual abuse is never the fault of the child
• The abuser touched you in ways that were not right and he/she is totally responsible for their actions.
• The child was completely right in disclosing the abuse, even if the remaining parent expressed anger or unbelief.
• The child may have feelings of anger and confusion that he/she should feel safe to express.

Sharing about Substance Abuse

Children who were placed for adoption may have vivid or vague memories of what life was like living with someone who abuses alcohol or drugs. Children need to have the opportunity to talk about their memories of not having food to eat, not having clean clothes to wear or a clean bed to sleep in. Children need to share their fears of the chronically absent, abusive or “spaced-out” parent.

Points parents and workers can make:
• You did not cause your parent’s drinking or drug problem
• Your parent acted like they did toward you because he/she was taking drugs or drinking too much.
• They did not have control over their problem and you needed to be in a safe and secure place to finish growing up.

Sharing about Mental Illness

Claudia Jewitt says that “children who are placed for adoption because of a parent’s mental illness can be helped to remember or understand behavior that used not consistent with appropriate parenting. Perhaps the child remembers the parent being depressed…or observed rapid mood changes making it hard to know what to do.

Jewitt encourages adoptive parents or workers to help the child make the connection with their life experiences. “ They may have been afraid of something that other people told them not to be afraid, or they may have had difficulty knowing if they were dreaming or awake.”

Points parents and workers can make:
• Your parent was very upset in his feelings and that kept him/her very confused. They couldn’t make good decisions on how to take care of you.
• It was important that you could finish growing up in a safe home.
• Your parent had this problem before you were born.
• You didn’t cause your parent’s condition.

Sharing about Lawbreaking

Occasionally, children enter into the system, and eventually into foster care and adoption because their parent is incarcerated. Although this knowledge casts a shadow over the child’s perception of his parent, it is important he knows the truth.
Children need to understand that sometimes make bad decisions that have long term consequences. When their parent choose to break the law (and name the offense age appropriately), he/she will suffer long term consequences.

**Points parents and workers can make:**

- Your parent choose to break the law because he/she thought it would help him/her solve her problems. It did not.
- Your parent’s decision resulted in their being sent to jail for a long time.
- Because they will be in jail for a long time, the court decided that it would be too long a time for you to be without a family.

*Whatever the situation regarding a child’s history, the truth is paramount. One adult adoptee, in learning of the criminal past of her parents said. “It is not a pretty truth, but at least it is the truth. Now I can go on with my life without the make-believe.”*
Subsidy Options

An adoption subsidy is financial assistance that enables families to adopt children who have special needs. A child qualifies as having special needs if s/he is:

- Older;
- One of a sibling group;
- Has medical or developmental disabilities, or emotional problems;
- Has an emotional dependence on foster parents and therefore should not be moved;
- Has factors in the medical history or genetic background that place the child at risk of developing a disorder or condition later in life or
- Is a member of a minority ethnic or racial group.

There are three types of subsidies. They may be used separately or together, depending on the circumstances.

1. **Maintenance Subsidies**

   These subsidies are used for food, clothing, shelter, school supplies, and personal incidentals. The child may also receive a Medicaid card.

   The **Federal** Maintenance Subsidy, Title IV-E is available for children whose parents met ADC (TANF) or SSI requirements. There are no income eligibility requirements for adoptive parents applying for Title IV-E subsidies.

   The **State** Adoption Maintenance Subsidy is available for children who are not eligible for Title IV-E. There are income restrictions for adoptive parents applying for a State Maintenance Subsidy.

2. **Special Services**

   The Post Adoption Special Services Subsidy (PASSS) Program is available for a child’s special needs not covered by insurance or other subsidies. PASSS is especially helpful for children whose special needs may not have been identified at the time of the adoption.

   PASSS is a unique subsidy designed to assist Ohio families after the finalization of their adoption. Adoptive families must apply for, and be determined eligible for PASSS. The subsidy is available to adoptive families, with the exception of step-parent adoptions, regardless of the type of adoption (international, attorney, public
or private agency). The child does not have to meet either the federal or state definition of special needs.

The program is implemented on a State Fiscal Year (July 1st and ends June 30th).

3. **Nonrecurring Costs**
   This is a federal adoption subsidy which provides up to $2,000 per child for adoption-related expenses, such as legal fees, medical exams, transportation costs, etc.
List of Suggested Reading Materials

**Charting the Course**


Dorner, Patricia. *Talking to Your Child About Adoption*. 1991. The booklet emphasized that communication about adoption is an ongoing process.


