

RUTGERS

School of Social Work

Adoption Certificate Program
developed by the **Institute for Families**

Participant Guide



Certification Program for Adoption Competent Mental Health Professionals

Purpose: To explain the statewide effort by the Office of Family Safety and Children's Mental Health Services to increase the number of mental health professionals who are adoption competent.

Background: The Office of Family Safety developed a comprehensive model for post adoption services. The foundation of the model requires that the program include, at a minimum:

1. a designated post adoption services counselor for each area
2. an accessible and active adoptive parent support group
3. sufficient and accessible mental health professionals who are adoption competent

Our research revealed that the Rutgers University School of Social Work Continuing Education developed an Adoption Competency Certification Program six years ago. The Program has successfully certified hundreds of mental health and child welfare professionals during the past six years. The curriculum includes the following seven modules.

- The Psychology of Adoption
- Life Cycle Experiences and Developmental Stages of Adopted Children
- Issues in the Adoption of Older Children
- Attachment-Focused Therapy for Adoptive Families
- Family-Focused Therapy
- Management of Behavior Problems and Discipline for Traumatized Children
- Individual Therapy for Adopted Children, Teens and Families

During the last twelve months, Rutgers University, the Office of Family Safety and St. Petersburg College Continuing Education Department collaborated to bring this curriculum to Florida as a statewide effort to increase the number of adoption competent mental health professionals.

- Rutgers University agreed to provide the trainers, train-the-trainer guides, participant guides and handouts.
- St. Petersburg College Continuing Education Department agreed to provide an entity for processing the applications, certifications and CEUs, if needed.
- Office of Family Safety agreed to provide funding for the project.

Strategies and Standards: Eighteen trainers were identified based on education, adoption expertise and training experience. These eighteen trainers are now certified and will begin conducting training classes in January 2010. Each trainer has agreed, during the next 12 months, to certify 12 mental health professionals, train 25 child welfare professionals or stakeholders, and travel to a county outside their local area, when needed, to achieve statewide coverage of this program.

Potential applicants are required to either be licensed or in the process of being licensed and under the current supervision of a licensed clinical social worker/professional.

Research and Criteria: Adoptive parents in Florida and across the nation have expressed a significant lack of mental health professionals who are adoption competent. Primarily, adoption competent professionals believe "families are the healers" and that family therapy must take precedent over individual therapy in order to assist families in relationship building. Research studies with adoptive families and adoption practitioners

Certification Program for Adoption Competent Mental Health Professionals

resulted in the following criteria being developed by Casey Family Services to describe the prerequisites of adoption competency for a mental health, educational or child welfare professional. The Rutgers University certification program also adheres to these criteria.

- Knowledge that adoption is one way to form a family and is a life-long process, with remarkably universal experiences as well as unique individual feelings and perceptions;
- Recognition that parenting relationships and family connections are the single most therapeutic element in the life of a child over time;
- Ability to understand that there are common developmental challenges in the experience of adoption;
- Willingness to help families promote secure attachments and healthy relationships no matter what the developmental challenges;
- Ability to address adoption from a culturally competent family perspective: understanding the power of the triad of family relationships;
- Willingness to "balance the power" with adoptive families, collaborating with them as team players and colleagues toward the mutual goal of helping a child to heal;
- Willingness to avoid blaming adoptive parents for their children's behaviors, reframe everyone's goal as being "part of the solution";
- Ability to help adoptive parents honor their child's past and talk with their child about separation, loss and feelings about birth parents;
- Ability to support adoptive parents in assuming parental entitlement and authority, fully empowering them as decision-makers and "experts" when it comes to their child and family;
- Recognition of and respect for the characteristics and skills that make adoptive families successful and assist families in developing and practicing those skills;
- Willingness to work and provide in-home and outreach services to families that meet them "where they are"; and
- Recognition that temporary out-of-home treatment may be essential (not a "failure" in the adoption) and that the focus is to work to keep the child and family connected and reunified as soon as possible.⁴



Psychology Handouts



ERIKSON'S THEORY OF PSYCHOSOCIAL DEVELOPMENT

Erik Erikson (1902-1994): the socialization process consists of eight phases-
The "Eight Stages of Man"

Stage	Name	Ages	Important Event	Definition
1 Oral/ Sensory	Trust vs. Mistrust	0-1	Feeding	The child, well-handled, nurtured, and loved, develops trust and security and a basic optimism. Badly handled, he becomes insecure and mistrustful.
2 Muscular/ Anal	Autonomy vs. Shame and Doubt	1-3	Toilet training	After gaining trust in their caregivers, infants begin to discover that their behavior is their own. They start to assert their sense of independence, or autonomy. If restrained too much or punished too harshly, they likely develop a sense of shame and doubt.
3 Loco- motor	Initiative vs. Guilt	3-5	Independence	Children are asked to assume responsibility. Developing responsibility increases initiative. Uncomfortable feelings may arise if the child is irresponsible or made to feel too anxious.
4 Latency	Industry vs. Inferiority	6-11	School	Involves the shift from whimsical play to a desire for achievement and completion. Child recognizes praise for positive results and also the possibility of failure.
5 Adolescence	Identity vs. Role Confusion	13-19	Peer relationships	The central question of "Who Am I?" Adolescents begin to seek their true identities and sense of self. Those emerging positively will have a strong sense of self and independence. Those unsure will be insecure and confused about themselves and their future.
6 Young Adulthood	Intimacy vs. Isolation	20-24	Love relationships	Individuals face the developmental task of forming intimate relationships with others. If young adults form healthy friendships and intimate relationships with others, intimacy will be achieved. If not, isolation will result.
7 Middle Adulthood	Generativity vs. Stagnation	25-64	Parenting	Desire to assist the next generation in developing useful lives. The feeling of having done nothing to help the next generation is stagnation.
8 Late Adulthood	Integrity vs. Despair	65- death	Reflection	Final development stage. In later years, we look back and evaluate our lives. If the retrospective glance is positive, a feeling of satisfaction-integrity is achieved. Negative retrospective glances produce doubt, gloom or despair.

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The Psychology of Adoption

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Course Objectives

- Review adoption statistics and adoption types
- Discuss the psychological benefits and risks associated with adoption
- Describe the common correlates in adoption disruption and dissolution
- Discuss the clinical indicators of adopted children
- Discuss adoption related loss
- Discuss family life cycle tasks

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Content and Timeline

Time	Activity
9:30	Introduction and Small Group Activity Adoption Statistics, Process and Adoptive Parent Adoption Types
10:15	Break
11:00	Psychological Perspectives Adoption Disruption and Dissolution
noon-1:00	Lunch
1:00	Factors Underlying Children's Adjustment to Adoption Adoption Related Loss Core Issues in Adoption
1:15	Break
2:00	Psychosocial Development (KinLoss) Family Life Cycle Tasks in Adoption
3:15	Summary, Q&A, Surveys

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Group Activity



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Let's Talk About..... Adoption Statistics

- General Statistics
- 2000 U.S. Census Statistics
- 2007 Office of Immigration Statistics



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Adoption Statistics

- Approximately 120,000 adoptions in the United States each year
- Slight majority are kinship adoptions (i.e., adoption by relatives & step-parents), remaining placements are non-relative adoptions with foster parent adoptions being the largest non-relative percentage for children adopted from foster
- Approximately 3-4% of children in the U.S. are adopted

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Adoption Statistics (continued)

- The number of infants available for adoption has declined over the years.
 - Approximately 20% of infants born to never-married Caucasian women were placed for adoption from the mid-1950's to the early 1970's. By 1995, the corresponding rate was less than 2%.
 - Rates of adoption placement during this same time period for never-married African-American women were quite low, ranging from about 2-3% prior to the 1970's to under 1% by the mid-1990's.

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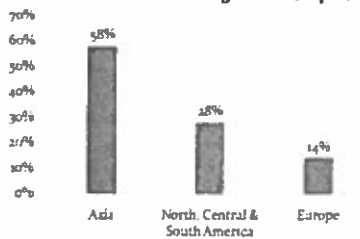
2000 U.S. Census

- In 2000, 1.6 million (2.5%) adopted children (under 18) were living in U.S. households and this was the first Census to have a questionnaire that included "adopted son/daughter" as one of the options under relationships.
- 87% (1.39 million) of those adopted children were born in the U.S.

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2000 U.S. Census (continued)

% U.S. Foreign-Born Adoptees



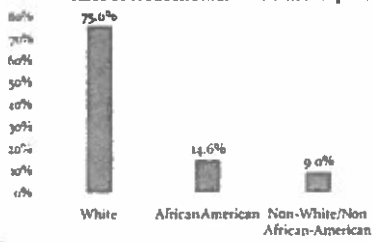
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2000 U.S. Census (continued)

- 17% of adopted children under age 18 were of a different race than the family householder.
- Adoptive families are evenly distributed across all regions of the U.S.

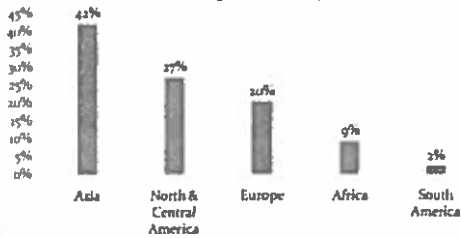
2000 U.S. Census (continued)

Race of Householders with an Adopted Child



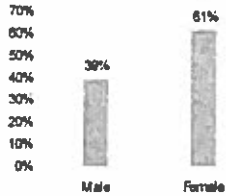
2007 Office of Immigration Statistics

% U.S. Foreign-Born Adoptees



2007 Office of Immigration Statistics (continued)

Foreign-Born U.S. Adoptions by Gender
Male vs. Female



Immigrant for Foreigners, Bureau of Census Web
Source: The State University of New Jersey

Let's Talk About.....

- Adoption Process
- Adoptive Parents



Immigrant for Foreigners, Bureau of Census Web
Source: The State University of New Jersey

Children adopted from Florida's foster care system

- Since 2006, over 10,000 children have been adopted from foster care
- Beginning in 2008, 40% of adoptions were by relative caregivers, 35% by foster parents and 25% by recruited families (adults recruited and unknown to the child)
- Over 60% of the children adopted from foster care are under age 8.
- Large sibling groups, older youth, especially African-American males, and physically/mentally challenged children describe the children who need recruited families in Florida.

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Adoption Process

Once prospective adoptive parents inquire about adoption, the family must undergo a "home study." This process includes successful completion of training or Model Approach to Partnership in Parenting (MAPP) which is intended as a "self-assessment" by prospective parents. Some of the info gathered for the home study include:

- References
- Background checks: FBI within 5 years if current caregiver or within one year of placement if recruited family; local and State checks and abuse registry clearance. If adult household member lived in another State within 5 years of application, abuse registry check from other State must be completed.
- At least one home visit
- Financial info is required to determine financial stability

Goal is to be "reunited" as soon as possible after adoption application is possible

Adoptive Parents

This term is used to refer to both parents that are seeking to adopt and parents that have already adopted.

- There has been an increase in:
 - in Florida, 75%-80% of children adopted from foster care are by foster parents and relatives; percentage of relative caregiver adoptions have increased over the last several years;
 - adoptions by families of color
 - single parent adoptions
 - adoptions by older individuals and couples
 - adoptions by low-income and working-class families

Important Finding: National research has shown that the closer the socio-economic level of adoptive parents is to the birth parents, the higher the success rate of the adoption.

Let's Talk About..... Adoption Types

- Traditional
- Open
- Special Needs
- Domestic Transracial
- Intercountry



Traditional Adoption

This term is most often used to refer to a domestic infant adoption in which confidentiality of the birthparents and the adoptive parents is preserved. It is the equivalent to a closed adoption.*

- The majority of adoptions are traditional rather than open but open adoptions are becoming more acceptable
- Fewer and fewer infants are available
- Increasing numbers of traditional adoptions offer the birth mothers more choices such as:
 - The religion of the adoptive parents
 - Whether the adoptive parents have other children

* Sources: Adoption.com

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Open Adoption

As opposed to most adoptions in which birth and adoption records are sealed by court order, open adoptions allow the parties to decide how much contact the adoptive family and the birthparents will have.*

- Greater acceptance of openness in adoption among adoptive parents and birth parents, as well as among child welfare and mental health professionals
 - Empowerment of biological parents to choose adoptive family for their children
 - Greater number of adopted individuals, including minors, seeking information about their heritage and/or contact with birth family members

* Sources: Family.com

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Open Adoption (continued)

- Pre-Placement and Post-Adoption Service Implications:
 - Helping families with decision making regarding open adoption options
 - Knowing local resources/services when they are needed such as support groups
 - Helping adoption triad members manage their ongoing relationship
 - Preparing adoption triad members for the search process
 - Working with adoptive families when the search involves minors
 - Supporting adoption triad members following reunions
 - Knowing the Florida Adoption Reunion Registry processes—all members of the triad can register and adult adoptees can obtain non-identifying information from closed adoption case record

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BREAK



Please return in 10 minutes.

Special Needs Adoption

In the context of adoption, the term "special needs" in Florida means:

- Child was permanently committed to Department or licensed child-placing agency AND
- Significant emotional ties to foster parent or child is difficult to adopt because of one or more factors:
 - 8 years of age or older
 - Mentally retarded
 - Physically or emotionally handicapped
 - Of black or mixed heritage
 - member of a sibling group where two or more will be adopted together AND
- Except for foster parents or relatives, there is documentation of a significant but unsuccessful effort to place without subsidy.

Special Needs Adoption (continued)

- Over 500,000 children in foster care today, with about 120,000 of these children waiting to be adopted. In Florida, approximately 850 children are available and need recruitment efforts
- Passage of the Adoption and Safe Families Act (ASFA) in 1997 has resulted in an increase in special needs adoption.
- Pre-Placement and Post-Adoption Service Implications:
 - Helping families develop realistic expectations
 - Stabilizing placements with services and helping families to strengthen their commitment and attachment to the child
 - Helping children and families with issues of attachment, loss, grief, and troublesome behavior
 - Strengthening family supports-educational, social, other adoptive families, adoption competent mental health professionals;
 - Moving beyond traditional models of individual & family therapy toward multi-systemic models of intervention

Domestic Transracial Adoption

An adoption in which a family of one race adopts a child of another race *

• Multi-Ethnic Placement Act (1994) and the Inter-Ethnic Placement Act (1996) have resulted in a growing number of trans-racial placements.

• Many of these placements involve foster parent adoptions and children with special needs

Domestic Transracial Adoption (continued)

• Pre-Placement and Post-Adoption Service Implications.

- Helping families develop realistic expectations
- Helping families manage the special needs of their children
- Helping families become sensitive to racial, ethnic, and cultural issues
- Helping families develop connections to trans-racial community supports
- Developing racial, ethnic, and cultural sensitivity in service providers

Let's Talk About..... Psychological Perspectives

- Adoption as a Solution
- Adoption as a Risk Factor
- Use of Mental Health Services



Psychological Perspectives

Child Welfare Perspective

- Adoption as a Solution
 - Adopted Children do significantly better than
 - Children raised in institutions
 - Children raised in long-term foster care
 - Children raised by neglectful or abusive parents
 - Children raised by ambivalent parents

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Psychological Perspectives (continued)

Mental Health Perspective

- Adoption as a Risk Factor
 - Adopted children display more psychological and academic problems than community-based peers:
 - 2.5% of children in the U.S. are non-related adoptees
 - 5% of children referred to outpatient psychotherapy are non-related adoptees
 - 10-15% of children in residential treatment centers & inpatient psychiatric centers are non-related adoptees
 - 6-9% of children in special education settings are non-related adoptees
 - 25-30% of adopted children have a diagnosable mental health disorder and/or a learning disability

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Psychological Perspectives (continued)

- Adoptive Parents are more likely to use Mental Health Services:
 - When they are better educated and come from higher socio-economic levels. Generally these are adoptive parents who adopt infants from private agencies or international adoptions
 - When the family is used to work with social service agencies as a result of completing the adoption process
 - Are encouraged by adoption professionals to utilize mental health services
- This explains, in part, the overrepresentation of adopted children in psychological treatment centers

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Let's Talk About.....

- Adoption Disruption
- Common Correlates of Placement Disruption
- Adoption Dissolution



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Adoption Disruption

Focus: Adoption disruption involves the removal of a child from the pre-adoptive home prior to the legal finalization of the adoption.*

- 8-15% of placements disrupt
- Child is returned to foster care or is moved to another adoptive placement with a new adoptive family. Note: Moving a child from an adoptive disruption to another adoptive placement is usually better than the child returning to foster care.

*Source: Adoption.com

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Adoption Disruption (continued)

- Common Correlates of Placement Disruption
 - History of multiple foster care placements
 - History of neglect
 - History of physical and/or sexual abuse
 - Presence of serious psychological/behavior problems at the time of placement
 - Previous disrupted placements
 - Large sibling group placed together
 - Siblings separated for adoptive placement
 - Child was not adequately prepared for adoption—still had questions about removal, birth family, etc.
 - Family was not adequately prepared for adoption—expectations did not match realistic potential of child

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Adoption Dissolution

Involves the severing of the legal relationship between the adoptive parents and the child following the finalization of the adoption.

- Florida had 123 dissolutions in FY08-09
- Over 50% of the dissolutions involved adoptions that had been finalized 5 or more years ago
- A number of the children were readopted
- National research has shown that there are three valid reasons for a disruption or dissolution
 - Learned something new about the child we did not know before the adoption that made this an unsuccessful match
 - Learned something new about the family we did not know before the adoption that made this an unsuccessful match
 - An act of God occurred that prevented successful attachment

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Lunch



Please return in 1 hour.

