

---

●

# Post Institutional Handouts

●

●

---



## Symptoms of Post-Institutional Children Survival Skills

- Intense Lying (even if caught in the act)
- Stealing Behaviors
- Hyperactivity
- Attention Difficulty
- Aggression/Explosive
- Hoarding
- Body Function Disturbance (eating, sleeping, urinating, defecating)
- Sexualized Behavior (continuum)
- Oppositional Behavior
- Substance use
- Attachment Difficulties-often produces discomfort and resistance
- Academic Difficulties
- Depression
- Anxiety
- Compulsive need to control others
- Poor response to discipline
- Lack or inconsistent eye contact
- Inconsistent Physical Contact (too much or too little)
- Interactions may often lack spontaneity or enjoyment
- Indiscriminately friendly, charming, easily replacing relationships
- Poor communication-often non-sense questions or chatter
- Difficulty with learning cause & effect,, poor planning and/or problem solving
- Lack empathy, little evidence of guilt and/or remorse for others
- Usually see in extremes
- Dissociates
- Hyper-vigilance



---

## TECHNIQUES TO FACILITATE BONDING AND ATTACHMENT

### Physical Contact Strategies

- Eye contact
- Reciprocal reactions: smiles, phrases, hugs, kisses, etc
- Holding as a discipline technique when the child loses control rather than corporal punishment.

### Attending to Emotional Needs

- Shared feelings: living, laughing, loving, crying, hurting, etc...
- Bedtime rituals.
- Preserving previous emotional bonds, whenever possible, and encouraging the child to transfer them when it is not possible.
- Emotional support and respite, when possible, for the care taking family to prevent "burn out".
- Creatively finding opportunities to nurture the child: extra nurturance when they don't feel well, brushing or washing their hair, hiding notes or special snacks in their possessions.
- ALWAYS pair material goods with emotional affection or appreciation.
- ALWAYS give more of your love and time than of your money or goods.
- Make yourself available to talk to the child and really listen to him or her and the feeling expressed and unexpressed.

### Integrating into the Family System

- Find shared time
- Insistence that the child follow the adult's lead in a good or fun way, if possible, and seeing that it works out well for the child to do so.
- Taking the time to re-connect after spending time away from the child for any reason.
- Pictures of the child with the caretaker(s) displayed in the home.
- Transitional objects from the care taking adult.
- Developmental re-parenting and close supervision.

- Letting the child know he/she is loved and accepted as he/she is and that the caretaker and therapist are interested in his/her life experiences.
- Spending time playing games with the child or engaging in physical activities, such as walking, with the child.
- Asking the child to go with you to the store or to help you do something special, like making a cake or cookies.
- Creating opportunities for the child to “shine” at something.
- Creating opportunities for the child to ask you to do something for him or her and then happily meeting that need.

## Range of Childhood Sexual Behaviors

### Normal:

- Genial or reproduction conversations with peers or similar-age siblings
- Show me your/I'll show you mine with peers
- Playing "doctor"
- Occasional masturbation without penetration
- Imitating seduction (e.g., kissing, flirting)
- Dirty words or jokes within cultural or peer group norm

### Yellow Flags:

- Preoccupation with sexual themes (especially sexually aggressive themes)
- Attempting to expose others' genitals (e.g., pulling others' skirt up or pants down)
- Sexually explicit conversation with peers
- Sexual graffiti (especially chronic or impacting individuals)
- Sexual innuendo/teasing/embarrassment or others
- Precocious sexual knowledge
- Single occurrences of peeping/exposing/obscenities/pornographic interest/frottage
- Preoccupation with masturbation
- Mutual masturbation/group masturbation
- Simulation foreplay with dolls or peers with clothing on (e.g., petting, French kissing)

### Red Flags:

- Sexually explicit conversations with significant age difference
- Touching of genitals or others
- Degradation/humiliation of self or others with sexual themes
- Forced exposure of others' genitals
- Inducing fear/threats of force
- Sexually explicit proposals/threats including written notes
- Repeated or chronic peeping/exposing/obscenities/pornographic interests/frottage
- Compulsive masturbation/task interruption to masturbate
- Female masturbation including vaginal penetration
- Simulating intercourse with dolls, peers, animals (e.g., humping)

### No Question:

- Oral, vaginal, anal penetration of dolls, children, animals
- Forced touching of genitals
- Simulating intercourse with peers with clothing off
- Any genital injury or bleeding not explained by accidental cause

Although "force" is usually a factor in the "no question" range, restraining and individual in order to pull down pants or expose breasts often does occur in the context of normal hazing among peers.

*Adoption and the Sexually Abused Child* Edited by McNamara, Bernard and McNamara, Joan, Maine: University of Southern Maine, 1990.