Dusky, Loraine. *Birthmark*. 1979. M. Evans & Co., NY. Ms Dusky, a birthmother, tells the story of her experiences and adjustment over the years since making an adoption plan for her daughter. (Loraine and her daughter are featured in *How it Feels to be Adopted, After Reunion*).


Musser, Sandra Kay. I Would Have Searched Forever. 1979. Jan Publications, Division of AIM Inc. Capa Coral, Florida. Sandy explores the struggle for all in the adoption triangle in reconciling with each other, creating comfortable relationships among all in search situations.


Rosenberg, Elinor. The Adoption Life Cycle: the Children and Their Families Through the Years. 1992. Free Press, NY. Looks not only at the issues of adoptees, but also at those of birth parents and adoptive parents.


Books for Children and Teens

Brown, Irene Bennett, Answer Me Answer Me. Bryn Kenney’s search for her parentage begins after the death of her Gram when she is unexpectedly provided with a fortune and a clue to her roots.
Blomquist, Geraldine. *Zachary’s New Home: A Story for Foster and Adopted Children.* (ages 3-8)


Crook, Marion. *Teenagers Talk About Adoption.* Based on interviews with more than 40 adopted teens in Canada, this book conveys the feelings they have about their birthparents, being adopted, and the attitudes of others toward adoption.

Fredberg, Judy and Gueiss, Tony. *Susan and Gordon Adopt a Baby.* 1992. Big Bird is curious when a baby is adopted on Sesame Street.


Girard, Linda Walford. *Adoption is for Always.* 1986. Celia feels alone, angry and insecure about being adopted. But with her parents’ patience and understanding, she accepts it and makes her adoption day into a special family celebration.

Gordon, Shirley. *The Boy Who Wanted a Family.* 1980. Michael’s hopes, fears, and experiences with his new mom are explored during the one year waiting period to finalize his adoption.

Greenberg, Judith E. & Carey, Helen H. *Adopted.* 1989. Sarah and Ryan are adopted. To help Sarah understand, her parents and grandfather explain about adoption and being a family member.


Mandlebaum, Pili. *You Be Me, I’ll Be You.* A bi-cultural child decides she dislikes her brown skin. Her father devises a creative alternative.

Mills, Claudia. *Boardwalk With Hotel.* 1985. Eleven year old Jessica becomes angry about her adoption and starts to feel competitive with and jealous of her siblings who are not adopted.

Rogers, Fred. Mr. Roger--Let’s Talk About Adoption. 1995. Confronts questions children have about adoption with sensitivity and insight.

Rosenberg, Maxine. Being Adopted. Helpful for children, ages 5-10, when they first have questions about adoption. Three children relate their adoption stories.


**Multicultural Resources for Parents and Children**


Comer and Puissant, Raising Black Children.

Hopson & Hopson, Raising the Rainbow Generation.

Mandlebaum, Pili. You Be Me, I’ll Be You. A bi-cultural child decides she dislikes her brown skin.

Mathias & French, 40 Ways to Raise a Nonracist Child. A frank and important guide for black and white parents who want to teach their children to shun prejudice, narrow-mindedness, and hatred.

Sobol, Harriet, We Don’t Look Like Our Mom and Dad. Story about two Korean boys. (ages 3-10)

Steinberg, Gail and Hall, Beth. An Insider’s Guide To Transracial Adoption. Pact Press. A compilation of writings and information gleaned from numerous authors on transracial adoptive parenting.

Teidt & Teidt, Multicultural Teaching. Extensive book lists.

Trundle, Roma. Peoples of the World. Usborne Publishing. 32 pages of color illustrations and information about many cultures (ages 6-12).
**Workbooks and Activity Books**


The Kids Multicultural Art Book, by Alexandra Terrain. Williamson Publishing, Charlotte, VT. Roots, rhythms, and traditions found in art in a hands-on experience (ages 3-9)


Small World Celebrations, by Jean Warren & Elizabeth McKinnon, Warren Publishing, Everett, Wa. Art, games, songs and snacks to introduce children to holidays and festivals around the world.

<sup>a</sup> Quoted from The Adopted Child, June, 1985. 2 Ibid.
<sup>b</sup> Ibid