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Let's Talk About.....

- Common Indicators Differentiating Adopted and Non-Adopted Children
- Most Common DSM-IV-TR Diagnoses Differentiating Adopted and Non-Adopted Children
- Adjustment Factors



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Common Indicators Differentiating Adopted and Non-Adopted Children

- Inattention, concentration problems, disorganization, impulsivity, hyperactivity
- Oppositional and defiant behavior, lying, disrespect
- Stealing, aggression, and other antisocial behavior
- Substance abuse
- Attachment difficulties
- Self-esteem and identity problems

Most Common DSM-IV-TR Diagnoses Differentiating Adopted and Non-Adopted Children

- Learning disabilities
- ADD and ADHD
- Oppositional Defiant Disorder
- Conduct Disorder
- Substance abuse
- Reactive Attachment Disorder
- Bi-polar diagnosis is increasing for this population

Question

- Reasons behind elevated levels of adjustment problems for adopted v non-adopted kids?
 - Adoptees were about twice as likely to have had contact with a mental health professional and of having a diagnosis for a disruptive behavior disorder
 - About 7 in 100 adolescents who were not adopted met the criteria for attention deficit-hyperactivity disorder, about half the rate for adopted adolescents
 - Relative to international adoptees, domestic adoptees had higher odds of having [a disruptive] disorder



Adjustment Factors

- Genetics
- Prenatal and perinatal experiences such as drug and alcohol use by mother during pregnancy
- History with birth family
- Multiple placements with relatives or while in foster care
- Multiple school placements
- Child characteristics (cognitive level, temperament, self-esteem, attachment security)
- Adoptive family characteristics
- Current biological family characteristics
- Systemic issues such as multiple counselors and therapists, sibling separation, abuse or neglect in foster care, etc.

Let's Talk About..... Adoption Related Loss

- Types of Loss
- Unique Aspects of Related Loss



Types of Loss

- Loss of birth parents
- Loss of birth siblings or half-siblings
- Loss of extended birth family
- Loss of status
- Loss of stability in the adoptive family
- Loss of genealogical continuity
- Loss of racial/ethnic/cultural origins
- Loss of privacy (re: transracial placements)
- Loss of self/identity
- Loss of control
- Loss of family and medical history information

Unique Aspects of Related Loss

- Relatively uncommon
 - This accentuates the feelings of being different
- Not necessarily permanent
 - Birth parents are usually alive, which fosters fantasies of search and reunion
- Relationship with lost person is unusual
 - For infant placed youngsters, the lost person is unknown
 - For older placed youngsters, the lost person is often inadequate or abusive

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Unique Aspects (continued)

- Relinquishment of child is usually voluntary
 - Can foster intense feelings of anger toward the birth parents or feelings of guilt or self-blame and may contribute to low self-esteem as child may internalize and feel damaged or vulnerable;
- Extent is pervasive
 - Bleeds into all areas of the child's life
- Loss in adoption is inadequately acknowledged by society
 - Lack of social support and rituals associated with this type of loss leave adoptees feeling that "people don't understand their pain"
 - Ability to grieve their loss can be compromised

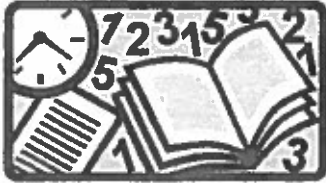
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Let's Talk About..... Core Issues in Adoption



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Group Activity



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Core Issues

- ▶ Entitlement
- ▶ Claiming
- ▶ Unmatched Expectations
- ▶ Family Integration
- ▶ Separation, Loss and Grief
- ▶ Bonding and Attachment
- ▶ Identity Formulation
- ▶ Mastery Control
- ▶ Rejection
- ▶ Intimacy
- ▶ Guilt and Shame

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Activity Debrief: Core Issues

- ▶ **Entitlement**
 - Whether adoptive parents and children have a "right" to each other
- ▶ **Claiming**
 - Process by which adoptive parents come to accept the child as their own
- ▶ **Unmatched Expectations**
 - What child is like, versus imagined birth child
- ▶ **Family Integration**
 - Negotiating the numerous issues defined by the adoptive child's pre-adoptive life and the adoptive family's origin and family systems. Integrating these issues into one family system

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Activity Debrief: Core Issues (continued)

- **Separation, Loss and Grief**
 - Loss of biological child, loss of birth parents, possibly siblings and extended family, loss of control over their lives
 - Loss is not a single occurrence; loss is never totally forgotten and after initial loss, there are innumerable secondary sub-losses;
 - Triad members should learn the five stages of grief
- **Bonding and Attachment**
 - May not occur automatically, even with an infant
 - Children, including infants may show signs of distress during adjustment to the adoptive home
 - Many children are unsure and uncomfortable

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Activity Debrief: Core Issues (continued)

- **Identity Formulation**
 - Sense that one is a self and the self has identifiable boundaries and values
- **Mastery and Control**
 - Adoptive parents and children have numerous experiences that threaten their sense of mastery and control over their lives. Examples:
 - Infertility
 - The adoption process
 - Removal from birth family; adults made life-altering choices for adoptee
 - Placement with adoptive family
 - Birth parents experience adoption as a resolution to a crisis situation and feelings of victimization and powerlessness become themes in their lives

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Activity Debriefing: Core Issues

- **Rejection**
 - Triad members tend to be sensitive to the slightest hint of rejection and avoid situations where they might be rejected.
- **Intimacy**
 - Adoptees may "hold back and have a fear of developing a close relationship"
 - Birth parents may question their ability to successfully parent a child
- **Guilt and Shame**
 - Triad members have a sense that they are deserving of rejection and believe it is because of something they did or did not do.

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BREAK




Please return in 10 minutes.

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Let's Talk About..... Psychosocial Development

- Erickson's Eight Stages of Development



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Psychosocial Development

- Erickson's Eight Stages of Development
 - According to Erik Erikson (1902-1994), the socialization process consists of eight phases - the "eight stages of man."
- Handout and Discussion

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Let's Talk About..... Family Life Cycle

- Pre-Adoption Tasks
- Adoption Tasks



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Family Life Cycle

Focus: An orderly sequence of developmental changes that the family system undergoes over time.

- For adoption purposes, there are five phases:
 - Pre-Adoption
 - Infancy
 - Toddler & Pre-School
 - Middle Childhood
 - Adolescence

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Pre-Adoption Period Tasks

- Adoptive Parents
 - Coping with infertility for some adoptive parents
 - Making adoption decision
 - Coping with the adoption process
 - Coping with the social stigma associated with adoption
 - Developing support systems for adoption
 - Evaluating reactions of extended family members

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Pre-Adoption Period Tasks (continued)

Period	Tasks
Infancy	No Tasks
Toddler & Pre-School	<ul style="list-style-type: none"> • Adjusting to current caregivers • Being prepared for move to adoptive family • Saying goodbye to current caregivers
Middle Childhood	<ul style="list-style-type: none"> • Coping with separation from birth family • Adjusting to current caregivers (may be multiple) • Learning about adoption • Being prepared to meet adoptive family • Saying goodbye to birth family and current caregivers
Adolescence	<ul style="list-style-type: none"> • Coping with separation from birth family • Adjusting to current caregivers • Learning about adoption • Being prepared to meet adoptive family • Saying goodbye to birth family and current caregivers • Being actively involved in adoption discussion

Adoption Period Infancy Years Tasks

- ▶ **Adoptive Parents**
 - Taking on the identity of adoptive parents
 - Finding an appropriate role model and developing realistic expectations regarding adoption
 - Integrating the child into the family and fostering secure attachments
 - Exploring thoughts and feelings about the child's birth family
 - Promoting/facilitating attachment with the infant
 - Engaging extended family members on accepting/attaching to adopted child
- ▶ **Adopted Infant**
 - No Tasks

Adoption Period Pre-School Years Tasks

- ▶ **Adoptive Parents**
 - Coping with the telling process
 - Acknowledging the child's connection to two families
 - Creating a family atmosphere conducive to open adoption communication
- ▶ **Adopted Children**
 - Learning one's adoption story
 - Questioning parents about adoption

Adoption Period Middle Childhood Years Tasks

- › **Adoptive Parents**
 - Helping the child master the meaning of adoption
 - Helping the child cope with adoption loss
 - Validating the child's connection to both adoptive and biological families
 - Fostering a positive view of the birth family
 - Maintaining open communication about adoption
- › **Adopted Children**
 - Mastering the meaning of adoption
 - Coping with adoption loss
 - Exploring thoughts and feelings about birth parents and the relinquishment or involuntary removal
 - Coping with stigma associated with being adopted
 - Maintaining open communication with parents about adoption
 - Validating one's dual connection to two families

Veronica de Fombas, School of Social Work
DePaul University, Chicago, IL

Adoption Period Adolescent Years Tasks

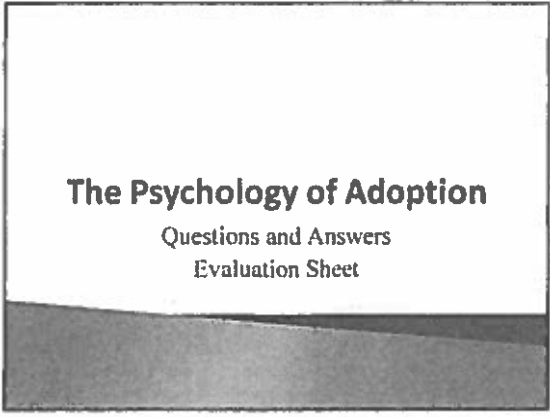
- › **Adoptive Parents**
 - Helping the teenager cope with adoption loss
 - Fostering a positive view of the birth family
 - Supporting the teenager's search interests and plans
 - Helping the teenager develop realistic expectations regarding search outcomes and understand the range of possibilities
 - Maintaining open communication about adoption
- › **Adopted Children**
 - Integrating adoption into stable and secure self
 - Coping with adoption loss
 - Exploring thoughts and feelings about birth family
 - Exploring thoughts and feelings about searching
 - Developing plans for searching
 - Maintaining open communication with parents about adoption

Veronica de Fombas, School of Social Work
DePaul University, Chicago, IL

Summary

- › Adoption statistics and adoption types
- › The psychological benefits and risks associated with adoption
- › Adoption disruption and dissolution
- › Factors underlying children's adjustment to adoption
- › Adoption related loss
- › Core Issues in adoption
- › Psychosocial Development
- › Family Life Cycle Tasks

Veronica de Fombas, School of Social Work
DePaul University, Chicago, IL



The Psychology of Adoption

Questions and Answers
Evaluation Sheet



Adoption: Infant Handouts



HANDOUT 1
DEVELOPMENTAL TASKS AND ADOPTION ISSUES

Developmental Stage	Child's Tasks	Possible Issues/Behaviors	How Parents Can Help
Infancy	<p>Attach to Parents</p> <p>Develop trust that their parents will take care of them</p>	<p>May experience trauma as a result of separation from birth/foster family and may experience disturbances in sleeping patterns</p>	<p>Provide consistent care and nurturing</p> <p>Integrate the child into the family</p> <p>Find role models for parenting an adopted child</p> <p>Explore own feelings about child's birth family</p>
Toddler and Pre-School Years	<p>Exploration</p> <p>Initiating projects</p> <p>Experimenting with independence</p> <p>Mastering skills</p> <p>Development of racial awareness</p> <p>Learning and telling others their adoption story</p>	<p>Lack of confidence</p> <p>Reluctance to try new skills</p> <p>Exaggerated fears of abandonment</p> <p>Expressions of anger</p> <p>Aggressive behavior</p>	<p>Begin the telling process: use books and pictures</p> <p>Create a family environment that is conducive to open communication</p> <p>Set reasonable limits</p> <p>Support and encourage child in learning new skills</p> <p>Assure the child that the family is permanent</p> <p>Recognize and celebrate personal and cultural differences</p>

Developmental Stage	Child's Tasks	Possible Issues/Behaviors	How Parents Can Help
Elementary School Years	<p>Developing relationships with people outside family</p> <p>Begin to act more independently</p> <p>Beginning to understand the meaning and implications of adoption</p> <p>Begin to explore their thoughts and feelings about their birth family and relinquishment</p> <p>Developing capacity for logical thought and problem-solving</p>	<p>May be overly sensitive to reactions of peers</p> <p>Sensitivity to "differentness"</p> <p>Frustration at not being able to master skills well enough, fast enough</p> <p>May have difficulty expressing feelings and may act out</p> <p>May blame themselves for relinquishment</p> <p>May experience a strong sense of loss, without identifying what the feeling is</p> <p>May begin a relationship with a fantasy birth family and imagine a reunion</p> <p>May begin to struggle with divided loyalties</p>	<p>Encourage child to master new skills</p> <p>Reassure your child about strengths and skills</p> <p>Expose your child to all kinds of families</p> <p>Provide guidance about his mistakes</p> <p>Help your child understand the meaning of adoption and that adoption is an adult decision</p> <p>Acknowledge your child's grief</p> <p>Help your child cope with adoption losses by validating his/her feelings</p> <p>Validate your child's connection to both adoptive and biological families</p> <p>Foster a positive, but realistic, view of the birth family</p> <p>Maintain open communication about adoption</p> <p>Assure your child that the family is permanent</p> <p>Advocate for services, as necessary</p> <p>Prepare your child ahead of time, whenever possible, for transitions and new losses</p> <p>Be sensitive to signs of stress during times of transition and stress</p> <p>Expose your child to role models from the same racial and cultural background as your child</p> <p>Expose your child to other adopted kids</p>

Developmental Stage	Child's Tasks	Possible Issues/Behaviors	How Parents Can Help
Pre-teen Years	<p>Developing ability to think in abstract terms</p> <p>Understanding more complex concepts</p> <p>Gaining acceptance of peers</p> <p>Becoming comfortable with body and bodily changes</p>	<p>Ambivalent feelings about birth and adoptive families</p> <p>Feelings of insecurity and awkwardness</p> <p>Emotional lability and moodiness</p> <p>Feelings of differentness</p> <p>Feelings of not being connected to adoptive family</p> <p>Intensified feelings of loss and grief</p> <p>Inability to understand and express feelings</p> <p>Acting out</p> <p>Withdrawal</p>	<p>Help child recognize and express feelings in constructive ways</p> <p>Help child develop skills that will make him/her feel good about him/herself</p> <p>Foster a positive, but realistic view of birth family</p> <p>Avoid control battles</p> <p>Assure child that it is OK to care about both birth and adoptive families</p> <p>Maintain open communication about adoption</p> <p>Enlist the help of extended family in helping child feel he/she belongs in the family</p> <p>Recognize and celebrate personal and cultural differences</p> <p>Continue to expose your child to other adopted children and to role models from the same racial and cultural background as your child's</p>

Developmental Stage	Child's Tasks	Possible Issues/Behaviors	How Parents Can Help
<p>Teen-age Years</p>	<p>Establish individual identities Become independent from family Develop strong and positive identity Develop skills related to living independently and maintaining relationships with other people</p>	<p>Increased interest in history of birth family Feelings of disloyalty to adoptive family Acting in ways they believe their birth parents would act Extreme limit testing Extreme risk taking Intense feelings of anger at not having control over his/her life Extreme conflict within the family Difficulty maintaining intimate relationships</p>	<p>Reassure teen that you are comfortable talking about the birth family Continue to value and celebrate diversity Help your teen achieve a clear sense of his/her racial and cultural identity Ensure that teen is involved with positive group activities with peers, under adult guidance Remain calm and supportive, even when teen is expressing anger Encourage teen to master skills related to becoming independent Give teen age appropriate opportunities to make decisions and solve problems Set clear, but fair and age-appropriate limits Allow age-appropriate freedoms Support teen's interest in searching for his/her birth parents Maintain open communication about adoption Avoid control battles Create a balance between loving and letting go</p>

Most Common Questions Asked by Adoptees

Anger Aimed at:	Infant-Placed Adoptee	Older-Placed Adoptee
Birth mother	Why couldn't you keep me?	Why couldn't you get your life together? Why did you hurt me? Why couldn't you protect me?
Birth father	Why didn't you take responsibility?	Why couldn't you support your family? Why couldn't you get your life together? Why did you hurt me?
The agency	Why couldn't you help my other siblings? Why was I removed and not my siblings?	Why didn't you keep my siblings and me together? Why didn't you tell my adoptive parents the whole truth about my past?
The adoptive parents	Why didn't you talk to me more about my adoption?	Why didn't you tell me what you knew about my past? Why didn't you tell me I had brothers and sisters?





"Ingrid Parks"
<iparks@spaulding.org>
09/12/2008 09:55 AM

To
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Subject 7 Core Issues of Adoption - (brief available on
www.childwelfare.gov)

Lifelong Issues in Adoption

By Deborah N. Silverstein and Sharon Kaplan

Adoption is a lifelong, intergenerational process which unites the triad of birth families, adoptees and adoptive families forever. Adoption, especially of adolescents, can lead to both great joy and tremendous pain. Recognizing the core issues in adoption is one intervention that can assist triad members and professionals working in adoption better to understand each other and the residual effects of the adoption experience.