## The SAFE Kids Bill of Rights

- My body is my personal property. Nobody can touch it without my permission. Nobody can touch my private parts except me.
- I can say "NO" to unwanted touch, attention, or gifts, even from a grownup.
- I can ask my parents for OKAY TOUCHING that makes me feel good. I can give OKAY TOUCHING to others.
- I can ask adults I trust for information, in words I can understand, about my body, sex, and touching.
- I can be happy, sad, angry, afraid, confused, or uncomfortable, and I can share these feelings with others.
- I can protect myself by saying "NO" when I think I might be in danger. I can leave, run, yell, or break a secret to avoid danger. I can trust my funny feelings when I feel uncomfortable or unsafe.
- I have the right to ask for support and help from the grownups I trust. I have the right to be protected.
- I have the right to be loved, even if I make mistakes or bad things happen to me.

Adapted from *Adoption and the Sexually Abused Child*. Edited by McNamara, Bernard and McNamara, Joan. Maine: University of Southern Maine, 1990.



---

**Bibliography**

- Bowlby, J. *Attachment and Loss. Volume I: Attachment*. New York: Basic Books, 1969.
- Bowlby, J. *Attachment and Loss. Volume II: Separation*. New York: Basic Books, 1973.
- Brodzinsky, D. et al, *Children's Adjustment to Adoption: Developmental and Clinical Issue*. London: Sage, 1998.
- Cline, F. MD and Fay, J. PhD. *Parenting with Love and Logic*. Colorado Springs, CO: Pinon Press, 1990.
- Donley, K. "Further Observations on Disruption." *Adoption and Fostering* (Association of British Adoption and Fostering Agencies Journal), vol. 2, no. 2 1978.
- Fahlberg, V. *A Child's Journey Through Placement*. Indianapolis, IN: Perspectives Press, 1991.
- Feinberg, N. "Long Term Treatment of Attachment disordered Children" in McKelvey, C., Editor, *Give Them Roots. Then Let Them Fly: Understanding Attachment Therapy*. The Attachment Center at Evergreen Colorado, 1995.
- Finkelhor, D. and Angels, B. "Assessing the Long Term Impact of Child Sexual Abuse: A Review and Conceptualization" in Lenore Walker, Editor, *Handbook of Sexual Abuse of Children*. New York: Springer Publishing Co., 1988.
- Gil, E. and Cavanagh Johnson, T. *Sexualized Children: Assessment and Treatment of Sexualized Children and Children Who Molest*. Maryland: Launch Press, 1993.
- Hughes, D. *Building the Bonds of Attachment: Awakening Love in Deeply Troubled Children*. Northvale, New Jersey: Jason Aronson Press, 1998.
- James, B., *Handbook for Treatment of Attachment-Trauma Problems in Children*. New York, NY: The Free Press, 1994.
- Jewett, C. *Helping Children Cope with Separation and Loss*. Cambridge, MA: The Harvard Common Press, 1982.
- Johnson, T.C. (1998) *Understanding Children's Sexual Behavior: What's Natural and Healthy*. CA: New Harbinger Publications, 1999.
- Keck, G. and Kupecky, R. *Adopting the Hurt Child: Hope for Families with Special Needs Kids*. Colorado Springs, CO: Pinion Press, 1995.

Levy, T. and Orlans, M. *Attachment Trauma and Healing: Understanding and Trusting Attachment Disorders in Children and Families*. Washington, DC: CWLA Press, 1998.

McNamara, B., McNamara, J., *Adoption and the Sexually Abused Child*. Maine: University of Southern Maine, 1990.

Spaulding for Children. *Adoption Support and Preservation Curriculum*. National Resource Center for Special needs Adoption. Missouri, 1997.

Welch, M., MD. *Holding Time*. New York, NY: Fireside Press, 1988.

National Adoption Center 215-735-9998 X307 Pennsylvania Hospital

Tapestry Books – Adoption Book Catalogue [www.tapestrybooks.com](http://www.tapestrybooks.com), 800-765-2367

## Therapy with Post-Institutional Children

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

---

---

---

---

---

---

---

---

### Course Objectives

- Discuss the different aspects of international and national group care
- Identify treatment tasks, techniques and goals
- Identify parenting strategies for working with children with anger, aggression and sexualized behaviors
- Identify and understand aspects of sexual trauma in children
- Discuss the steps and purpose for the use of rituals as part of the healing process with the families

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

---

---

---

---

---

---

---

---

### Content and Timeline

Time	Activities
9:30	Welcome and Introduction International and National Children Behavioral Symptoms Treatment Tasks/Assessment Small Group Activity
10:30	Break
10:40	Treatments and Parenting Strategies Providing Consequences and Self Calming Strategies Large Group Activity
10:50-1:00	Lunch
1:00	Sexual Trauma and Treatment Goals and Techniques Parenting Skills for Sexualized Behaviors
2:30	Break
2:40	Large Group Activity Rituals as Healing Tools
1:20	Summary, Q&A, Surveys

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

---

---

---

---

---

---

---

---

### Let's Talk About.....

- ▶ **International Children**
  - Eastern European
  - Asian
  - Latin American
- ▶ **North American Children**
  - USA



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

---

---

---

---

---

---

---

---

### International Children

- ▶ **Eastern European**
  - Parental Substance Abuse prominent
  - Effects from the "Fall of Communism"
  - High Exposure to Toxins
  - Viruses, Poor Nutrition and Hygiene

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

---

---

---

---

---

---

---

---

### International Children (continued)

- ▶ **Eastern European**
  - Low staff to child ratio
  - Behavior range from lethargic to self injurious
  - Notes physical and sexual abuse
  - Older children keep order:
    - Bullying and sexual play is a part of the hierarchy

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

---

---

---

---

---

---

---

---

### International Children (continued)

- **Asian**
  - Increases in adoption
  - Low prenatal care – birth mothers work until labor
  - Frequent changes in regulations
  - Media influences

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

---

---

---

---

---

---

---

---

### International Children (continued)

- **Latin American**
  - Higher incidents of "first cousins" birth
  - Teenage/"unwanted" pregnancies
  - High exposure to drug, alcohol and nicotine

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

---

---

---

---

---

---

---

---

### North American Children

- **U.S.A.**
  - Poor prenatal care, parental health issues
  - Exposure to toxins and infectious diseases, nutritional deficiencies
  - Range of services from birth to independent living
  - Residential Treatment Facilities (sub-specialties in each)

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

---

---

---

---

---

---

---

---

### Let's Talk About.....

- ▶ Behavioral Symptoms
- ▶ Treatment and Treatment Tasks
- ▶ Assessment



Institute for Families, School of Social Work  
Barbara The Urban University of New Jersey

---

---

---

---

---

---

---

---

### Behavioral Symptoms

Examples:

- |                                      |                           |
|--------------------------------------|---------------------------|
| ▶ Stealing Behaviors                 | ▶ Oppositional Behavior   |
| ▶ Intense Lying                      | ▶ Substance Use           |
| ▶ Hyperactivity                      | ▶ Attachment Difficulties |
| ▶ Sexualized Behavior<br>(continuum) | ▶ Academic Difficulties   |

Institute for Families, School of Social Work  
Barbara The Urban University of New Jersey

---

---

---

---

---

---

---

---

### Treatment

- ▶ Considering Options
  - Adaptation to the family system
  - Timeliness of treatment
  - Goals of adoption supportive services
  - Focus on Attachment
  - Professional attitude and conceptual framework

Institute for Families, School of Social Work  
Barbara The Urban University of New Jersey

---

---

---

---

---

---

---

---



### Treatment (continued)

• **Tasks for Treatment**

- Provide a safe environment
- Family attachment building
- Increase family bonding opportunities/activities
- Help families attune to emotional needs of the family system and the child
- Identify and treat trauma and attachment issues

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

---

---

---

---

---

---

---

---

### Assessment

• **Areas to Explore**

- Institutional experiences
- Trauma issues (i.e. bullying experiences or exploitation)
- History of physical or sexual abuse
- Information provided to family (i.e. documentation, photos, videos)
- Family and medical history for the child (i.e. developmental milestones)

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

---

---

---

---

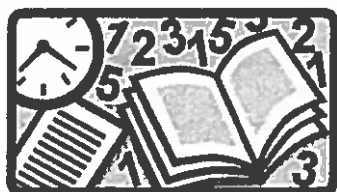
---

---

---

---

### Group Activity



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

---

---

---

---

---

---

---

---

# BREAK



Please return in 10 minutes.

Institute for Families, School of Social Work  
Burgin, The State University of New York

---

---

---

---

---

---

---

---

## Let's Talk About.....

- Treatment Strategies
  - Addressing "splitting"
- Parenting Strategies for:
  - Aggression in children
  - Anger in children



Institute for Families, School of Social Work  
Burgin, The State University of New York

---

---

---

---

---

---

---

---

## Treatment Strategies

- Addressing "splitting"
  - Identify as a normal part of relationships
  - Stress with parents the importance of a "unified front"
  - Engage in only key "battles"
  - Use the Five Agreements

Institute for Families, School of Social Work  
Burgin, The State University of New York

---

---

---

---

---

---

---

---

### Treatment Strategies (continued)

- **Using The Five Agreements:**
  1. Agree to openly support/believe each other in front of the child
  2. Plan in advance how to deal with attempts by the child to discredit one or the other parent
  3. Double check with the other parent on rules, permission and so on
  4. Make it clear to child that you are on to the game and that you will be advising other such as neighbors and teachers-as an act of love for the child
  5. Be explicit and firm about the fact that both parents support each other

Institute for Families, School of Social Work  
Burgess, The State University of New Jersey 19

---

---

---

---

---

---

---

---

### Parenting Strategies

- **Parenting an aggressive child:**
  - Attend to the safety of all in the house
  - Use SPINE (Supervision, Protection, Interaction, Need Meeting, Eye Contact)
  - Supervision or "next to me" time

Institute for Families, School of Social Work  
Burgess, The State University of New Jersey 20

---

---

---

---

---

---

---

---

### Parenting Strategies (continued)

- **Parenting an aggressive child:**
  - Adaptation
  - Containment
  - Consequences

Institute for Families, School of Social Work  
Burgess, The State University of New Jersey 21

---

---

---

---

---

---

---

---

### Parenting Strategies (continued)

- **Parenting an angry child:**
  - Accept the child's anger as legitimate
  - Reassure the child it is OK to be angry
  - Reassure the child that they are worthwhile even when angry