Adoption triggers seven lifelong or core issues for all triad members, regardless of the circumstances of the adoption or the characteristics of the participants:

- Loss
- Rejection
- Guilt and sham
- Grief
- Identity
- Intimacy
- Mastery/control

(Silverstein and Kaplan 1982)

Clearly, the specific experiences of triad members vary, but there is a commonality of affective experiences which persists throughout the individual's or family's life cycle development. The recognition of these similarities permits dialogue among triad members and allows those professionals with whom they interface to intervene in proactive as well as curative ways.

The presence of these issues does not indicate, however, that either the individual or the institution of adoption is pathological or pseudopathological. Rather, these are expected issues that evolve logically out of the nature of adoption. Before the recent advent of open and cooperative practices, adoption had been practiced as a win/lose or adversarial process. In such an approach, birth families lose their child in order for the adoptive family to gain a child. The

adoptive was transposed from one family to another with time-limited and, at times, short-sighted consideration of the child's long-term needs. Indeed, the emphasis has been on the needs of the adults – on the needs of the birth family not to parent and on the needs of the adoptive family to parent. The ramifications of this attitude can be seen in the number of difficulties experienced by adoptees and their families over their lifetime.

Many of the issues inherent in the adoption experience converge when the adoptee reaches adolescence. At this time three factors intersect: an acute awareness of the significance of being adopted; a drive toward emancipation; and a biopsychosocial striving toward the development of an integrated identity.

It is not our intent here to question adoption, but rather to challenge some adoption assumptions, specifically, the persistent notion that adoption is not different from other forms of parenting and the accompanying disregard for the pain and struggles inherent in adoption.

However, identifying and integrating these core issues into pre-adoption education, post-placement supervision, and all post-legalized services, including treatment, universalizes and validates triad member's experiences, decreasing their isolation and feelings of helplessness.

LOSS

Adoption is created through loss; without loss there would be no adoption. Loss then, is at the hub of the wheel. All birthparents, adoptive parents, and adoptees share in having experienced at least one major, life-altering loss before becoming involved in adoption. In adoption, in order to gain anything, one must first lose – a family, a child, a dream. It is these losses and the way they are accepted and, hopefully, resolved which set the tone for the lifelong process of adoption.

Adoption is a fundamental, life-altering event. It transposes people from one location in the human mosaic into totally new configuration. Adoptive parents, whether through infertility, failed pregnancy, stillbirth, or the death of a child have suffered one of life's greatest blows prior to adopting. They have lost their dream child. No matter how well resolved the loss of bearing a child appears to be, it continues to affect the adoptive family at a variety of points throughout the family's live cycle issues of burgeoning sexuality and impending emancipation may rekindle the loss issue.

Birthparents lose, perhaps forever, the child to whom they are genetically connected. Subsequently, they undergo multiple losses associated with the loss of role, the loss of contact, and perhaps the loss of the other birthparent, which reshape the entire course of their lives.

Adoptees suffer their first loss at the initial separation from the birth family. Awareness of their adopted status is inevitable. Even if the loss is beyond conscious awareness, recognition, or vocabulary, it affects the adoptee on a very profound level. Any subsequent loss, or the perceived threat of separation, becomes more formidable for adoptees than their non-adopted peers.

The losses in adoption and the role they play in all triad members lives have largely been ignored.

The grief process in adoption, so necessary for healthy functioning, is further complicated by the fact that there is no end to the losses, no closure to the loss experience. Loss in adoption is not a single occurrence. There is the initial, identifiable loss and innumerable secondary sub-losses. Loss becomes an evolving process, creating a theme of loss in both the individual's and family's development. Those losses affect all subsequent development.

Loss is always a part of triad members' lives. A loss in adoption is never totally forgotten. It remains either in conscious awareness or is pushed into the unconscious, only to be reawakened by later loss. It is crucial for triad members, their significant others, and the professional with whom they interface, to recognize these losses and the effect loss has on their lives.

Birth Parent	Adopted Person	Adoptive Parent
"I don't know why but I always miss the supervised visits right before we go to court."	"You don't love me anyway – I'm out of here."	"I know my son George will blow it right before his birthday party again."

REJECTION

Feelings of loss are exacerbated by keen feelings of rejection. One way individuals seek to cope with a loss is to personalize it. Triad members attempt to decipher what they did or did not do that led to the loss. Triad members become sensitive to the slightest hint of rejection, causing them either to avoid situations where they might be rejected in order to validate their earlier negative self-perceptions.

Adoptees seldom are able to view their placement into adoption by the birthparents as anything other than total rejection. Adoptees even at young ages grasp the concept that to be "chosen" means first that one was "un-chosen", reinforcing adoptees' lowered self-concept. Society promulgates the idea that the "good" adoptee is the one who is not curious and accepts adoption without question. At the other extreme of the continuum is the "bad" adoptee who is constantly questioning, thereby creating feelings of rejection in the adoptive parents.

Birthparents frequently condemn themselves for being irresponsible, as does society. Adoptive parents may inadvertently create fantasies for the adoptee about the birth family which reinforce these feelings of rejection. For example, adoptive parents may block an adolescent adoptee's interest in searching for birthparents by stating that the birthparents may have married and had other children. The implication is clear that the birthparents would consider contact with the adoptee an unwelcome intrusion.

Adoptive parents may sense that their bodies have rejected them if they are infertile. This impression may lead the infertile couple, for example, to feel betrayed or rejected by God. When they come to adoption, the adoptors, possibly unconsciously, anticipate the birthparents' rejection and criticism of their parenting. Adoptive parents struggle with issues of entitlement, wondering

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if perhaps they were never meant to be parents, especially to this child. The adopting family, then, may watch for the adoptee to reject them, interpreting many benign, childish actions as rejection. To avoid that ultimate rejection, some adoptive parents expel or bind adolescent adoptees prior to the accomplishment of appropriate emancipation tasks.

Birth Parent	Adopted Person	Adoptive Parent
"I don't tell anyone about the child I relinquished – they'd say, 'how could you give away your own child' and have nothing to do with me."	"I can't imagine that no one in all of China wanted me – I must be pretty weird."	"Well, God didn't like me very much – I could never birth a child."

GUILT/SHAME

The sense of deserving such rejection leads triad members to experience tremendous guilt and shame. They commonly believe that there is something intrinsically wrong with them or their deeds that caused the losses to occur. Most triad members have internalized, romantic images of the American family which remain unfulfilled because there is no positive, realistic view of the adoptive family in our society.

For many triad members, the shame of being involved in adoption per se exists passively, often without recognition. The shame of an unplanned pregnancy, or the crisis of infertility, or the shame of having been given up remains unspoken, often as the unconscious motivator.

Adoptees suggest that something about their very being caused the adoption. The self-accusation is intensified by the secrecy often present in past and present adoption practices. These factors combine to lead the adoptee to conclude that the feelings of guilt and shame are indeed valid.

Adoptive parents, when they are diagnosed as infertile, frequently believe that they must have committed a grave sin to have received such a harsh sentence. They are ashamed of themselves, of their defective bodies, of their inability to bear children.

Birthparents feel tremendous guilt and shame for having been intimate and sexual: for the very act of conception, they find themselves guilty.

Birth Parent	Adopted Person	Adoptive Parent
"My mother said I broke her heart when I got pregnant. I'm just no good."	"If I was better my birth parents would have kept me – I guess I cried too much."	"If I were good enough to be a parent, God would have given me a baby."

GRIEF

Every loss in adoption must be grieved. The losses in adoption, however, are difficult to mourn in a society where adoption is seen as a problem-solving event filled with joy. There are no rituals to bury the unborn children; no rites to mark off the loss of role of caretaking parents; no ceremonies for lost dreams or unknown families. Grief washes over triad members' lives, particularly at times of subsequent loss or developmental transitions.

Triad members can be assisted at any point in the adoption experience by learning about and discussing the five stages of grief: denial, anger, bargaining, depression, and acceptance (Kubler-Ross 1969).

Adoptees in their youth find it difficult to grieve their losses, although they are in many instances aware of them, even as young children. Youngsters removed from abusive homes are expected to feel only relief and gratitude, not loss and grief. Adults block children's expressions of pain or attempt to divert them. In addition, due to developmental unfolding of cognitive processes, adoptees do not fully appreciate the total impact of their losses until their adolescence or, for many, until adulthood. This delayed grief may lead to depression or acting out through substance abuse or aggressive behaviors.

Birthparents may undergo an initial, brief, intense period of grief at the time of loss of the child, but are encouraged by well-meaning friends and family to move on in their lives and to believe that their child is better off. The grief, however, does not vanish, and, in fact, it has been reported that birth mothers may deny the experience for up to ten years (Campbell 1979).

Adoptive parents' grief over the inability to bear children is also blocked by family and friends who encourage the couple to adopt, as if children are interchangeable. The grief of the adoptive parents continues as the child grows up since the adoptee can never fully meet the fantasies and expectations of the adoptive parents.

"As night follows day – grief follows loss."

Birth Parent	Adopted Person	Adoptive Parent
"When I had my second child, I could only think about the one I gave away."	"I feel angry and since I can't talk about it, I'll show you by my actions."	"I already told Andy about his adoption – he's known about it all of his life I can't understand why he's acting out now that he's 12."

IDENTITY

Adoption may also threaten triad members' sense of identity. Triad members often express

feelings related to confused identity and identity crises, particularly at times of unrelated loss.

Identity is defined both by what one is and what one is not. In adoption, birthparents are parents and are not. Adoptive parents who were not parents suddenly become parents. Adoptees born into one family, a family probably nameless to them now, lose an identity and then borrow one from the adopting family.

Adoption, for some, precludes a complete or integrated sense of self. Triad members may experience themselves as incomplete, deficient, or unfinished. They state that they lack feelings of well-being, integration, or solidity associated with a fully developed identity.

Adoptees lacking medical, genetic, religious, and historical information are plagued by questions such as Who are they? Why were they born? Were they in fact merely a mistake, not meant to have been born, an accident? This lack of identity may lead adoptees, particularly in adolescent years, to seek out ways to belong in more extreme fashion than many of their non-adopted peers. Adolescent adoptees are overrepresented among those who join sub-cultures, run away, become pregnant, or totally reject their families.

For many couples in our society a sense of identity is tied to procreation. Adoptive parents may lose that sense of generativity, of being tied to the past and future, often created through procreation.

Adoptive parents and birthparents share a common experience of role confusion. They are handicapped by the lack of positive identity associated with being either a birthparent or adoptive parent (Kirk 1964). Neither set of parents can lay full claim to the adoptee and neither can gain distance from any problems that may arise.

"Who the hell am I?"

Birth Parent	Adopted Person	Adoptive Parent
"I'm a parent, but not a real parent – I never know how to answer when people ask, 'do you have any children?'"	"If I can't belong anywhere else I can belong to the Crips or the Moonies."	"I cringe when people ask, 'Do you have any children of your own?'"

INTIMACY

The multiple, ongoing losses in adoption, coupled with feelings of rejection, shame, and grief as well as an incomplete sense of self, may impede the development of intimacy for triad members. One maladaptive way to avoid possible reenactment of previous losses is to avoid closeness and commitment.

Adoptive parents report that their adopted children seem to hold back a part of themselves in the relationship. Adoptive mothers indicate, for example, that even as an infant, the adoptee was "not cuddly". Many adoptees as teen state that they truly have never felt close to anyone. Some

youngsters declare a lifetime emptiness related to a longing for the birthmother they may have never seen.

Due to these multiple losses for both adoptees and adoptive parents, there may also have been difficulties in early bonding and attachment. For children adopted at older ages, multiple disruptions in attachment and/or abuse may interfere with relationships in the new family (Fahlberg 1979 a, b).

The adoptee's intimacy issues are particularly evident in relationships with members of the opposite sex and revolve around questions about the adoptee's conception, biological and genetic concerns, and sexuality.

The adoptive parents' couple relationship may have been irreparably harmed by the intrusive nature of medical procedures and the scapegoating and blame that may have been part of the diagnosis of infertility. These residual effects may become the hallmark of the later relationship.

Birthparents may come to equate sex, intimacy, and pregnancy with pain leading them to avoid additional loss by shunning intimate relationships. Further, birthparents may question their ability to parent a child successfully. In many instances, the birthparents fear intimacy in relationships with opposite sex partners, family or subsequent children.

Birth Parent	Adopted Person	Adoptive Parent
"It always hurts – but somehow I pick men who will hurt me again."	"The only think I know about my birthparents is they had sex at 14."	"I wonder if I love my son as much as I would if he were born to me?"

MASTERY/CONTROL

Adoption alters the course of one's life. This shift presents triad members with additional hurdles in their development, and may hinder growth, self-actualization, and the evolution of self-control.

Birthparents, adoptive parents, and adoptees are all forced to give up control. Adoption, for most, is a second choice. Birthparents did not grow up with romantic images of becoming accidentally pregnant or abusing their children and surrendering them for adoption. In contrast, the pregnancy or abuse is a crisis situation whose resolution becomes adoption. In order to solve the predicament, birthparents must surrender not only the child but also their volition, leading to feelings of victimization and powerlessness which may become themes in birthparents' lives.

Adoptees are keenly aware that they were not party to the decision which led to their adoption. They had no control over the loss of the birth family or the choice of the adoptive family. The adoption proceeded with adults making life-altering choices for them. This unnatural change of

course impinges on growth toward self-actualization and self-control. Adolescent adoptees, attempting to master the loss of control they have experienced in adoption, frequently engage in power struggles with adoptive parents and other authority figures. They may lack internalized self-control, leading to a lowered sense of self-responsibility. These patterns, frequently passive/aggressive in nature, may continue into adulthood.

For adoptive parents, the intricacies of the adoption process lead to feelings of helplessness. These feelings sometimes cause adoptive parents to view themselves as powerless, and perhaps not entitled to be parents, leading to laxity in parenting. As an alternative response, some adoptive parents may seek to regain the lost control by becoming overprotective and controlling, leading to rigidity in the parent/adoptee relationship.

Birth Parent	Adopted Person	Adoptive Parent
"It all happened to me – I guess I was just born a victim."	"The most important decision of my life was made without my say – it doesn't make sense so why don't you understand that I'm no good at cause and effect thinking."	"I tried everything and still didn't have a child – so I don't really feel entitled to ACT like a parent."

SUMMARY

The experience of adoption, then can be one of loss, rejection, built/shame, grief, diminished identity, thwarted intimacy, and threats to self-control and to the accomplishment of mastery. These seven core or lifelong issues permeate the olives of triad members regardless of the circumstances of the adoption. Identifying these core issues can assist triad members and professionals in establishing an open dialogue and alleviating some of the pain and isolation which so often characterize adoption. Triad members may need professional assistance in recognizing that they may have become trapped in the negative feelings generated by the adoption experience. Armed with this new awareness, they can choose to catapult themselves into growth and strength.

Triad members may repeatedly do and undo their adoption experiences in their minds and in their vacillating behaviors while striving toward mastery. They will benefit from identifying, exploring and ultimately accepting the role of the seven core issues in their lives.

The following tasks and questions will help triad members and professionals explore the seven core issues in adoption:

- *List the losses, large and small, that you have experienced in adoption.*
- *Identify the feelings associated with these losses.*
- *What experiences in adoption have led to feelings of rejection?*

- *Do you ever see yourself rejecting others before they can reject you? When?*
- *What guilt or shame do you feel about adoption? What feelings do you experience when you talk about adoption?*
- *Identify your behaviors at each of the five stages of the grief process. Have you accepted your losses?*
- *How has adoption impacted your sense of who you are?*

Keywords:

family : older child adoption

family : emotional issues

family : the adoption triad

emotions and development: life long issues

emotions and development : grief

emotions and development : loss

emotions and development : adolescence

emotions and development : guilt and shame

emotions and development : intimacy

emotions and development : rejection

preparing for adoption : understanding the issues

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Life Cycle Experience of Adoption: Infants

Institute for Families, School of Social Work
Rutgers, The State University of New Jersey

Course Objectives

- Identify core issues related to infant and early childhood adoptions
- Discuss what can influence adjustment to adoption
- Understand the developmental tasks for adopted children and parents
- Describe the clinical issues of adoption
- Identify ways clinicians assist and support the adoptive family system
- Identify ways of assisting adoptees with search and reunion activities

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Content and Timeline

Time	Activities
9:30	Introduction and Brief Group Activity Key Themes Adjustment to Adoption Developmental Tasks for Adoptive Parental Children
11:00	Break
11:15	Narrative Case Loss / Clinical Issues
noon-1:00	Lunch
1:00	Loss / Clinical Issues, Continued Subsided Indicators of Difficult Coping with Adoptive Clinical Implications for Adopted Children
2:00	Break
2:15	Transitional Adoption Search and Reunion Implications Service Implications
3:15	Summary, Q&A, Surveys

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Group Activity



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Let's Talk About.....

- Key Themes
- Overview of Therapeutic Approaches
- Common Beliefs
- Clinical Research Findings



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Key Themes

- Adoption is not a single event
- The experience of adoption is different for the child and for the parents
- The critical premise for services is that issues adoptive families face are normative
- A Family Systems Approach that incorporates all members of the family is critical (including siblings)
- Grieving

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Overview of Therapeutic Approaches

- Normalize
- Validate and support
- Family Systems approach is necessary
- Provide strengths-based interventions
- Assist in accessing multi-systemic services
- Adoptive parent is crucial member of the treatment team

Common Beliefs

- There is no difference than being born into a family
- Once child knows s/he is adopted, issue is resolved
- There are valid reasons for not telling a child s/he is adopted or withholding information about the child's birth family, history, etc.
- "Love is enough"

Common Beliefs (continued)

- Families formed by adoption are second best
- It is more difficult to love an adopted child than a biological child
- Infant adoptees do not grieve the loss of the birth family and heritage
- Being "chosen" by adoptive families creates a secure relationships

Clinical Research Findings

- Relationships throughout the life cycle and across the life span are affected
- Lack of information and secrecy about history makes searches for self more difficult
- Adoptive families are different, not less than
- Grief and loss are common themes, even for a family and a history that is not known

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Let's Talk About.....