Institute for Families, School of Social Work  
Rutgers-The State University of New Jersey 11

---

---

---

---

---

---

---

---

### Parenting Strategies (continued)

- **Parenting an angry child:**
  - Help child directly express the anger using "I" messages
  - Share your response to the anger
  - Help the child figure out the source of the anger
  - Explore and problem solve alternative means expression

Institute for Families, School of Social Work  
Rutgers-The State University of New Jersey 12

---

---

---

---

---

---

---

---

### Parenting Strategies (continued)

#### Appropriate expression of anger

- **Be active**
  - Run, exercise
  - Punch a pillow
  - Hit bed with tennis racket
- **Write it down**
  - Journal
  - Write bad words on paper
  - Draw the feeling
- **Use words**
  - Scream box
  - Yelling in shower
  - Tape record

Institute for Families, School of Social Work  
Rutgers-The State University of New Jersey 13

---

---

---

---

---

---

---

---

### Parenting Strategies (continued)

**Examples:**

<b>Behaviors</b>	<b>Strategies</b>
<ul style="list-style-type: none"><li>• Lying</li><li>• Stealing</li><li>• Destructiveness</li></ul>	<ul style="list-style-type: none"><li>• Interpret process and behavior</li><li>• Separate the child from the event/behavior</li><li>• Use "Time in"</li></ul>

© Institute for Family Services, School of Social Work, Rutgers, The State University of New Jersey 25

---

---

---

---

---


---

---

---

### Let's Talk About.....

- Providing Consequences
- Self Calming Strategies



© Institute for Family Services, School of Social Work, Rutgers, The State University of New Jersey 24

---

---

---

---

---

---

---

---

### Providing Consequences

- Types
  - Isolation
  - "Give-back"
- Importance of consistency and a learning opportunity
  - Teaching responsibility
  - Adult responses

© Institute for Family Services, School of Social Work, Rutgers, The State University of New Jersey 27

---

---

---

---

---

---

---

---

### Self Calming Strategies

- Modified Yoga
- Deep Breathing
- Visualization

#### Examples

Character	Strategy
Mr. Spock	Meditates
Luke Skywalker	"The Force"
Other	???

Illustration for Examples, by kind of Social Work  
for the "The State University of New Jersey" 14

---

---

---

---

---

---

---

---

---

---

### Group Activity



Illustration for Examples, by kind of Social Work  
for the "The State University of New Jersey" 18

---

---

---

---

---

---

---

---

---

---

### Lunch



Please return in 1 hour.

Illustration for Examples, by kind of Social Work  
for the "The State University of New Jersey" 20

---

---

---

---

---

---

---


---

---

---

### Let's Talk About.....

- Sexual Trauma
  - Research
  - Sexual Behaviors
  - Consequences
- Treatment Goals and Techniques



Institute for Families, School of Social Work  
Bridges: The First 100 Years of Social Work 31

---

---

---

---

---

---

---

---

### Childhood Sexual Trauma

What the research tells us...

- 70-90% of children in the child welfare system have been sexually abused
- Children separated from their families for any length of time are twice as likely to be abused
- 80% of child victims are abused by people **known** to them
- Two-thirds of child sexual abuse is not reported to any adult

Adoption and the Sexually Abused Child, Edited by McNamara, Bernard and McNamara, Joan, Maine University of Southern Maine, 1990

Institute for Families, School of Social Work  
Bridges: The First 100 Years of Social Work 31

---

---

---

---

---

---

---

---

### Childhood Sexual Behavior

Ranges	Examples
Normal	Occasional masturbation without penetration
Yellow Flags	Precocious sexual knowledge
Red Flags	Forced exposure of others genitals
No Question	Oral, vaginal, anal penetration of dolls, children, or animals

Institute for Families, School of Social Work  
Bridges: The First 100 Years of Social Work 31

---

---

---

---

---

---

---

---

**Consequences of Trauma**

- ▶ Persistent fear state
  - Flight, fight, freeze
- ▶ Disorder of memory
  - Flashbacks, dissociation
- ▶ Deregulation of affect
  - Poor modulation
- ▶ Avoidance of intimacy
  - Distance, detachment, disorganization

James Beverly Handbook for Treatment of Attachment Trauma Problems in Children  
New York: Lexington Books, 1994

Institute for Families, School of Social Work  
Rutgers The State University of New Jersey 18

---

---

---

---

---

---

---

---

**Consequences of Trauma (continued)**

- ▶ Long Term Effects
  - Powerlessness
  - Betrayal
  - Stigmatization
  - Traumatization

Institute for Families, School of Social Work  
Rutgers The State University of New Jersey 19

---

---

---

---

---

---

---

---

**Consequences of Trauma (continued)**

- ▶ Treatment issues:
  - Accountability
  - Social Competence
  - Empathy
  - Boundaries
  - Sexual Abuse Cycle
  - Effects of Traumatization

Institute for Families, School of Social Work  
Rutgers The State University of New Jersey 20

---

---

---

---

---

---

---

---



**Treatment Goals**

- Acknowledge issues
- Understanding triggers
- Develop ways to interrupt process
- Eliminate cognitive distortions
- Work through trauma

Institute for Families, School of Social Work  
Rutgers University-Camden, NJ 08102 17

---

---

---

---

---

---

---

---

**Treatment Goals (continued)**

- Develop better impulse control
- Learn more effective methods to self-soothe
- Empathize with victimization of others
- Develop moral framework for sexual behavior
- Learn ways to express affection

Institute for Families, School of Social Work  
Rutgers University-Camden, NJ 08102 18

---

---

---

---

---

---

---

---

**Treatment Techniques**

- Develop a list of "helpful" messages
- Create a "Safe Kids Bill of Rights"
- Use "Inside and Outside of Me" activity

Institute for Families, School of Social Work  
Rutgers University-Camden, NJ 08102 19

---

---

---

---

---

---

---

---

### Let's Talk About.....

- Parenting Skills
  - Sexualized Behaviors
- Creating a Safe Environment



Institute for Families, School of Social Work  
Rutgers The State University of New Jersey 40

---

---

---

---

---

---

---

---

---

---

### Parenting Skills

- Sexualized Behaviors
  - Be comfortable with the words the child uses
  - Be comfortable with your own sexuality
  - Be comfortable with your own marriage/relationship
  - Be able to accept child's history of sexual abuse and a victim
  - Be able to discuss the child's history of sexual abuse with the child

Institute for Families, School of Social Work  
Rutgers The State University of New Jersey 41

---

---

---

---

---

---

---

---

---

---

### Parenting Skills (continued)

- Sexualized Behaviors
  - Be able to accept they can not "desexualize" the child yet can teach the child appropriate sexual behaviors
  - Be able to slowly help the child accept the family's value and attitude towards sex and sexuality
  - Be able to differentiate between the child and the behavior
  - Be able to understand the behavior and to discuss specific behaviors with the child

Institute for Families, School of Social Work  
Rutgers The State University of New Jersey 42

---

---

---

---

---

---

---

---

---

---

**Parenting Skills (continued)**

- **Reducing Sexualized Anxiety**
  - Clearly stated boundaries
  - Consistent supervision
  - Monitor language
  - Communicate clearly
  - Teach recognition of signs

Institute for Family, to School of Social Work  
Edgemoor, The University of New Jersey 81

---

---

---

---

---

---

---

---

**Parenting Skills (continued)**

- **Sexualized Behaviors**
  - Structure and stability
  - Family roles and rules
  - Supervision
  - Repetition
  - Consistency
  - Discipline

The family is the healing source.

Institute for Family, to School of Social Work  
Edgemoor, The University of New Jersey 84

---

---

---

---

---

---

---

---

**Parenting Skills (continued)**

Message Types	Examples
Good Touch Message	"I like being close to you"
Positive Touch	Sitting together, hand holding
Parent's Message	"I am here for you, to listen and love you the right way"
Masturbation Messages	It's natural for children to handle their genitals

Institute for Family, to School of Social Work  
Edgemoor, The University of New Jersey 87

---

---

---

---

---

---

---

---

### Creating a Safe Environment

- Define normal vs. dysfunctional sexual behavior
- House rules
  - Privacy
  - Bedrooms
  - Clothing
  - Supervision

Institute for Families, School of Social Work  
Rutgers-The State University of New Jersey 65

---

---

---

---

---

---

---

---

### Creating a Safe Environment (continued)

- Handle sexual behavior or touching
- Together figure out what precipitates sexual feelings in the child
- Listen and answer the child
- Encourage yet limit set
- Alternative means of expression

Institute for Families, School of Social Work  
Rutgers-The State University of New Jersey 67

---

---

---

---

---

---

---

---

# BREAK



Please return in 10 minutes.

Institute for Families, School of Social Work  
Rutgers-The State University of New Jersey 68

---

---

---

---


---

---

---

---

### Group Activity



Institute for Families, School of Social Work  
Burgess The Family Therapy Center, New Jersey 49

---

---

---

---

---


---

---

---

### Let's Talk About.....

- Rituals
  - Definitions
  - Types
  - Use as a Healing Tool



Institute for Families, School of Social Work  
Burgess The Family Therapy Center, New Jersey 50

---

---

---

---

---

---

---

---

### Rituals

Definitions	Examples
Rite of Passage	Moving from bottle to cup, Drivers License
Ceremony	Adoption ceremony, wedding, graduation
Traditions	Birthday, family meal
Followed pattern of performed acts	Family day, nighttime rituals

Institute for Families, School of Social Work  
Burgess The Family Therapy Center, New Jersey 51

---

---

---

---

---

---

---

---

## Rituals

### Uses as a Healing Tool

- Consciously structured acts intended to influence our subconscious mind
- Can help make better sense of the world
- Strengthen family ties, deepen relationships, ease us through transitions
- Bring sacredness to ordinary family moments
- Honor the present and past; give a sense of identity
- Give children a sense of predictability and connectedness
- To foster peace and give meaning to life

Institute for Families, School of Social Work  
Burgin, The State University of New Jersey 58