- Adjustment Influences
- Developmental Tasks for Adoptive Parents
- Developmental Tasks for the Adopted Child



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Adjustment Influences for Children

- Genetic and prenatal factors
- Temperament and personality
- Developmental and cognitive factors
- Placement history and age at placement
- Family structure and dynamics of the adoptive family
- Separation from siblings
- Cultural factors

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Developmental Tasks for Adoptive Parents

- Explore thoughts and feelings about child's birth family
- Integrate the adopted child into the adoptive family
- Create an environment conducive to open communication about adoption
- Help the child cope with adoption loss and search for identity
- Integration of adoptive family—other children in the home, marital issues, extended family members, community network such as church, neighbors, school, etc.

Developmental Tasks for Adopted Child

- Master the meaning of adoption
- Cope with adoption loss
- Explore thoughts and feelings about birth parents
- Maintain open communication with parents about adoption
- Validate dual connection
- Develop stable and secure self

BREAK



Please return in 10 minutes

Let's Talk About.....

- Normative Crisis
- Common Clinical Issues in Adopted Children



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Florida State University of Tallahassee

Normative Crisis

Focus: Normal developmental crises occur in adoptive families

- Includes the entire family; no identified client
- Requires a systematic approach
- Can be predicted and anticipated

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Group Activity



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Florida State University of Tallahassee

Let's Talk About.....

Common Clinical Issues

- Separation and Loss
- Relationship Problems
- Self-Development Issues



Separation and Loss

- Related to age of child at time of adoption
- Loss of privacy
- Highly variable
- Fantasies about birth family

Relationship Problems

There are potential relationship challenges

- Bonding—in-utero to mother
- Attachment—occurs after birth, building and maintaining relationships;

Self-Development Issues

- Self esteem issues
- Self efficacy
- Self identity

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Lunch



Please return in 1 hour.

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Let's Talk About.....

- Dimensions of Loss



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Dimensions of Loss

Focus: When we are cut off from something important to us, we experience a sense of loss. Loss is an inherent part of life – a “necessary” part.

• **Six Dimensions of Loss:**

- Universality
- Permanence
- Relationship with the lost person or persons
- Voluntary versus involuntary
- Extent of loss
- Social recognition of loss

Universality

Focus: Relating to, affecting, or accepted by the whole world (e.g. Death)

- Contributes to sense of isolation with loss.

Permanence

Focus: Existence in the same form forever or for a very long time

- Important to establishing a positive sense of self

Relationship with Lost Parent

Focus: Adoptees lack of knowledge/history/
relationship with birth parents.

- The lost birth parents often linger as "ghosts" in the mental and emotional life of the adoptee.

Voluntary Versus Involuntary Decisions

Focus: Action based on someone else's decision, was
not the choice of the adoptee.

- Presumed voluntary decisions on part of the parents and
can be the basis of considerable guilt and self-blame

Extent of Loss

Focus: The degree to which someone is affected by
loss.

- Loss of biological parents and potentially cultural heritage.

Social Recognition of Loss

Focus: Society and culture acknowledgement.

- Lacks the necessary rituals and emotional support/ ways of coping with their sorrow and loneliness

Let's Talk About.....

Behavioral Indicators :

- Grief
- Divided Loyalties
- Control
- Rejection
- Self-Esteem
- Shame/Guilt
- Trust/Intimacy
- Identity
- Feeling Different



Group Activity



Grief

Indicators:

- Clinging/insecurity
- Fear of separations from parent
- Over-reactions to all loss or transition
- Reluctance to attach to adoptive family

Divided Loyalties

Indicators:

- Attachment issues
- Refusal to discuss adoption story and information about birth parents
- Outbursts or depression at holidays, anniversary dates

Control

Indicators:

- Power struggles with authority figures (e.g. defiance, truancy)
- Rigid adherence to routine
- Substance abuse eating disorders, lying, stealing.
- Creating conflict or chaos in adoptive family

Rejection

Indicators:

- Anxiety or over-reactions to "perceived abandonment" or short separations
- Patterns of approach/avoidance
- Refusal to attach to adoptive family
- Difficulty going away to college, emancipating from adoptive family

Self-Esteem

Indicators:

- Self-destructive behavior
- Refusal to allow self to be successful
- Association with less than desirable friends

Shame/Guilt

Indicators:

- Attempts to be the perfect child or as far from the perfect child as possible
- Refusal to discuss adoption history

Trust/Intimacy

Indicators:

- Fear of intimacy
- Involvement in dependent relationships
- Lying, stealing, hoarding

Identity

Indicators:

- Experimentation with different identities, often very different than those modeled by adoptive family
- Modeling after behavior, or imagined behavior, of birth family
- Association with negative peer group

Feeling Different

Indicators:

- Questions or concerns about appearance/ethnicity of birth family
- Refusal to discuss adoption history, or obsession with history

Let's Talk About.....

Clinical Interventions

- Life books
- Pictorial Timelines
- Therapeutic Rituals
- Journal Writing and Written Role-Play Exercises



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Life Books

Focus: A symbolic representation of a child's life prior to the adoption

Clinical Goals:

- Facilitate open communication about a child's thoughts and feelings about their heritage
- Validate and normalize a child's curiosity about their origins
- Promote a realistic understanding of adoption and the child's history

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Pictorial Timelines

Focus: A visual or pictorial representation of the child's placement history

Clinical Goals:

- Create a sense of order to the changes experienced by the child
- Promote understanding of the child's history

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Therapeutic Rituals

Focus: A symbolic act or a series of acts, co-constructed by it's participants to provide meaning to life transitions

Clinical Goals:

- Validate a child's connection to the birth family and/or their history
- Create an opportunity for the child to remember his/her history and communicate thoughts or feelings

Journal Writing and Written Role-play Exercises

Focus: Various forms of written experiences which taps into ones ability to be introspective

Clinical Goals:

- Create a focus for experience between therapeutic sessions
- Provides opportunities for letter writing exercise to access fantasies and communicate with birth family

BREAK



Please return in 10 minutes.

Let's Talk About.....

- Transracial Adoption
- Five Stages of Transracial Progress
- Parent Considerations



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Houston, The State University of Texas System

Transracial Adoption

Focus: Families that adopt from a different racial group than their own

Goals:

- Create a safe environment to view family unit as Transracial or Transcultural
- Maintain connections with birth family culture/traditions
- Create awareness of reactions of others and the impact of self identity
- Identify potential complications

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Houston, The State University of Texas System

Five Stages of Transracial Progress

- **Preconscious:** Adoptees lack awareness of their adoption, and the adoptive parents believe that adoption and race does not matter
- **Contact:** There is a realization of the ways in which Transracial adoptive families are treated and perceived differently
- **Disintegration:** Adoptees attempt to surround themselves with similar others and adoptive parents desire to change their communities

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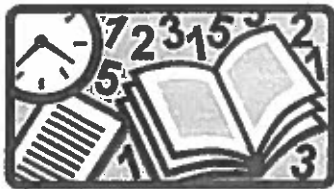
Five Stages of Transracial Progress (continued)

- **Internalization** - adopted children believe that transracially adoptive families are neither better nor worse than other families and make efforts not to stand out, while transracially adoptive parents accept that there are limitations to what they can change
- **Immersion/Emersion**, transracial adoptees embrace themselves as both adopted people and people of color in an adoptive family, and transracially adoptive parents develop a sense of balance about what they can and cannot do

Parent Considerations

- Examine and talk about beliefs about race and ethnicity
- Discuss implications for family unit and how birth family traditions can be integrated into the family unit
- Consider current and future lifestyles
- Create a culturally and racially safe family environment

Group Activity



Let's Talk About.....

- Search Responses
- Search Implications



Search

Focus: Attempts to obtain information about birth family and/or own history

Florida's Adoption Reunion Registry can provide non-identifying information about the family and medical history documented in the closed adoption record or triad members can each register and if a match, a reunion can occur.

Goal:

- To make a connection with ones past as part of a quest.

Reasons Adoptees Search

- Medical history
- Desire to look like someone
- General need for more information
- Need for continuity in the midst of life's transitions
- Need to connect

Reasons Adoptees Do Not Search

- Lack of interest
- Loyalty to adoptive parents
- Not feeling it is a right
- Fear of rejection

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Search and Reunion

Focus: Process taken to identify one's birth family history

Goals:

- Provide opportunities of increased insight, strength and healing
- Continue one's journey of self-discovery and development as an adult

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Assessing Readiness

- Prepare to expect the unexpected
- Identify and examine expectations
- Prepare for what one might find
- Listen to advice from those who have searched
- Consider attending support group

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Expect The Unexpected

Common Feelings:

- Anger and Rage
- Sadness and Depression
- Overwhelmed and Overloaded
- Fear
- Confusion

Journal for Families, 5th Edition, Social Work
Prepare The Next Generation of Social Workers

Examine Expectations

Three Types:

- Instant transformation into a new person
- Instant emotional healing
- Instant unconditional love

Journal for Families, 5th Edition, Social Work
Prepare The Next Generation of Social Workers

Prepare For Findings

Challenges:

- Falsified information
- Destroyed records
- Criminal history
- Abandonment
- Death

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Listen to Advice from Those Who Have Searched

Consider:

- Critical decision to alter relationships
- Can bolster courage
- Lifelong process for all

Attending Support Groups

Value added:

- Low Cost
- Sharing similar experiences
- Sense of community

Why Postpone a Search

- Unprepared for unexpected
- Not emotionally ready
- Motivated by others

(Source: Yellen, 1994)

Let's Talk About.....

- Service Implications



Service Implications

As a Clinician/Provider:

- Consider a general family centered orientation
- Be available prior to placement and throughout the life cycle
- Obtain special training to be sensitive to unique issues faced by children and families
- Include and acknowledge birth family

Service Implications (continued)

- Birth families included in adoptive families' genograms
- Acknowledge and challenge family myths
- Create new constructs and paradigms that are more functional
- Create rituals to celebrate adoption family life
- Identify relevant clinical issues

Summary

- Identified core issues related to infant adoption
- Discussed what can influence adjustment to adoption
- Understand concept of "normative crisis"
- Described the clinical issues of adoption
- Identified ways clinicians assist and support the adoptive parents and child
- Identified way of assisting adoptees with search and reunion activities

Life Cycle Experience of Adoption: Infants

Questions and Answers
Evaluation Sheet

●

Adoption: Older Child Handouts

●

●

●



Youths Leaving Foster Care Are Found Facing Obstacles

By MONICA LANEY
Published February 21, 2004

A rare study of young adults on the verge of leaving foster care systems reveals a bleak portrait of these 17-year-olds in Illinois, Wisconsin and Iowa. Many are lagging desperately behind in school, running into trouble with the law and struggling with psychological problems.

The survey of 732 youths, which will be released Tuesday by the Chapin Hall Center for Children at the University of Chicago, offers a glimpse of a group often overlooked in the piles of studies and surveys: young people, once removed from their homes because of abuse or neglect, now preparing to exit the child welfare system as adults.

"These are people heading out into the world who will have far less support than the average middle-class, working-class kids," said Mark E. Courtney, the study's author and the director of Chapin Hall Center. "Up until now they have had the protection of the child welfare system. And as they head out, the deck, as you can see, is stacked against them."

Dr. Courtney's study focused on 17-year-olds in the Midwest, who, like more than 20,000 young adults around the country each year, will soon leave the support system many of them have known for years. Many will "age out" at 18, though some states allow them to continue to get help until they turn 21.

What the survey makes clear, state officials and child welfare experts say, is that these young adults will need more help, not less.

"This is the ultimate outcome of a child: how well they transition into adulthood and become a productive member of society," said Vern Armstrong, chief of the bureau of protective services in Iowa's Department of Human Services. "Obviously, we have a lot of work to do."

Compared with a broad sample of youths from across the country, the 732 from foster care -- virtually all of the 17-year-olds from Iowa and Wisconsin and about two-thirds of those in Illinois -- were more likely to have been held back a grade, twice as likely to have been suspended from school and four times as likely to have been expelled, the study found. At age 17 -- though mostly in the upper grades of high school -- they were reading, on average, at a seventh grade level.

They were also more likely than the national sample to have been in trouble with the law. More than half had been arrested, more than a third had spent a night at a correctional facility, and one-fifth reported having been convicted of a crime.

Those in foster care had also received psychological counseling more often than the broader sample: more than a third said they had been counseled, and nearly a quarter said drugs had been prescribed to them for psychological problems. Seven percent reported spending at least one night in a psychiatric hospital in the past year, the study found.

But the study brought some more positive news, too. About 90 percent of those surveyed said they were optimistic about the future. More than half said they considered themselves lucky to have been placed in foster care. And an even larger segment said they were mostly satisfied with their experiences in foster care.

In recent years, federal and state authorities have significantly increased spending to help those making the transition out of foster care. Dr. Courtney estimated that officials were spending some \$200 million a year nationally on such programs.

"Still, what's being done is very, very little," said Richard Wexler, executive director of the National Coalition for Child Protection Reform. "They've doubled the money from one drop in the bucket to two drops in the bucket. And how many children do you know -- anywhere -- who are ready to go out into the world at 18? It's urgent to do more."

At the same time, Mr. Wexler said, the more fundamental problem lies not at the end of a child's journey through the system but at the start. Fewer children, he said, should be removed from their homes and placed in foster care in the first place.

Patrick T. Murphy, who represents abused and neglected children as the public guardian for Cook County, which includes Chicago, said he attributed many of the troubling findings about teenagers to the constant moves from foster home to foster home many of them faced in earlier years.

"By the time a kid is moved four or five times, it's too late," Mr. Murphy said. "By the time he is a teenager, he blows up."

In Dr. Courtney's study, one-quarter of the teenagers had lived in just one foster home, nearly two-fifths had lived in four or more foster homes and many had moved from school to school.

For Bryan H. Samuels, the director of the Department of Children and Family Services in Illinois, the results of the study are simply the latest evidence that the agency must focus not just on children who will be adopted, not just on children who will return to their birth families -- but also on those who will stay in the system until they become adults.

"We have to change the way we serve them," he said. "We have to change the menu of services that we offer them."

Mr. Samuels, who himself lived in one of the state's residential programs from age 9 until 19, added, "I understand the fear and anxiety many of them have."

The study, commissioned by the three Midwestern states for about \$1.2 million, will track the same 732 youths when they reach 19, and then again when they turn 21.



TOURNAMENT GUIDESHEET

You will have about 5 minutes to study the rules for and practice playing "Five Tricks."
Then the rules will be taken away and *no verbal communication will be allowed*.

From then on, you may gesture or draw pictures (not words!), but you may not speak or write or use sign language.

Then the Tournament will begin.

You will have a few more minutes to play at your home table (in silence).

SCORING begins at the start of the Tournament.

Round Winner: The players taking the most tricks in the Game (one "hand").

Tournament Winner: The players who get to the highest numbered table at the end of all the Rounds.

PLAYERS MOVE like this at the end of each Round:

- The two players who have won the most tricks during a Round move up to the next highest numbered table.
- The two players who have won the fewest tricks during a Round move down to the next lowest numbered table.
- Winning players at the highest table remain at that table, as do losing players at the lowest table.

FIVE TRICKS

A Card Game Easy to Learn and Easy to Play

Cards Only 28 cards are used—Ace, 2, 3, 4, 5, 6, and 7 in each suit. Ace is the lowest card.

Players Usually 4-6; sometimes varies.

Deal The dealer shuffles the cards and deals them one at a time. Each player receives 4-7 cards, (or some other amount, depending on the number of players).

Start The player to the left of the dealer starts by leading (playing) any card. Other players take turns playing a card. The cards played (one from each player) constitute a trick. For the last trick, there may not be enough cards for everyone to play.

Winning Tricks When each player has played a card, the highest card wins the trick. The one who played this card gathers up the trick and puts it face down in a pile.

Continuation The winner of the trick leads the next round which is played as before. The procedure is repeated until all cards have been played.

Following Suit The first player for each round may play any suit. All other players must follow suit. (This means that you have to play a card of the same suit as the first card.) If you do not have a card of the first suit, play a card of any other suit. The trick is won by the highest card of the original lead suit.

Trumps In this game, spades are trumps. If you do not have a card of the first suit, you may play a spade. This is called trumping.

You win the trick even if the spade you played is a low card. However, some other player may also play a trump (because s/he does not have a card of the first suit). In this case, the highest trump wins the trick.

End/Win Game ends when all cards have been played. The player who has won the most tricks wins the game.

ace ♠ 8 ♣ 5 ♦ ace

FIVE TRICKS

A Card Game Easy to Learn and Easy to Play

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Following Suit The first player for each round may play any suit. All other players must follow suit. (This means that you have to play a card of the same suit as the first card.) If you do not have a card of the first suit, play a card of any other suit. The trick is won by the highest card of the original lead suit.

Trumps In this game, diamonds are trumps.

If you do not have a card of the first suit, you may play a diamond. This is called trumping.

You win the trick even if the diamond you played is a low card. However, some other player may also play a trump (because s/he does not have a card of the first suit). In this case, the highest trump wins the trick.

End/Win Game ends when all cards have been played. The player who has won the most tricks wins the game.

2 ♠ 3 ♦ ace ♠ ♣

Handr- * ?

FIVE TRICKS

A Card Game Easy to Learn and Easy to Play

Cards	Only 28 cards are used—Ace, 2, 3, 4, 5, 6, and 7 in each suit. Ace is the lowest card.
Players	Usually 4-6; sometimes varies.
Deal	The dealer shuffles the cards and deals them one at a time. Each player receives 4-7 cards, (or some other amount, depending on the number of players).
Start	The player to the left of the dealer starts by leading (playing) any card. Other players take turns playing a card. The cards played (one from each player) constitute a trick. For the last trick, there may not be enough cards for everyone to play.
Winning Tricks	When each player has played a card, the highest card wins the trick. The one who played this card gathers up the trick and puts it face down in a pile.
Continuation	The winner of the trick leads the next round which is played as played.
Following Suit	The first player for each round may play any suit. All other players must follow suit. (This means that you have to play a card of the same suit as the first card.) If you do not have a card of the first suit, play a card of any other suit. The trick is won by the highest card of the original lead suit.
End/Win	Game ends when all cards have been played. The player who has won the most tricks wins the game.

3 ♠ ♣ ♠ ♠ 5 ♠ ♠ 3

FIVE TRICKS

A Card Game Easy to Learn and Easy to Play

Cards	Only 28 cards are used—Ace, 2, 3, 4, 5, 6, and 7 in each suit. Ace is the highest card.
Players	Usually 4-6; sometimes varies.
Deal	The dealer shuffles the cards and deals them one at a time. Each player receives 4-7 cards, (or some other amount, depending on the number of players).
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Trumps	In this game, spades are trumps. You may play a spade anytime you want too—even if you have a card of the first suit. This is called trumping. You win the trick even if the spade you played is a low card. However, some other player may also play a trump. In this case, the highest trump wins the trick.
End/Win	Game ends when all cards have been played. The player who has won the most tricks wins the game.

4 ♠ ♠ ♠ ♠ 6 ♠ ♠ 4

FIVE TRICKS

A Card Game Easy to Learn and Easy to Play

- Cards** Only 28 cards are used—Ace, 2, 3, 4, 5, 6, and 7 in each suit. Ace is the highest card.
- Players** Usually 4-6; sometimes varies.
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- Winning Tricks** When each player has played a card, the highest card wins the trick. The one who played this card gathers up the trick and puts it face down in a pile.
- Continuation** The winner of *the* trick leads the next round which is played as before. The procedure is repeated until all cards have been played.
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FIVE TRICKS

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9 ♠ ace ♥ ♣ 7 ♦ 9

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10 ♦ ace ♥ ♣ 9 ♠ 10



Adoption and Race: Articles

The Life Story Book by Vera Fahlberg

Every individual is entitled to his or her own history.

It is difficult to grow up to be a psychologically-healthy adult without having had to one's own history. Traditionally, the family is the repository of knowledge about the child. Children separated from their families of origin do not have daily access to this source of information about their personal histories. It becomes more difficult for them to develop a strong sense of self and to understand how the past may influence present behaviors. Without this awareness, it will be more difficult for them to make conscious choices and to take responsibility for their own behaviors. For this reason, we believe a Lifebook should be made for each child. It is never too late or too early to make a Lifebook.

The Lifebook is designed to enable the child to understand significant events in the past, confront the feelings that are secondary to these events, and become more fully involved in the future planning of their lives. Frequently, the first step is to learn how he explains himself to himself, and what he understands his situation to be. This means listening for the child's perceptions of these matters. Until we do this, we won't know if we are to expand their information or correct their perceptions. Each time the Lifebook is read, the child is likely to understand the message in a slightly different way, reflecting her current intellectual abilities and psychological needs. The message we are trying to convey is, "You are important. Your thoughts and feelings are important." (Ryan, 1985).

A Lifebook can

- provide a chronology of the child's life;
- enhance self-esteem and identity formation;
- help a child share his history with others;
- assist in resolving separation issues;
- identify connections between past, present, and future;
- facilitate attachment;
- increase trust for adults;

- help the child recognize and resolve strong emotions related to past life events;
- separate reality from fantasy or magical thinking;
- identify positives, as well as negatives, about the family of origin.

What Goes Into A Lifebook?

The Lifebook is an account of the child's life, conveyed through words, pictures, photographs, and documents. Every Lifebook should mention the child's birth mother and birth father. "We have no information about you birth father" at least acknowledges that he exists and that it is acceptable to talk about him.

Children like to have information about their own births, including how much they weighed, how long they were, what day of the week they were born, and at which hospital. A baby picture should be included if one is available. Some hospitals can refer caregivers to the photographer who took the infant photos when the child was born, and a picture may still be available. Health problems or abnormalities observed at birth should be noted as well.

Each book should explain why and how the child entered the adoptive family or the foster care system and how subsequent decisions were made. Many times, adults gloss over the reasons for the child's placement. This avoidance can pose long-term problems. The very fact that adults hesitate to share information about the child's past implies that it is too awful for the youngster to cope with. But whatever occurred in his past, the child has already lived through it and survived. He has already demonstrated his survival skills. Facts can be presented in ways that help the child understand and accept his past while raising self-esteem, or that lower feelings of self-worth. With experience, adults can learn to reframe even negative life experiences as positive strivings that went astray. Information should be presented in words the child understands.

Photographs of birth parents should be included. One-of-a-kind photos should be duplicated before being put in the Lifebook, with a copy put away for safekeeping. Information about parents and siblings should be gathered as soon as possible. If a Genogram has been completed as part of the assessment of the birth family, a copy should be included.

Most toddlers do some things that upset their parents at the time but that seem humorous in retrospect and become the basis of family stories. Talking about such behaviors give the child a clear indication that he can and will change. Even though it is often true that there are no pictures of these incidents, they usually suggest strong visual images. For example, one child washed her hair in a mud puddle twice in one day, even as her mother tried to get her ready to go to a party. Such behaviors are unique to each child and usually lead to shared laughter when the youngster outgrows that conduct. This concrete evidence of the possibility of change should be included in the Lifebook.

Sources of Information

Birth family members are an obvious source for pictures, mementos, and a variety of other information. The message to the birth parents is that they have something to offer the child even though they will not be parenting him. Requests from the adoptive parents for pictures and information reassures the birth parents of their importance in the child's life. These requests can be made directly or through the agency involved. Information that can be compiled by adoptive or foster parents might include:

- developmental milestones;
- childhood diseases, immunizations, injuries, illnesses, or hospitalization;
- the ways by which the child shows affection;
- the things she does when happy or excited;
- the things that frightened him;
- favorite friends, activities, and toys;
- birthday and religious celebrations;
- trips;
- extended family members who are important to the child;
- cute things the child does;
- nicknames;
- family pets;
- visits with birth relatives;
- names of teachers and schools attended;
- report cards;
- special activities, such as scouting, clubs, or camping experiences
- church and Sunday School experiences;
- pictures of each foster family, their home, and their pets.

How To

There is no right or wrong way to make a Lifebook. Just as each child and her history is unique, so will each Lifebook be one of a kind. Some children like to start at the beginning, with their birth or even before, offering stories about how their birth parents met, for example. Others may do better by starting with the present, talking about current family, school, friends, likes and dislikes. Some even want to start out talking about future plans. There are advantages to each of these approaches.

Loose-leaf photo albums with plastic-protected pages may be used. Some use a book with construction-paper pages. Some adults use prepared books; others make up their own. Some include photocopied or printed pages to be filled in. The particular words used with a Lifebook are often very important. Although many children enjoy the idea of a scrapbook, to the child who may have poor self-esteem, the term "scrap" may have a negative connotation. Therefore, we prefer to avoid the term scrapbook. We also purposefully avoid the term "forever," which may sound overwhelming to the child. The terms "keeping" or "growing up with" explain equally well the permanency that we are seeking for children and are preferred.

When children resist being an active participant in working on their Lifebook, adults have to become more creative. Trips can be made and photographs taken of places important to the child's life: an old neighborhood, the hospital where the child was born, or the courthouse where decisions were made on his behalf are examples.

If the adult does not have complete information, as is so often the case, it is still possible to encourage and support emotional exploration. When a child's statement reveals assumptions, such as "it seems as though my birth mom didn't love me as much as my sister," the adult might respond by saying, "That is possible. Some parents have difficulty loving all of their children. I don't have any information as to whether or not that was true in your case. Can you think of some other reasons it might not have worked out well for you and your parents to live together?" This response allows a hypothetical exploration of a variety of reasons that parents and children have problems living together and expands the young person's thinking.

Age-Appropriate Uses

- *Under Fours:* Parents may use an adopted child's Lifebook much as they would a baby book. Looking at pictures, talking about the parents' first impressions upon seeing their baby, or talking about initial meetings with birth parents if that has occurred, all convey that talking about the child's origins and life is pleasurable to the parents.

Relating facts as the child's personal story, as opposed to "reading" it, is more appealing to the very young child. Since young children are likely to be confused by mention of a second mother or father with whom they do not have contact, it is preferable for the adoptive parents of a toddler to refer to the birth parents by their first names. As the child gets older and observes the connection between pregnancy and childbirth, the terms "birth mother" and "birth father" can be added to the story-telling.

- *Four to Seven:* Children of this age understand the concept of "practicing" as a way to learn a new skill. The Lifebook may provide opportunities for the child to "practice" talking about important things, or to practice having fun with parents, or sitting close while reading, etc. Parents are practicing also, so the child should be made to understand that learning to be close involves both children and adults working on it.
- *Eight to Twelve:* The Lifebook may be a means to helping children develop a "cover story" that helps them retain their right to privacy and control over their story. Children need a way to explain to others why they do not live with their birth family. The cover story is a shortened, not-too-revealing version of the truth. Children need to be given permission to refuse politely to provide strangers or mere acquaintances with answers to personal questions. They need to prepare to ask themselves, "Is this someone who really needs the information?" If not, they might say, "I'd rather not talk about it," or "That's very personal information," or to give the Ann Landers response, "Why would you ask a question like that?" Providing the child with opportunities to practice responses ahead of time will help her not to be caught off-guard.

- *Adolescence*: The effects of early childhood traumas or separations become more evident during early adolescence as separation/individuation tasks are recycled. The psychological tasks of early adolescence are very similar to those of years one through five. This repetition is both good news and bad. The bad news is that unmet early needs come back to haunt adolescents in exaggerated form; the good news is that it offers potential to address these earlier needs and meet them more appropriately, thereby facilitating true lifelong change for the young person. Although adults cannot undo difficult early life experiences, they can help the young person develop compensatory skills (Beyer 1990). Adolescents have the capacity for hypothetical thinking. By thinking ahead, they can identify and prepare themselves for the times when the memories of past traumas are most likely to resurface. They can start to identify the skills necessary to the development of choices that their birth parents may never have had. They can look more realistically at the choices made by those involved in their lives and be encouraged to take responsibility for the choices they will ultimately make themselves. Adults can help the young person look ahead, identifying times that the feelings of early life experience might echo.

Ricks (1985) observed that individuals who were able to forgive past experiences and/or speak coherently about the events shaping their lives were more likely to have securely-attached children when they themselves become parents. How do we help adolescents come to the point of forgiveness? How do we know if they have achieved it? Information about family patterns, combined with support in making conscious rather than unconscious choices will help young people move forward from the difficulties of their pasts without being judgmental. Triseliotis (1983) has identified three important areas which contribute to identity-building in adolescence. The first is to have a childhood experience of feeling wanted and loved. The second is to have knowledge about one's own personal history and the third is the experience being perceived by others as a worthwhile person. Lifebooks we can contribute significantly at least two of these three goals.

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<http://www.pactadopt.org>
info@pactadopt.org



**FOR WHEN I'M FAMOUS:
TEEN FOSTER/ADOPTION LIFEBOOK
SAMPLE PAGE**

How It All Began



What do you know about your beginnings? Some teens living in foster care don't have many (or any) facts or photos. Especially baby pictures.

Ask your social worker/lawyer for 2 early birthday gifts.

1. A copy of your birth certificate
2. A disposable camera

On the birth certificate look to see if your time of birth is listed.
Write your birth time here: _____

Now look at your mother's info. How old was she when you were born? Do the math: _____

What city/state were you born in?

Want to find out more about the day you were born?

What day of the week was it? _____
(Go to <http://www.dayofbirth.co.uk/> to get your answer)

What famous people were born at the same time?

(Visit <http://dmozie.com/timecap/step1.asp> to find out)

**FOR WHEN I'M FAMOUS:
TEEN FOSTER/ADOPTION LIFEBOOK
SAMPLE PAGE**

"Why" ? Page



I'm a social worker. These are some of the reasons other teens come into care. Some might apply to you as well. It's not easy to think about this stuff is it? But it's hard NOT to think about it too, huh? Check off the reasons you can relate to:

- My parent(s) took drugs & didn't stop/get treatment
- My parent(s) were abusive
- I don't remember
- I don't want to think about it now
- My parent(s) left me/us alone
- My parent(s) are dead
- My parent(s) are in jail
- We had no place to live
- My parent(s) left me/us
- My parent(s) didn't buy food/clothes
- My parent(s) used to hit me/us My parent(s) were abusive
- My parent(s) didn't keep me/us safe. They were neglectful
- My parent(s) were mentally ill. They didn't get/stay with treatment and were unable to care for children
- My parent(s) screamed & fought in front of me/us
- I don't know the exact reasons. I think these might be some _____

- My social worker/therapist thinks these are the reasons: _____

FOR WHEN I'M FAMOUS:
TEEN FOSTER/ADOPTION LIFEBOOK
SAMPLE PAGE

Instructions for filling out the
"Where Have You Stayed?" Pages:



1. Ask your social worker to print out a computer copy of your placements. *This will help a lot!*
2. Below are possible answers just to give you some ideas.
3. If you have had lots and lots of moves then create a second notebook/lifebook—just for placements.

SAMPLE PAGE

I stayed with the Harper family (foster family).

I moved in on May 1, 2000 and stayed for about 6 months.

()

What I remember most about this place:

The great food.

How crazy the foster father was.

How much fun I had with Sam, my foster brother.

How much I wanted to leave.

Getting hit.

Getting lots of new clothes.

My friends at school.

The boy/girl friend I met when I lived there.

On a scale of 1 - 10 Rate this placement by marking the line.

1 _ 2 _ 3 4 _ 5 _ 6 _ 7 _ 8 _ 9 _ 10

Hated it

It was OK

Loved it

**FOR WHEN I'M FAMOUS:
TEEN FOSTER/ADOPTION LIFEBOOK
SAMPLE PAGE**

Quiz
Warning: Your Answers
Might Surprise You!

Let's see who is in your life? Who are the people you count on?

Try this: Answer the following questions as fast as you can.

*Don't think too hard. Write the first name that
pops into your head.*



There are no wrong answers!

You need to borrow \$50. Who do you call? _____

You're going to buy a car. Who would you bring? _____

You have a really big secret and need to tell someone? Who?

Name two people you'd want with you if stuck on a desert island.

1) _____ 2) _____

You need someone who will tell you the truth about something.

Who do you ask? _____

You win megabucks and have to share the money with three people.

Who? 1) _____ 2) _____ 3) _____

If you had to get surgery, who would you want to go with you?

You get in trouble. Who do call to help? _____

The Life Book CHAT

C = Calm Atmosphere

H = Honest

A = Age Appropriate

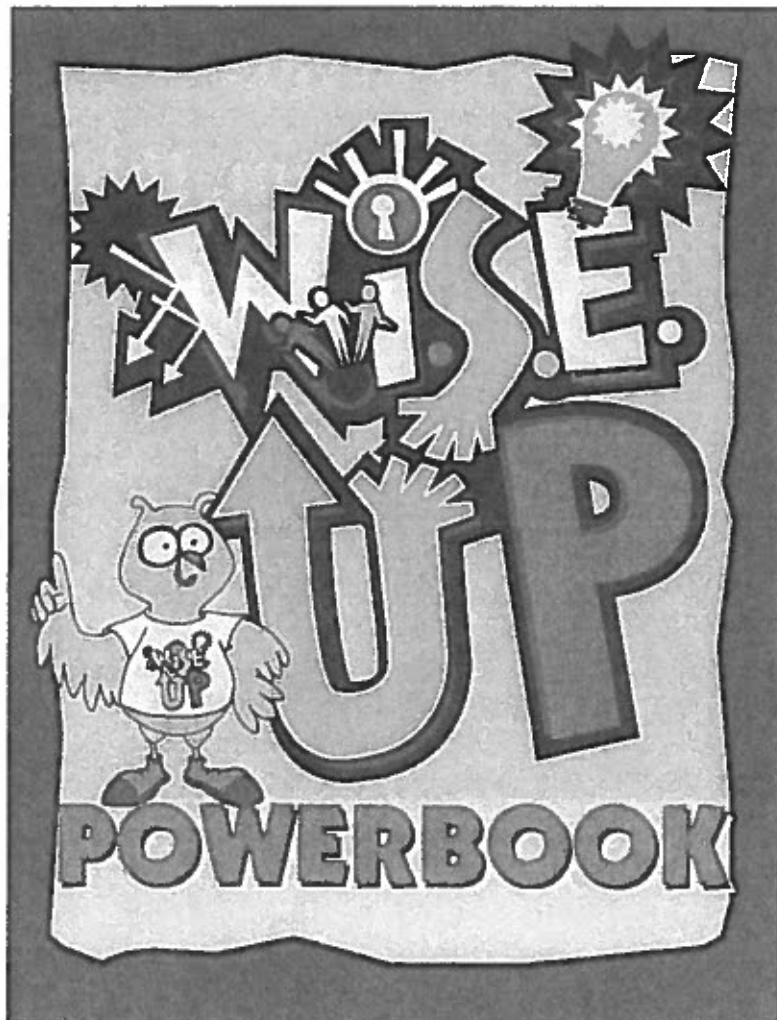
T = Tactful

Developed by Dr. Denise Goodman

W.I.S.E. Up!