---

---

---

---

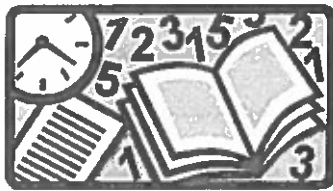
---

---

---

---

## Group Activity



Institute for Families, School of Social Work  
Burgin, The State University of New Jersey 59

---

---

---

---

---

---

---

---

## Summary

- Different aspects of international and national group care
- Treatment tasks, techniques and goals
- Parenting strategies for working with children with anger, aggression and sexualized behaviors
- Sexual trauma in children
- Purpose for the use of rituals as part of the healing process with the families

Institute for Families, School of Social Work  
Burgin, The State University of New Jersey 56

---

---

---

---

---

---

---

---

**Therapy with Post-  
Institutional Children**

Questions and Answers  
Evaluation Sheet

---

---

---

---

---

---

---

---







# Behavior Management Handouts





**GROUP ACTIVITY:**  
**HOW WOULD YOU MANAGE EACH CHILD'S BEHAVIOR?**

**Scenario # 1**

**Kiana: Age 7**

**Behavior:** Feisty, strong willed, but lovable. Has tantrums, is disobedient, but "not a bad kid."

**Background:** Has moved a lot.

**Favored outcome:** Seeking adoption.

**Behavior in school:** Is OK in school.

**Suggested Behavior Management Strategy:**

**Scenario #2**

**Olivia: Age 11**

**Behavior:** Bed-wetter. Lies and denies doing it. Cries easily. Poor personal hygiene habits.

**Background:** Multiple foster care placements. Possible sexual abuse.

**Favored outcome:** Adoption or long term foster care

**Behavior in school:** Withdrawn, poor grades. Explosive temper when provoked.

**Suggested Behavior Management Strategy:**

**Scenario #3**

**Melvin: Age 14**

**Behavior:** Stealing/hoarder. Takes items (videos, jewelry, etc.) and hides them in a box under his bed. Denies taking items. Steals food. Spoiled food items found under his bed. Eats voraciously when fed, to the point of vomiting for eating too much. Otherwise, lovable and well behaved.

**Background:** Single mother surrendered custody when he was 8. Mother was a homeless crack addict.

**Favored outcome:** Adoption

**Behavior in school:** Complains of being hungry. Average student. Problems respecting people's personal space.

**Suggested Behavior Management Strategy:**

**GROUP ACTIVITY:**  
**HOW WOULD YOU MANAGE EACH CHILD'S BEHAVIOR?**  
**BEHAVIOR MANAGEMENT SUGGESTIONS**

**Scenario # 1**

**Kiana: Age 7**

**Behavior:** Feisty, strong willed, but lovable. Has tantrums, is disobedient, but "not a bad kid."

**Background:** Has moved a lot.

**Favored outcome:** Seeking adoption.

**Behavior in school:** Is OK in school.

**Suggested Behavior Management Strategy:**

As long as they are not hurting themselves or others:

- Let them go, not giving them the attention they want until they stop.
- Tell them once they stop, when they're acting appropriately, you will talk to them.
- Tell them when they can communicate to you what they want/need in an appropriate way, then you will discuss it.
- The "Classic" way to deal with tantrums is to ignore them, but you must also be willing to deal with possible escalations.

**Scenario #2**

**Olivia: Age 11**

**Behavior:** Bed-wetter. Lies and denies doing it. Cries easily. Poor personal hygiene habits.

**Background:** Multiple foster care placements. Possible sexual abuse.

**Favored outcome:** Adoption or long term foster care

**Behavior in school:** Withdrawn, poor grades. Explosive temper when provoked.

**Suggested Behavior Management Strategy:**

Bed-wetting and a lack of proper hygiene are often "barriers of protection" for a child who has been abused. By smelling offensively, in a child's mind it acts as a deterrent to further abuse.

- Work with the child, letting them know you will have morning bed checks together. If the sheets are soiled, you will change the bed together, placing the soiled sheets in the laundry. This stops the isolation and demonstrates care and concern.
- Assign the child their own bathroom if possible, and install a lock on the door. Or if using a shared bathroom, install a door lock and encourage the child to use it, even offering to stand outside to "guard the door" if necessary during bathing/showering time.
- When the child feels more comfortable, demonstrate (fully clothed) the proper techniques for lathering a washcloth and proper bathing. Then instruct the child to use these techniques to maintain proper hygiene.
- Provide "special" bubble bath, bath toys or special new underwear to help remove the stigma of being dirty or inappropriate.

**Scenario #3****Melvin: Age 14**

**Behavior:** Stealing/hoarder. Takes items (videos, jewelry, etc.) and hides them in a box under his bed. Denies taking items. Steals food. Spoiled food items found under his bed. Eats voraciously when fed, to the point of vomiting for eating too much. Otherwise, lovable and well behaved.

**Background:** Single mother surrendered custody when he was 8. Mother was a homeless crack addict.

**Favored outcome:** Adoption

**Behavior in school:** Complains of being hungry. Average student. Problems respecting people's personal space.

**Suggested Behavior Management Strategy:**

Stealing and hoarding are often signs of inconsistency and loss. Since Melvin and his mother were often homeless, personal possessions were often lost or abandoned, thus causing his behavior.