You'd be amazed at the questions adopted children are asked about being adopted. For some children, it begins as early as age three: "Why don't you look like your mom?" For others, it begins at school: "What happened to your real mother?" "Why did she give you away?" Friends, classmates—even well-meaning grown-ups—make comments or ask questions that can be uncomfortable for adopted children.

The W.I.S.E. Up! Powerbook is a simple, effective book that helps adopted children learn that their story is unique, personal, and theirs to share (or not). The W.I.S.E. Up! Owl delivers easy-to-follow, polite, and effective techniques that adopted children can decide when and how to share information and respond to others' questions/comments.





You have the
power to answer
any questions
about
adoption!

W = Walk Away

I = It's Private

S = Share Something

E = Educate Others

W.I.S.E. UPSM
the World
about Adoption!

Learn W.I.S.E. UPSM
with the Powerbook.



The Center for Adoption Support and Education (CASE)

Additional copies of this poster may be ordered by visiting www.adoptionssupport.org.
CASE is the sole owner of the WISE UPSM program and Powerbook, which may
not be used for training or replication without permission.

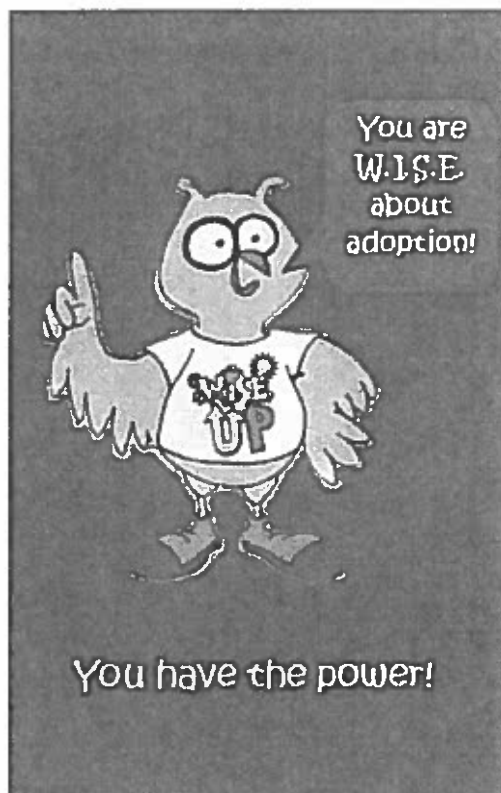
When people ask you about adoption, you can **WALK AWAY**

You can walk away, or choose not to pay attention.



You could say
You could do

You do not need to say anything at all.
Walk away!



When people ask you about adoption, you can say **IT'S PRIVATE**

You can choose to tell **ANYONE** that you do not want to share information about your adoption story.



You could say
You could do

"It's private and I don't want to share it."
Say **NO** and change the subject. ("NO. Hurry or we'll be late for the soccer game!")



When people ask you about adoption, you can choose to **SHARE SOMETHING**

You can choose to share some information about adoption or your adoption story.



You could say

"Yes, but I am from China. I was adopted when I was 6 months old."


You could do

Show a school book. "We read in class that lots of Americans came here from other countries. I did too."



When people ask you about adoption, you can **EDUCATE THEM**

You can choose to educate others about adoption, by telling them correct information and helping them to understand it. You can make them **WISER**.



You are the
only adopted
person in our
class.

You could say

“Really. Well, there are 5 million people in America who were adopted.”

You could do

Tell them about famous people who were adopted –
direct to <http://famous.adoption.com>



Jessica

Jessica is a 13-year-old girl who has lived with her foster family for the past two years. Initially, the family was interested in adoption; however, four months ago, the foster mother had a stroke and now faces months of rehabilitation. At a recent family meeting, Jessica's foster parents shared that they plan to move to another state to be closer to their adult children. They will not adopt Jessica but will not move until an adoptive family is identified for her.

Jessica has survived a great deal in her life. She had to take care of herself, her younger siblings, and her birthmother since she was a little girl. There is also a strong possibility that she was sexually abused by her birth father and physically and verbally abused by both of her parents.

Jessica was initially removed from her birth parents' care when she was four years old. She was placed with relatives for six months and then moved to a foster home where she remained for the next nine months before being returned to her birth parents' care. Soon after her return to the home, Jessica's father left saying, "This is too much for me to handle." Jessica became the primary caretaker of her younger brother and twins sisters, especially when her mother became depressed and would not get out of bed for days at a time.

Jessica was placed back into foster care three months after her seventh birthday. Her siblings were placed with paternal relatives but no other relatives were willing to care for Jessica. Understandably, Jessica was very angry and confused. She moved five times over the next 18 months as her caretakers could not tolerate her aggressive behaviors and her use of profanity and sexually suggestive language. Additionally, her birth mother encouraged Jessica to misbehave so she could return home.

Jessica's behavior stabilized after she was placed in a therapeutic treatment home. She began to enjoy school and performed well both behaviorally and academically. Jessica also participated in a therapeutic program that helped her deal with her loyalty toward her birth family and her disappointment that her birth mother was unable to care for her.

Jessica moved from the treatment home to her current placement, a "step down" foster home when she was 11 years old. She has grown very attached to this family and was devastated to learn that she will have to leave this family too. The foster

father reports that recently Jessica's behavior has begun to deteriorate and her teachers have noticed a drop in her academics.

What are the Developmental Issues?

(Issues Jessica is struggling with based on her early life experiences)

What are the Adoption Issues?

(Consider what messages/beliefs Jessica has internalized about herself and others because of these experiences)

What Questions might Jessica need to have explained or clarified?

(What information needs to be incorporated into Life Book and Identity work)

What Predictions would you offer the adoptive parents based on Jessica's life experience?

Characteristics of Successful Adoptive Families

- 1. Tolerance for ambivalence and negative feelings*
Successful adopters keep going when “the warm, mushy feelings are gone.” They do not judge themselves too harshly for experiencing negative feelings toward their child. They accept the inevitability of such feelings given the child’s behavior. They understand that they may feel angry without acting on that anger.
- 2. Entitlement*
Successful adopters feel that their adopted child is truly theirs. They make the transition from a tentative parental stance to being the parent in a relatively short time.
- 3. Intrusive and Controlling Qualities*
Successful adopters are comfortable giving direction and providing structure for their adopted children. As the adults in the family, they take the lead in the relationship and are intrusive and controlling in a caring way. They assume control, try to anticipate behaviors, interrupt negative behaviors early, and provide a great deal of praise and physical affection. They are not deterred by a child’s protest or withdrawal.
- 4. Flexible Expectations*
Successful adopters, primarily of children with special needs, have realistic, flexible expectations of themselves and their children. They do not work to remake the child, but strive to help the child achieve success by acknowledging and appreciating small steps toward goals.
- 5. Tolerance for Rejection*
Successful adopters are able to withstand testing behaviors by their adoptive children, including hurtful, angry, rejecting behaviors. They do not take it personally if the child is rejecting, because they recognize the rejection as the child’s fear of closeness. They realize that the child’s ties to the birth family, former foster families, and others is not a rejection of them.
- 6. Ability to Delay Parental Gratification*
Successful adopters are aware that the relationship with their adopted children may not be reciprocal. They can give nurturance without receiving much in return. They can postpone their own rewards and not equate the child’s behavior with failure as a parent.

7. *Sense of Humor*

Successful adopters are able to use humor to cope with the stress that can result from adoptive parenting. They can laugh and vent feelings, finding humor in daily exchanges with their children.

8. *Ability to Meet Personal Needs*

Successful adopters know how to take care of themselves. They refuse to be martyrs and recognize that taking personal time as a couple and as individuals is necessary. They take breaks from the child, using respite care and other resources to do this.

9. *Ability to Use Resources*

Successful adopters seek and accept help. They learn how to identify and access help and support. They may do this on a formal or informal basis, seeking assistance ranging from self-help support groups to professionally facilitated therapy. They let others into their family system to get the additional support they need.

10. *Flexible Family Roles*

Successful adopters share the responsibility of parenting and nurturing. They look to the total family system to find answers for problems. Parents are able to detect signs of "burn out" in their partner, and share the care-giving role for the children. Such flexibility greatly increases the likelihood of success.

These characteristics develop over time. Successful adopters are those who are willing to grow and change in order to maintain their commitment to their adopted child. They are also families who feel good about asking for help and use it appropriately.

National Resource Center for Special Needs Adoption

Revised August 1994

From the videotape, "Characteristics of Successful Adoptive Families," © *Spaulding for Children*, 1989, and adapted from ideas first put forth by Katz, Linda, "*Parental Stress and Factors for Success in Older Child Adoption*." *Child Welfare*, LXV, 6, November-December 1986, pp.569-578.

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Life Cycle Experience of Adoption: Older Children

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Course Objectives

- Discuss the importance of adoption to the older child
- Identify core issues faced by members of the adoption triad
- Describe the importance of attachment in human development
- Discuss the experiences common to children in child welfare systems
- Identify how these experiences affect normal growth and development
- Define special needs and parenting challenges of older child adoption
- Recognize characteristics associated with successful adoptive families
- Clarify the need for a strength-based approach to family support

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Content and Timeline

Time	Activity
9:30	Welcome and Introduction Adoption to the Permanency Plan
10:30	Break
10:40	Developmental Tasks of Older Children Life in the Welfare System Importance of Attachment Characteristics of Children Adopted at Older Ages
1:00	Skills That Support Child Placement Techniques to Support Placement Stability Applying Theory to Practice
2:30	Break
2:40	Supporting Adoptive Families
3:15	Summary, Q&A, Surveys

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Group Activity



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Background Information

- **Adoption Triad**
 - Birth parents, adoptive parents and the adoptive child
- **Public Expectation**
 - Adoptive parents need to be "super parents"
 - Adopted child is "lucky" and should be grateful
- Adoptive families have the same issues as other families
- Children adopted at older ages can be successfully incorporated as full family members

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Let's Talk About..... Adoption as the Permanency Plan

- Seven Core Issues of Adoption
- Children in Foster Care Study
- Youth After Foster Care Study
- Importance of Family Permanency



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Seven Core Issues of Adoption

1. **Loss**
 - All members of adoption triad (birth families, adopters and adoptive families) experience loss. Frequently not acknowledged or is minimized.
2. **Rejection**
 - Feeling that the individual is in some way unworthy, bad or damaged. Much energy is devoted to avoiding further rejection.
3. **Guilt and Shame**
 - **Guilt**- Feeling like they did something wrong
 - **Shame**- Feeling like there is something inherently wrong with them.
 - Both affect one's sense of worth and self-esteem.
4. **Grief**
 - Adoption leaves little room for grieving losses due to lack of acknowledgement of the integral role of loss in the adoption process.

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Seven Core Issues of Adoption (continued)

5. **Identity**
 - Adoption threatens a person's sense of knowing who they are, where they came from. May lead to negative self-image and lacking a sense of belonging.
6. **Intimacy**
 - May fear getting close to others because of the risk of experiencing loss again.
7. **Control**
 - May affect feelings of security due to loss of control of the situation in the adoption process.

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Children Grow Best in Families

"Children are entitled to grow within families. They need a safe, nurturing environment with at least one adult figure. If the family of origin is unable or unwilling to provide this experience, the child will need an alternative family."

"For children who need alternative families, adoption is the preferred mode of substitute parenting once it is determined that the child's birth parents are unable or unwilling to provide care."

From: *History, Values, and Placement Issues in Adoption*, Elizabeth
Cobb and Kathryn Dunne (1990)

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Children in Foster Care

- ▶ 1978 Study by David Fanshel and Eugene Shinn
- ▶ Longitudinal study that followed 624 children who entered the New York City foster care system in 1966
- ▶ Described the children as "emotional drifters"
- ▶ Their findings
 - Only 37% left foster care within two years
 - 40% were still in foster care five years later
 - Approximately 30% had two or more placements
 - Children seemed poorly attached to adults, showed low self-esteem and limited trust

Davidson, L. (1988). *Children, Schools, and Society*. New York: The City University of New York.

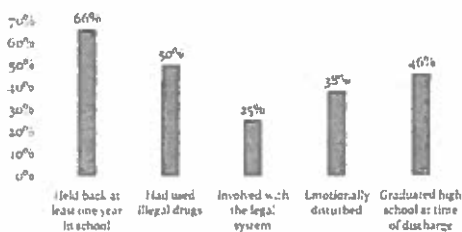
Youth After Foster Care

Study by the Annie E. Casey Foundation

- ▶ Findings:
 - **Educational Failure-**
 - 46% had not completed high school within 2.5 to 4 years of exiting care
 - **Joblessness-**
 - 40% were unemployed 2-4 years after leaving care
 - **Homelessness-**
 - 56% in youth shelters had previously been in the foster care system

Casey, J. (2003). *Children, Schools, and Society*. New York: The City University of New York.

Youth After Foster Care (continued)



Source: Child Trends Data Bank, 2003

Casey, J. (2003). *Children, Schools, and Society*. New York: The City University of New York.

Importance of Family Permanency

- Children who "age out" of foster care:
 - Have neither the safety or security of a family structure
 - Lack skills and resources necessary for adulthood
 - Not adequately equipped for life's responsibilities
- Correlated to
 - Early pregnancy or parenthood
 - Criminal involvement
 - Homelessness
 - Lack of employment
- Objective of Permanency
 - Each child will be permanently connected to a caring and committed adult.

Inclusion on 2010-2011 Budget Request
Subject: The State's program of foster care 17

Importance of Family Permanency (continued)

- Benefits of Permanency
 - **Physical Permanency**
 - Relates to a safe and stable living environment
 - **Emotional/Relational Permanency**
 - Relates to the primary attachments, family, and other significant relationships that offer trust and reciprocity
 - **Legal Permanency**
 - Relates to the rights and benefits of a secure, legal and social status
 - **Cultural Permanency**
 - Relates to a continuous connection to a family, tradition, race, ethnicity, culture, language, and religion

Inclusion on 2010-2011 Budget Request
Subject: The State's program of foster care 18

Break



Please return in 10 minutes.

Inclusion on 2010-2011 Budget Request
Subject: The State's program of foster care 19

Let's Talk About..... Development Tasks of Older Children

- ▶ Middle Childhood (6-10 yrs)
- ▶ Early Teens (12-16 yrs)
- ▶ Adoption Questions
- ▶ Relevance of Adoption to Developmental Stage



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Developmental Tasks of Middle Childhood (6-10 yrs)

- ▶ Based on Erikson's Stage of Industry vs. Inferiority
- ▶ Psychosocial Development:
 - Mastery of tasks is important
 - Peer relationships develop
 - Conformity is valued
 - Social, academic and cognitive skills develop
 - Needing to feel a sense of belonging is prevalent
 - Ability to think logically develops

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Developmental Tasks of Early Teens (12-16 yrs)

- ▶ Based on Erikson's Stage of Identity vs. Role Confusion
- ▶ Psychosocial Development:
 - Sense of self is growing and creating new identity issues
 - Seeking more control over their own life
 - May resist authority and try on new roles/behaviors
 - Often rejecting of others who are viewed as 'different'
 - Early concerns about leaving home may emerge

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Adoption Questions Differ with Age

Age	Question
Pre School Years	HOW adoption happens
Middle Childhood	WHY they were adopted
Adolescence	AFFECT of the adoption on life

Reger, Kirk & Kopack, 1997

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Relevance of Adoption to Development Stage

- Older children placed for adoption need to:
 - Work through feelings of grief and loss as they gain a clear understanding of the permanence of adoption
 - Talk with their adoptive parent(s) about their feelings
 - Continue to explore the meaning of being adopted
 - Seek answers to core identity questions, such as
 - "Why did my parents place me for adoption?"
 - "What could (should) they have done differently?"

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Let's Talk About..... Attachment and Disruption

- The Foster Care Dilemma
- The Importance of Attachment
- The Stages of Disruption
- Impaired Attachment Trauma
- Characteristics of Children Adopted at Older Ages



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The Foster Care Dilemma

- Foster Care is effective as a short-term solution to family disruption
- The uncertain nature of foster care interferes with healthy child development
- Children left for long periods of time in "temporary" care rarely experience the world as safe or predictable
- Children need stability and predictability to develop secure attachment
 - Therefore, repeated losses increase their risk of emotional and behavioral difficulty

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Group Activity



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Why is Attachment Important?