**Regarding Stealing Items and hiding them:**

- Explain that it is not right to take things from others without their permission. Have him ask the owner if he can keep the item(s) for a while.
- Ask the child if there is something he needs and provide it for him.
- If an item is a personal one (locket, ring), purchase an inexpensive one for the child and have it personalized (their name engraved or a photo in a locket) to give them a sense of ownership.
- If it's a family item (dvd, cd, cellphone), acknowledge to the child that you appreciate them taking care of it for you, but ask to borrow it to use it.
- This openness and inclusion will lessen his anxiety and ultimately relax his need to take and hide things.

**Regarding stealing/hoarding food:**

Often comes from inconsistent diet and periods of hunger.

- Ask the child what his favorite foods are and incorporate them into your meal planning.
- Ask the child to accompany you to the supermarket to pick out items based on the meal selections.
- Have the child help with table setting, serving, cleanup.
- Give him the responsibility of preparing his own breakfast and lunch on school days, based on the agreed meal choices.
- This freedom, inclusion and responsibility will help Melvin develop less anxiety concerning food.

---

**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."





### Bibliography

Baker, C., Burke, R., Herron, R., Mott, M. *Rebuilding Children's Lives. Boys Town, Nebraska:* Boys Town Press, 1996.

Baker, C., Burke, R., Herron, R., Mott, M. *Common Sense Parenting. Boys Town, Nebraska:* Boys Town Press, 1996.

Cline, F., Holding, C. *Can This Child Be Saved? Solutions for Adoptive and Foster Families.* Frankville, Wisconsin: World Enterprises, 1999.

Fahlberg, V. *A Child's Journey Through Placement.* Indianapolis, Indiana: Perspectives Press, 1991.

Greene, R. *The Explosive Child.* New York: Harper Collins, 1998.

Hughes, D. *Facilitating Developmental Attachment.* Northvale, New Jersey: Jason Aronson Press, 1997.

Hughes, D. *Building the Bonds of Attachment: Awakening Love in Deeply Troubled Children.* Northvale, New Jersey: Jason Aronson Press, 1998.

Keck, G., Kupecky, R. *Parenting The Child.* Colorado Springs, Colorado: Pinon Press, 2002.

Levy, R., O'Hanlon, B. *Try and Make Me!* Rodale Press, 2001.

Lewis, H.B. *Shame and Guilt in Neurosis.* International Universities Press, 1971.

Nathanson, D. *The Many Faces of Shame.* Guilford Press, 1987.

Peterson, J., Kohrt, P., Shadoin, L., Authier, K. *Building Skills in High Risk Families.* Boys Town, Nebraska: Boys Town Press, 1995.

Tobias, C. *You Can't Make Me.* Colorado: Waterbrook Press, 2004.



## Behavior Management and Discipline with Adopted Children

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

---

---

---

---

---

---

---

---

### Course Objectives

- Identify and discuss the philosophy and principles of supportive discipline
- Identify the causes of behavioral problems and discipline needs
- Discuss strategies for effective discipline for children of different ages and development stages
- Identify techniques to help parents set priorities and design interventions for supportive discipline

Institute for Families, School of Social Work  
Rutgers, The State University of New Jersey 2

---

---

---

---

---

---

---

---

### Content and Timeline

Time	Activity
9:30	Introduction and Small Group Activity Philosophy of Discipline Principles of Effective Discipline
10:35	Break
11:05	Causes of Behavioral Problems Shame
11:45-1:00	Lunch
1:00	Strategies for Effective Discipline Age-Based Strategies for Supportive Discipline Consequences Setting Priorities
1:35	Break
2:05	Interventions with Attention-Impaired Children Group Activity
3:15	Summary Q&A, surveys

Institute for Families, School of Social Work  
Rutgers, The State University of New Jersey 3

---

---

---

---

---

---

---

---

### Group Activity



Instructions for Families, School of Social Work  
Larger Than Us University of New Jersey

---

---

---

---

---


---

---

---

### Let's Talk About.....

- What is Discipline?
- Philosophy of Discipline as Care and Protection
- Supportive Discipline Goals
- Principles of Effective Discipline



Instructions for Families, School of Social Work  
Larger Than Us University of New Jersey

---

---

---

---

---

---

---

---

### What is Discipline?

- Discipline is how children learn right from wrong, acceptable from unacceptable behavior.
- According to the Committee for Children (2004), the purpose of discipline is "to encourage moral, physical, and intellectual development and a sense of responsibility in children."
  - As part of their natural development, children sometimes challenge or test parental and adult expectations and authority.
  - Parental or adult discipline of children should be designed to help children engage better with others and to modify or control their behavior.