- Healthy attachment is the foundation of healthy functioning, affecting:

Learning	Logical thinking
Problem solving	Conscience
Emotional range and modulation	Self confidence/self worth
Self reliance	Coping skills

- Attachment produces a positive, internal working model

I AM SAFE I AM WORTHY I AM CAPABLE

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Profile of a Child with Attachment Problems

- Here and Now approach
 - Little satisfaction from tasks
- Wary and Watchful
 - Difficulty having fun
- Demands Attention on Own Terms
 - Not reciprocal
- Doesn't Know Their Own Feelings
 - All jumbled and not easily separated
- Abstract Thinking is Poor
 - Have not learned cause and effect
- Often have Developmental Delays and Learning Difficulties

Image by Family, School of Social Work
Boston, The State University of New Jersey

The Stages of Disruption

Stage	Identifier
0	Honeymoon Phase
1	Diminishing Pleasure
2	Child Seen as a Problem
3	Going Public
4	The Turning Point
5	Deadline or Ultimatum
6	Crisis
7	Decision to Disrupt

Source: Dr. Dennis Coatsworth

Image by Family, School of Social Work
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Trauma = Impact of Pain

- **Primary trauma** is the circumstance that brought the child into care
 - **Neglect** - pervasive
 - **Abuse** - physical or sexual
 - **Abandonment** - total or episodic
- **Secondary trauma** is the loss caused by the placement experience itself

"Adoption is built upon a history of separation, loss and grief"

Source: Kay Dertin-Ziegler, former Executive Director of
New York's Family Center for Children

Image by Family, School of Social Work
Boston, The State University of New Jersey

Traumatic Events Common with Impaired Attachment

- ▶ Abuse, neglect, abandonment
- ▶ Frequent moves, foster care
- ▶ Prenatal damage
- ▶ Disruption or trauma during first two years of life
- ▶ Parental depression/emotional absence
- ▶ Separation from mother (physical or emotional)
 - Emotional absence
 - Lack of meeting child's needs
- ▶ Sexual abuses
- ▶ Inconsolable pain

Source: The Family and Society (2004) 13-14
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Consequences of Trauma

- ▶ Persistent fear state
 - Fight, flight, freeze
- ▶ Disorder in memory
 - Flashbacks, dissociation
- ▶ Deregulation of affect
 - Poor modulation of emotions
- ▶ Avoidance of intimacy
 - Distance, detachment, disorganization

Source: James Beverly, Handbook for Treatment of Attachment 1994

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Characteristics of Adopted Older Children


- ▶ Survival Behavior
 - Patterns common to traumatized children
 - Used to survive situations where child felt overwhelmed/powerless
 - Developed in response to life in the system
- ▶ Characteristics
 - Out of developmental sequence
 - Highly pervasive and persistent

"Survival Behaviors Require Help"

Source: Kay Tisdale (2004), former Executive Director of
New York Spreading the Word

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Lunch



Please return in 1 hour.

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Let's Talk About.....



- Common Problems
- Communicating Through Behavior
- Desired Outcomes for Treatment
- Issues of Clinical Relevance
- Techniques to Support Placement

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Common Problems

- Withdrawal from relationships
- Testing and control issues
- Value issues (lying/stealing)
- Gorging food / hoarding things
- Impulsive or hyperactive
- Sexual boundary problems
- Separation anxiety
- Over-competency

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Communicating Through Behavior

- Children show their feelings through
 - Sleeping difficulty
 - Nightmares
 - Somatic symptoms, frequently sick
 - Behavior problems
 - Aggression or withdrawal
 - Lack of self care (grooming, bathing)
 - Poor appetite or overeating
 - Crying

Source: The Children's School of Social Skills
Boggs, The Best Laboratory of the World

Desired Outcomes of Treatment

- Development of Trust
 - Care, control, self
- Development of Reciprocity
 - Compliance, cooperation, caring
- Development of Acceptance
 - Of self, others, responsibility
- Development of Empathy
 - For self and others
- Development of Conscience
 - Accountability, responsibility

Source: The Children's School of Social Skills
Boggs, The Best Laboratory of the World

Major Questions for Children in Care

- Work with children in the child welfare system needs to revolve around three basic questions:
 1. **WHO** am I?
 2. **HOW** and **WHY** was I separated from my family?
 3. **WHAT** will happen to me?



Source: Kay Dinkley-Zanger, Former Executive Director of
New York Spinning for Children

Source: The Children's School of Social Skills
Boggs, The Best Laboratory of the World

Issues of Clinical Relevance

- Loss
- Grief
- Interpersonal Difficulties
- Academic Deficits

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Family Building with Older Children

- Goals of Support Service
 - Increase child-family connection
 - Empower family to parent child
 - Reinforce placement commitment
 - Validate progress
 - Avoid placement disruption - "big picture" view

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Techniques to Support Placement "Equipping Kids for Success"

- Life Book
- Social ("Cover") Story

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The "Life Book" Chat

- Reflection and reconstruction of the child's life
- Helps child grasp the meaning of what has happened to them

C = Calm Atmosphere

H = Honesty

A = Age Appropriate

T = Tactful

Source: Dr. Denise Goodman

Dr. Linda F. Janda, School of Social Work
Rutgers, The State University of New Jersey 40

W.I.S.E. UP!

- Developed by The Center for Adoption Support and Education
- Helps children to develop skills to answer adoption questions

W = Walk Away or Ignore it

I = It's Private

S = Share Something of Adoption Story

E = Educate Others about Adoption

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Rutgers, The State University of New Jersey 41

Techniques to Support Placement

(continued)

- Predictions/Anticipatory Guidance
- Attachment Enhancing Activities

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Group Activity



Illustration by Tom Ross, Author of *Supporting the Needs of Transracial Adoptees*

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Group Exercise - Jessica

- What are the **Developmental** issues?
 - Issues the child is struggling with based on her early life experiences
- What are the **Adoption** issues?
 - Consider what messages/beliefs the child has internalized about herself and others because of these experiences
- What are the **Questions** Jessica might need to have explained or clarified?
 - What information needs to be incorporated into the Life Book and Identity work
- What **Predictions** would you offer the adoptive parents based on Jessica's life experience?

Illustration by Tom Ross, Author of *Supporting the Needs of Transracial Adoptees*

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Let's Talk About.....



- Supporting the Predictable Crisis Period
- Outcomes in Domestic and International Adoption
- Placement Stability
- Characteristics of Successful Adoptive Parents

Illustration by Tom Ross, Author of *Supporting the Needs of Transracial Adoptees*

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Support the Predictable Crisis Period

- Pre-placement visits
- Post-placement period
- Finalization of the adoption
- Major life transitions
- Times of significant change
- Adolescence

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Adults Help Children Best When They Understand:

- How hard it is to let go of hurt, behaviors, and feelings learned in childhood
- That some habits and behaviors are survival skills
 - The child may fear letting go of these
- That children are uncertain about whether they can trust that it will be safe (to change)

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Outcomes in Domestic and International Adoption

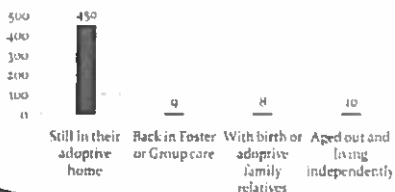
- **20% Resilient Rascals**
 - Children who thrive despite life circumstances
- **60% Wounded Wonders**
 - Children who show wonderful developmental progress within a year of stable family life
- **20% Challenged Children**
 - Those who have profound difficulties

Source: Dr. Vickie Goetz, Case Western Reserve University
(2013)

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After Adoption: A Study of Placement Stability

- A 2001 Study of 497 NYC foster children adopted in 1996
- After 5 years, 90.5% of 497 families were interviewed
- 5% no longer living in the adoptive home



Source: The Family School of Social Work, Rutgers, The State University of New Jersey

After Adoption: A Study of Placement Stability (continued)

- Clear that adoption disruption was not a frequent event
 - However, post adoptive services needs were many
- A clear need for more supportive services is warranted
- The availability of these services may even encourage more potential adoptive families to adopt children waiting in foster care

Source: The Family School of Social Work, Rutgers, The State University of New Jersey

Parents Help Children Adjust When They...

- S** = Support the child's experience
- A** = Acknowledge the child's connection to birth family
- V** = Validate the child's feelings
- E** = Encourage them to share their memories and feelings of loss

Source: The Family School of Social Work, Rutgers, The State University of New Jersey

Characteristics of Successful Adoptive Parents

- Tolerance
- Manage difficult behaviors with care and control
- Resilience
- Recognize value and help develop a child's strengths
- Sense of humor
- Able to meet personal needs and use available resources

Adoptive Parents May Need Help Learning:

- How attachment is formed
- Issues at different developmental stages of childhood
- What to expect based on their child's stage of development
- The cyclical nature of the child's behavior
- How to discipline consistently and appropriately
- How to nurture in a way the child can accept

BREAK



Please return in 10 minutes.

Let's Talk About.....

- Supporting Adoptive Families
- Professional Development Plan
- Summary



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Supporting Adoptive Families

- Remember that conventional, non-directive modalities have limited success
- Help family make the child their own by sharing both the pleasures and the pains...claiming behaviors
- Help family accept that some behaviors are common and long term
- Acknowledge that the family is the child's primary healing agent
- Encourage "The Big Picture"
- Keep the focus on trust and attachment

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Professional Development Plan

- Based on what we've discussed today, what do you plan to do differently as an adoption professional?
- Maybe
 - Try on a new skill
 - Improve on an existing skill
 - End an ineffective practice

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Adoption Is Another Way of Creating Family

- ▶ Unlike foster care, adoption offers a meaningful relationship trusted to endure over time
- ▶ Adoptive families will have the same strengths and vulnerabilities as any other family
- ▶ Special needs adoptions are challenging but survivable
- ▶ Adoptive families are the child's primary healing agent

Summary

- ▶ Discussed the importance of adoption to the older child
- ▶ Identified core issues faced by members of the adoption triad
- ▶ Described the importance of attachment in human development
- ▶ Discussed the experiences common to children in child welfare systems
- ▶ Identified how these experiences affect normal growth and development
- ▶ Defined special needs and parenting challenges of older child adoption
- ▶ Recognized characteristics associated with successful adoptive families
- ▶ Clarified the need for a strength-based approach to family support

Life Cycle Experience of Adoption: Older Children Questions and Answers Evaluation Sheet



Attachment Handouts





Symptom Checklist for Child Attachment Disorder

Please place a mark in the appropriate column for each symptom as it pertains to your child. Please give a brief description of your child's behavior regarding each of the symptoms checked as moderate or severe. This form is for personal reference only.

	NONE	MILD	MODERATE	SEVERE
1. Lack of impulse control	—	—	—	—
2. Self destructive behaviors	—	—	—	—
3. Intense displays of anger (rage)	—	—	—	—
4. Destruction of property	—	—	—	—
5. Preoccupation with fire, gore, or evil	—	—	—	—
6. Aggression toward others	—	—	—	—
7. Inappropriate sexual conduct and attitudes	—	—	—	—
8. Cruelty to animals	—	—	—	—
9. Frequently defies rules (oppositional)	—	—	—	—
10. Cannot tolerate limits and external control	—	—	—	—
11. Victimizes others (perpetrator, bully)	—	—	—	—
12. Exploitive (manipulative, controlling)	—	—	—	—
13. Bossy	—	—	—	—
14. Consistently irresponsible	—	—	—	—
15. Inappropriately demanding and clingy	—	—	—	—
16. Marked mood changes	—	—	—	—
17. Stealing	—	—	—	—
18. Deceitful (lying, conning)	—	—	—	—
19. Hoarding	—	—	—	—
20. Sleep disturbance	—	—	—	—
21. Enuresis (wets self)	—	—	—	—
22. Encopresis (soils self)	—	—	—	—
23. Hyperactivity	—	—	—	—
24. Abnormal eating habits	—	—	—	—
25. Persistent nonsense questions and incessant chatter	—	—	—	—
26. Lack of cause and effect thinking	—	—	—	—
27. Lack of remorse and conscience	—	—	—	—

- | | | | | |
|--|-----|-----|-----|-----|
| 28. Learning disorders | ___ | ___ | ___ | ___ |
| 29. Language disorders | ___ | ___ | ___ | ___ |
| 30. Perceives self as victim (helpless) | ___ | ___ | ___ | ___ |
| 31. Grandiose sense of self-importance | ___ | ___ | ___ | ___ |
| 32. Perceives others as unsafe, dangerous | ___ | ___ | ___ | ___ |
| 33. Not affectionate on parents' terms | ___ | ___ | ___ | ___ |
| 34. Frequently depressed, sad | ___ | ___ | ___ | ___ |
| 35. Feelings of hopelessness | ___ | ___ | ___ | ___ |
| 36. Inappropriate emotional response | ___ | ___ | ___ | ___ |
| 37. Superficially engaging and charming | ___ | ___ | ___ | ___ |
| 38. Lack of eye contact on parents terms | ___ | ___ | ___ | ___ |
| 39. Indiscriminately affection with strangers | ___ | ___ | ___ | ___ |
| 40. Lack of long-term friends | ___ | ___ | ___ | ___ |
| 41. Unstable peer relationships | ___ | ___ | ___ | ___ |
| 42. Blames others for own mistakes or problems | ___ | ___ | ___ | ___ |
| 43. Victimized by others | ___ | ___ | ___ | ___ |
| 44. Lacks trust of caretaking or control by others | ___ | ___ | ___ | ___ |
| 45. Accident prone | ___ | ___ | ___ | ___ |
| 46. Child is adopted | | | | |
| Yes ___ No ___ | | | | |
| 47. Child experienced separations from birth mother during first 2 years | | | | |
| Yes ___ No ___ | | | | |
| 48. Child experienced unrelieved pain during first 2 years | | | | |
| Yes ___ No ___ | | | | |

From Evergreen Consultants in Human Behavior

Constructive Interventions with Attachment-Impaired Children**DO SAY:****Attunement and Empathy Statements:**

1. "Wow, you're really mad!"
2. "I can see how hard it is for you to listen."
3. "I know it upsets you when I say that."

Protection and Control Statements:

1. "I'm not going to let you do that."
2. "You need to do that in two minutes."
3. "You're not allowed to hurt anyone."
4. "I won't let anyone hurt you."

To Encourage Real Feelings:

1. "It's OK to cry, but tell me what's the matter."
2. "What do you need to be ready to go back to bed?"
3. "Can you tell me what's worrying (scaring, hurting) you?"

To Promote Self-Esteem:

1. "What you're saying is not clear. I know you can tell me what happened."
2. "I hear what you're saying, but what was your part in it?"
3. "You can make a better choice than that."

DON'T SAY:**Shame Inducing Statements:**

1. "There's nothing to get mad about!"
2. "Why can't you listen?!"
3. "There you go, getting upset again!"

Threats of Harm:

1. "Don't you dare do that!"
2. "If you don't do that in two minutes, you're in trouble!"
3. "I'll show you how it feels!"
4. "Don't get yourself hurt!"

To Discourage Real Feelings:

1. "Stop being a cry-baby!"
2. "Go back to bed – there's nothing scary in there!"
3. "There's nothing to worry about."

To Decrease Self-Esteem:

1. "I can never believe you."
2. "You always have an excuse."
3. "You do this all the time."

Case Presentation #1

Two months ago, Scotty, age 8, moved into the pre-adoptive home of Nancy, Stuart, and their 14-year-old son, Danny. Scotty spent 3 years in foster care, during which he had very few visits with his birth family. Parental rights were terminated, by default, about 6 months ago and Scotty had little reaction when told. Before he moved in with Nancy and Stuart, Scotty had a number of visits, including 2 weekends. Visits went smoothly and Scotty was generally cooperative, although very quiet. He preferred to watch TV or play alone but would join the family when they asked him to do so.

This is Scotty's 4th placement since he entered foster care at 5 years old. He did not want to leave his last foster home with an elderly foster mother whom he called Grandma. He was told he could not stay with Grandma because she was too old and that it would be better to have a mother and father who were young and could do many things with him. Scotty said that his 2nd choice was to live with his younger sister, Mary, although they had not seen each other in almost 2 years. Mary was adopted by the children's first foster mother who requested Scotty's removal.

Since moving into his new home, Scotty has been uncommunicative. He usually shrugs when his new parents or brother speak to him. He will not comply with requests or instructions unless they are stated as orders. He does not want to do anything except watch television. He goes to his new school willingly, but keeps to himself and does little class work or homework. Scotty's teacher has called to express her concern and to say that Scotty seems very unhappy.

During the previous 3 weeks, the parents and Danny had suspected that Scotty stole money from their wallets. Scotty denied taking the money. Earlier in the week, Nancy searched Scotty's room and found \$25.00 in small bills and change in Scotty's dress shoes. When asked about this, Scotty refused to discuss it, then said that Grandma gave him \$30.00 as a going away present and that he had spent some of it at school and on candy. He said that he had hidden the money in his shoes because he believed his parents would take it away from him. Scotty became very upset when his parents said they would not give him the money until they checked with his child welfare worker and Grandma. Since this incident, Scotty has virtually isolated himself from the family; he refused to eat for the next 24 hours.

The child welfare worker called the former foster mother who said she gave Scotty some money when he left but couldn't remember how much. She said he always used to keep money in his dress shoes when he lived in her home.

This is your second session with the family. Only the parents and Scotty are present. The child welfare worker has told you that the family is very upset about the stolen money and do not know how to handle it. They are caring people and want to work things out with Scotty, but they are hurt and confused.

Case Presentation #2

Case Specifics: 2 children (siblings). Tyler, a 10-year-old boy, and Claire, a 6-year-old girl, waiting to be adopted by single mother, Mary Washington, 52 years old: Mrs. Washington has 4 adult biological children and 5 grandchildren.

Mrs. Washington has had Tyler and Claire for almost 2 years and is waiting for a Court date to legally adopt them. However, she is beginning to question whether she should keep Claire. The children have never been separated and have been in foster care since Claire was born, addicted to crack. This is their 4th foster home and the longest they have been in one home. Both children are fond of Mrs. Washington and call her "Mommy." Most of the children's moves were due to problems in the foster home, not necessarily the result of their difficult behavior – although they do have problems.

The children rarely saw their drug-addicted parents, whose rights were terminated by default. Mrs. Washington has been a foster parent for almost 10 years and was never particularly interested in adoption. However, when Tyler and Claire became legally free, she decided to adopt them. She loves both children but has many problems with them, particularly Claire.

Tyler has learning disabilities and has been diagnosed with AD/HD. He has been on Ritalin for this school year and it has greatly improved his focus and concentration. Tyler is occasionally oppositional and defiant at home and school, but Mrs. Washington describes him as "no different" than her own sons when they were his age.

Mrs. Washington reports that Claire is like Jekyll and Hyde – sometimes she is pleasant, cooperative, and fun to be with and other times she is angry, defiant, and destructive. Whenever Claire is out of sight, she gets into trouble – usually taking something, breaking something, or doing something forbidden. She tearfully denies wrong doing even when the evidence is obvious, like in her pocket. Claire has destroyed most of her own clothing and possessions as well as whatever she can get her hands on that belongs to Tyler. She has never admitted to any of this.

Mrs. Washington feels angry and frustrated and says that she cannot get through to Claire like she can to Tyler. She feels that Claire likes to provoke her and seems pleased when she becomes angry or upset. She says that Claire seems happier and cooperates better with everyone else. She has tried time-outs, rewards, punishments, groundings – but nothing seems to work. Mrs. Washington realizes that she is often angry and yelling at Claire. She wonders if "a good spanking" might get Claire to obey. She also wonders if Claire would be better off with different parents, since she feels like she has failed with her. She does not know what else to do with Claire and wants help.

Attachment Assessment

Please answer the following with regards to Claire. If you don't have enough information to answer a specific question, leave that area blank.

How severe, chronic, and pervasive were the child's experiences of neglect and abuse?

How many caregivers did the child have?

Were there any positive, continuing relationships during the first two years of the child's life?

Has the child begun to show any significant improvements in the current family foster home?

Is there any selectivity in the child's attachments?

Does the child accept help and comforting?

Can the child enjoy close and playful interactions that are similar to the attunement interactions mothers have with infants?

Does the child ever directly show shame over behaviors?

Does the child ever show sadness over the consequences of behavior, rather than being enraged over their perceived unfairness?

Can the child experience and give expression to sadness and fears?

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Attachment-Focused Therapy for Adopted Children

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Rutgers, The State University of New Jersey

Course Objectives

- Recognize the symptoms of impaired attachment
- Understand the impact of impaired attachment on the adoptive family
- Discuss interventions to facilitate family attachment
- Develop clinical strategies for assessment and treatment

Content and Timeline

Time	Activities
9:00	Welcome and Introductions Philosophy: Healing Through Attachment Characteristics of the Attachment-Impaired Child Family Dynamics
10:30	Break
10:40	Treatment: Approaches, Phases, Goals, and Steps
12:15-1:00	Lunch
1:00	Achieving Treatment Goals
2:00	Break
2:30	Family Building Case Presentations
3:30	Summary Q&A, Safety

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Let's Talk About..... Healing Through Attachment

- ▶ What is Attachment?
- ▶ Philosophy and Principles
- ▶ Criteria of Adult/Child Attachment



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Supportive Family Community of New Jersey

What is Attachment?

- ▶ Biologically-based, emotional connectedness between human beings which facilitates safety and security
- ▶ Parent-child attachment refers to emotional bond between child and caregivers, which endures over time and space
- ▶ Interactive, reciprocal process which requires accessibility and responsiveness

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Philosophy and Principles

- ▶ The ability to form and sustain meaningful attachments is the foundation of healthy development.
- ▶ Reciprocal, trust-based relations are essential to adaptive functioning.

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Philosophy and Principles (continued)

- By facilitating the development of attachment and trust, the family is the primary source of care and healing for the adopted child.
- Attachment and trust develop as the family provides need-meeting and emotionally attuned care for the child.

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Philosophy and Principles (continued)

- The child needs to learn to trust parents in order to accept care and control from them.
- The child needs to be protected and controlled by parents until the child learns self control.

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Philosophy and Principles (continued)

- Desired behavior must be modeled in order to be learned.
- Dysfunction, disharmony, resentment, and rejection are sensed by the child and undermine attachment, trust, and healing.

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Criteria of Adult/Child Attachment

- Adult's knowledge of child and child's needs
- Adult's responsiveness to child's needs
- Child looking to adult to meet needs
- Child going to adult when in distress
- Child's distress diminished when with adult
- Child's ability to separate from adult when not in distress
- Child's ability to explore in presence of adult
- Openness and honesty of communication between adult and child
- Reciprocity of affection and caring

International Family Therapy School of Social Work
Virginia Polytechnic University (1998) 28

Let's Talk About..... Characteristics of the Attachment-Impaired Child

- Life Experiences
- Symptoms of Impaired Attachment
- Assessing Attachment



International Family Therapy School of Social Work
Virginia Polytechnic University (1998) 29

Life Experiences

- Impact of abuse, neglect, and multiple moves on children:
 - **Powerlessness** – feelings of ineffectiveness, victimization, vulnerability, and lack of protection
 - **Retrayal** – feelings of mistrust, grief, rage, confusion about whom to trust, impaired ability to trust
 - **Stigmatization** – feelings of guilt, shame, self-blame, and low self-esteem
 - **Trauma** – feelings of being overwhelmed, unable to function, debilitating anxiety, depression, and other symptoms

Source: Assessing the Long-Term Impact of Child Sexual Abuse:
David Linklater (1998)

International Family Therapy School of Social Work
Virginia Polytechnic University (1998) 30

Symptoms of Impaired Attachment

- Superficially engaging and charming
- Lack of eye contact on parents' terms
- Lack of affection on parents' terms
- Moves away from rather than toward parents when in distress
- Inappropriately demanding and clingy
- Indiscriminately affectionate with strangers
- Uses people for gratification
- Ignores adult directions
- Defiant toward authority figures
- Misbehaves in a covert or sneaky manner

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Assessing Attachment

- How severe, chronic, and pervasive were the child's experiences of neglect and abuse?
- How many caregivers did the child have?
- Were there any positive, continuing relationships during the first two years of the child's life?
- Has the child begun to show any significant improvements in the current family foster home?
- Is there any selectivity in the child's attachments?
- Has the child ever shown grief over loss?

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Assessing Attachment (continued)

- Does the child accept help and comforting?
- Can the child enjoy close and playful interactions that are similar to the attunement interactions mothers have with infants?
- Does the child ever directly show shame over his behaviors?
- Does the child ever show sadness over the consequences of his behavior, rather than being enraged over their perceived unfairness?
- Can the child experience and give expression to sadness and fears?

Source: Adopting Children with Attachment Problems,
Therapist's Guides (1999)

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Let's Talk About..... Family Dynamics

- ▶ Impact on Parents
- ▶ Common Family Dynamics
- ▶ Sibling Attachment



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Impact on Parents

- ▶ Parents of attachment-impaired child may experience:
 - Frustration
 - Disappointment
 - Rage
 - Despair
 - Guilt
 - Marital stress
 - Activation/exacerbation of unresolved conflicts and hurts

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Common Family Dynamics

- ▶ Parents are angry and frustrated with their children, each other, and mental health professionals
- ▶ Mother is most traumatized by child's rejection
- ▶ Marriage may be troubled because mother bears the brunt of child's pathology, while father typically does not see it and blames wife
- ▶ Child attempts to recreate former dysfunctional patterns in new home, symbolically or concretely
- ▶ Healthy siblings resent or even hate the disturbed child but may not express this to parents
- ▶ Resolved, unresolved, or unrecalled traumas which parallel the child's traumas will (re)surface

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Common Family Dynamics (continued)

- The family becomes more isolated as the child's behavior escalates
- Parents internalize the child's problems as their own failure
- Child relates happily outside family, but is oppositional, detached, and rejecting within family
- Adolescents prematurely leave the family in negative ways
- Child loves and hates formerly abusive parents
- Unrecalled events, traumas, and relationships may be replayed or re-emerge in family/child dynamics

Source: *Can This Child Be Saved?*
J. Coatsworth (1999)

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Sibling Attachment

- Sibling relationship is usually the longest family relationship in an individual's life
- Through the process of sharing, competition, conflict, cooperation, and comparison with a sibling, a child gains a sense of identity and an opportunity for early intimacy difficult to parallel
- Presence of a sibling can mitigate loss and anxiety engendered by separation from parents

Source: *Assessing Sibling Attachment*
L. Ben Ryan (2002)

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BREAK



Please return in 10 minutes.

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Let's Talk About..... Treatment

- Approaches
- Process
- Goals (Overview)
- Steps



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Approaches to Treatment

- Therapy with attachment-impaired children needs to include:
 - High energy
 - Intense focus
 - Close physical proximity
 - Frequent touch
 - Eye contact
 - Fast moving verbal exchanges
 - Attuned emotional responses
 - Movement
 - Confrontation
 - Nurturing
 - Need satisfaction and comfort

Source: Facilitating Developmental Attachment:
Sharon Illegals (1997)

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Process of Treatment

- Assess parental commitment to child
- Assess nature of parent-child attachment
- Establish goals of treatment, with emphasis on family building
- Teach and model comfort and nurture
- Teach parents to respond in an attuned and empathic manner, especially after child has been criticized and may experience shame
- Facilitate attachment-enhancing care in daily family life

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Assessing Nature of Parent-Child Attachment

- Chemistry – falling in love
- Mutual interests – likes/dislikes
- Compatibility of personality style
- Tolerance for each other's worst qualities
- Level of commitment – capacity for loyalty
- "Stick-to-it-ness" – not a quitter

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Goals of Treatment (Overview)

- Facilitate physical closeness and genuine emotional engagement
- Help child learn to accept care and comfort from parents
- Help child release rage, fear, and sadness
- Help parents accept and empathize with child's feelings
- Help child accept rules
- Facilitate development of trust, love, and caring


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Steps of Treatment

- Meet with parents first, without the child, to begin to develop a therapeutic alliance to help the child
- Meet with child and parents together
- Hold regular family sessions
- Meet with parents alone, as needed, to facilitate family building
- Meet with child alone, as needed, to encourage family building

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Lunch




Please return in 1 hour.

Instruments for Families, by David J. Van der Wal, Ph.D., The Mass General Hospital, Harvard Medical School

Let's Talk About..... Achieving Treatment Goals

- Treatment Goals
- Facilitating Trust and Attachment
- Attachment Building Guidelines
- Helping Parents Encourage Attachment



Instruments for Families, by David J. Van der Wal, Ph.D., The Mass General Hospital, Harvard Medical School

Goals of Treatment

- Facilitate physical closeness and genuine emotional engagement
- Help child learn to accept care and comfort from parents
- Help child release rage, fear, and sadness
- Help parents accept and empathize with child's feelings
- Help child accept rules
- Facilitate development of trust, love, and caring

Instruments for Families, by David J. Van der Wal, Ph.D., The Mass General Hospital, Harvard Medical School

Facilitating Trust and Attachment

- The purpose of attachment is protection and survival
- Healthy attachment is the foundation of all healthy functioning and is necessary for the development of trust
- Adults must prove to children that they can be trusted to provide good care and be attuned to their emotional needs before children can be expected to obey them

Indicate 5-7 Examples, School of Social Work
Empire State University, November 14, 2012

Facilitating Trust and Attachment (continued)

- A key word in developing attachment and trust with wounded children is SPINE
- When we help children to develop healthy attachments, we are building up their spines to be strong and healthy

SPINE	SPINE
Supervision	Structure
Protection	Praise
Interaction	Instruction
Need-Meeting	Nurture
Eye Contact	Encouragement

Indicate 5-7 Examples, School of Social Work
Empire State University, November 14, 2012

Facilitating Trust and Attachment (continued)

- When we help children to develop healthy attachments and to trust their parents, we are teaching them the most important 3 Rs:
 - Reconnection
 - Reciprocity
 - Respect
- The 3 Rs always get 3 As:
 - Attunement
 - Acceptance
 - Attachment

Source: Building the Bonds of Attachment
Daniel Hughes (1998)

Indicate 5-7 Examples, School of Social Work
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Attachment Building Guidelines

- To facilitate the capacity for fun and love, parents must:
 - Maintain attunement and attitude
 - Provide eye contact, smiles, touch, hugs, rocking, treats
 - Provide nurturing experiences and enjoyable activities
 - Use humor and surprises
 - Share thoughts and feelings
 - Discuss the past, present, and future
 - Hold child for nurture, comfort, and pleasure

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at York University, Toronto, Ontario

Attachment Building Guidelines (continued)

- To facilitate effective discipline, based on shame-reduction and skill development, parents must:
 - Set and maintain a favored emotional tone (not the child's)
 - Limit child's ability to hurt them, physically or emotionally
 - Be in charge but attuned to child's feelings
 - Accept and empathize with child's thoughts and feelings
 - Provide natural and logical consequences
 - Be predictable in attitude, less predictable in consequences
 - Employ brief, periodic anger, not habitual anger
 - Establish discipline as one part of healthy attachment
 - Teach child better ways to accomplish goals
 - Clarify that they are dealing with child's problems

Source: For Hitating Developmental Attachment,
Daniel Hughes (1997)

Guidelines for Families, School of Social Work
at York University, Toronto, Ontario

Helping Parents Encourage Attachment

- Parents need to develop strategies which will foster their child's attachment to them
- The essential job of the adoption therapist is to facilitate the development of attachment between parent(s) and child

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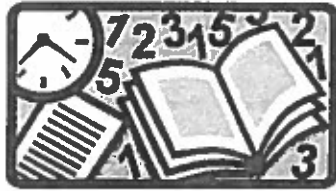
Helping Parents Encourage Attachment (continued)

- Vera Falberg, MD, has identified three types of attachment building activities
 1. Activities which utilize the Arousal-Relaxation Cycle which replicates the process of the normal attachment in infancy
 2. Activities which utilize the Positive-Interaction Cycle which begins when the parent engages the child in a positive interaction
 3. Claiming activities which help the child to feel part of the family

Source: A Child's Journey Through Placement:
Vera Falberg (1991)

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Group Activity – Helping Parents Encourage Attachment



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BREAK



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Let's Talk About..... Family Building

- Characteristics of Successful Adoptive Families
- Activities



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Burgess Children's Hospital, Philadelphia, PA

Characteristics of Successful Adoptive Families

- Tolerance for ambivalence and negative feelings
- Entitlement
- Intrusive and controlling qualities
- Flexible expectations
- Tolerance for rejection
- Ability to delay parental gratification
- Sense of humor
- Ability to meet personal needs
- Ability to use resources
- Flexible family roles

Inspiration for Families, School of Social Work
Burgess Children's Hospital, Philadelphia, PA

Family Building Activities

Getting to Know Each Other

Description

Can You Guess

Family members have to guess what each member has written as a favorite: color, food, TV show, sports team, vacation, activity, etc.

The Question Game

Each family member gets to ask every other family member a question.

Three Special Things

Each family member tells the others three things that are special about each one; he/she particularly likes about each one; he/she would wish for each one; he/she would like to tell each one.

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Burgess Children's Hospital, Philadelphia, PA

Family Building Activities (continued)

Sharing Feelings	Description
Feeling Circle	Family members are each given a circle on a blank paper and asked to select a color to represent each of the universal feelings - happy, sad, mad, scared; then they are asked to color in a percentage of the circle according to how much time they experience each feeling.
Guess My Feelings	Family members have to guess what others answered in response to the question, "How did you feel when...?"
Before We Were Together	Family members write several things about themselves from before they became a family, writing one thing per index card.

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Family Building Activities (continued)

Sharing Games	Description
Make Something That Will...	The "caller" (therapist or family member) gives instructions and everyone else follows them (e.g., "Make something that will make your family laugh," "Make something that will surprise everyone," etc.)
Family Crafts Projects	Everyone works together on a project (e.g., family poster or collage, family tree, family wishing boat, etc.)
Divs or Spinner	The family decides what each number on dice or spinner should mean (e.g., 1=big entrance in the room, 2=tell a joke, etc.)

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Family Building Activities (continued)

Non-Verbal Games	Description
Hand Squeeze	The "squeezor" starts by giving a series of hand and soft hand squeezes to the person on his/her left; that person repeats the pattern to the next person and so on until it returns to the point of origination.
Do Something New For...	Each person must do something new, without speaking, for another family member.
Show Us a Feeling	Each person acts out a feeling, non-verbally, and others have to guess.

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**Let's Talk About.....
Case Presentations**

- ▶ Attachment Model Role Play
- ▶ Attachment Model Family Progress Sheet



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Group Activity – Role Play



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Group Activity – Attachment Assessment



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Summary

- Recognized the symptoms of impaired attachment
- Understood the impact of impaired attachment on the adoptive family
- Discussed interventions to facilitate family attachment
- Developed clinical strategies for assessment and treatment

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Attachment-Focused Therapy for Adopted Children

Questions and Answers
Evaluation Sheet