Source: AmericanHumane.org

Instructions for Families, School of Social Work  
Larger Than Us University of New Jersey

---

---

---

---

---

---

---

---

### Philosophy of Discipline as Care and Protection

- Discipline is essential to the process of healthy attachment because it meets the survival needs of children
- Without appropriate parental control, children would be at risk of being hurt by others and themselves
- Discipline and control should be considered part of the parental responsibilities of protection, nurturing and guidance

Source: Hughes, Daniel. *Building The Bonds of Attachment: Securing Love in Deeply Troubled Children*

Institute for Families, School of Social Work  
Bergin The Family University of New Jersey

---

---

---

---

---

---

---

---

### Supportive Discipline Goals

- Reducing the frequency of explosions (meltdowns)
- Helping the child maintain control when becoming oppositional, agitated or frustrated
- Restoring control and rationality once an explosion has occurred

Source: Greene, R. *The Emotion Child*

Institute for Families, School of Social Work  
Bergin The Family University of New Jersey

---

---

---

---

---

---

---

---

### Principles of Effective Discipline

- Establish discipline as part of good parental care
- State clearly that discipline is always to help and never to hurt the child
- Set and maintain your "favored" emotional tone, not your child's
- Limit child's ability to hurt you, physically or emotionally
- Be in charge, but attuned to a child's feelings

Source: Hughes, Daniel. *Building The Bonds of Attachment: Securing Love in Deeply Troubled Children*

Institute for Families, School of Social Work  
Bergin The Family University of New Jersey

---

---

---

---

---

---

---

---

### Principles of Effective Discipline

(continued)

- ▶ Accept and empathize with child's thoughts and feelings
- ▶ Provide natural and logical consequences
- ▶ Employ brief, periodic anger- not habitual anger, annoyance or frustration
- ▶ Re-attune following shame-inducing experiences
- ▶ Teach the child better ways to accomplish goals

Source: Hughes, Daniel, *Building The Brains of Attention: Applying Love to Help Fractured Children*

Institute for Family Studies, School of Social Work  
Columbia University, The City University of New York

---

---

---

---

---

---

---

---

### BREAK



Please return in 10 minutes.

Institute for Family Studies, School of Social Work  
Columbia University, The City University of New York

---

---

---

---

---

---

---

---

### Let's Talk About.....

- ▶ Causes of Behavioral Problems
- ▶ Shame



Institute for Family Studies, School of Social Work  
Columbia University, The City University of New York

---

---

---

---

---

---

---

---

### Causes of Behavioral Problems

- Unresolved separation experiences
- Unresolved feelings about past losses and separations which are inappropriately expressed
- Inadequate or inappropriate skills and habits
- Developmental delays, neurological impairment, bio-chemical imbalance
  - Early trauma, including abuse, neglect and prenatal damage may produce actual brain and neurological dysfunction.
  - This may include hypervigilance, hyperarousal, poor emotional modulation, all of which lead to behavioral problems.
- Impaired attachment and trust

Source: Finkelhor, School of Social Work, University of New Hampshire

Institute for Families, School of Social Work, University of New Hampshire

---

---

---

---

---

---

---

---

---

---

### Shame

*"If distress is the affect of suffering, shame is the affect of indignity, transgression and of alienation. Though terror speaks to life and death and distress makes of the world a vale of tears, yet shame strikes deepest into the heart of man.... shame is felt as inner torment, a sickness of the soul....the humiliated one feels himself naked, defeated, alienated, lacking in dignity and worth."*

Source: Nathaniel, Donald, *The Many Faces of Shame*

Institute for Families, School of Social Work, University of New Hampshire

---

---

---

---

---

---

---

---

---

---

### Shame (continued)

Helen B. Lewis argued that shame really represents an entire family of emotions. This family includes:

humiliation  
embarrassment  
low self-esteem

depression  
helplessness

Shame is often a central ingredient in experiences of being:

unworthy  
hurt  
intimidated  
degraded  
rejected  
dumped  
alienated  
inadequate  
helpless  
powerless  
defenseless  
weak

rebuffed  
blamed  
bizarre  
odd  
peculiar  
different  
insecure  
uncertain  
exposed  
impractical  
inferior  
favored  
sly

Source: Miller, Mary PhD, *Shame and Powerlessness*

Institute for Families, School of Social Work, University of New Hampshire

---

---

---

---

---

---


---

---

---

---

**Video Segment**  
**"It's Not Your Fault"**  
**Good Will Hunting**  
[http://www.youtube.com/watch?v=9D1Aet\\_G8](http://www.youtube.com/watch?v=9D1Aet_G8)



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

---

---

---

---


---

---

---

---

**Lunch**



Please return in 1 hour.

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

---

---

---

---

---


---

---

---

**Let's Talk About.....**

- ▶ Strategies for Effective Discipline
- ▶ Age-Based Strategies for Supportive Discipline
- ▶ Consequences
- ▶ Setting Priorities (The Basket Case)



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

---

---

---

---

---

---

---

---



### Strategies for Effective Discipline

- ▶ Set and maintain a positive emotional tone
  - Discipline is about action, not anger
- ▶ Stay physically close to the child
- ▶ Structure child's activities, but give limited choices
- ▶ Give clear and simple directions in a caring, respectful manner
- ▶ Expect cooperation
- ▶ Provide natural and logical consequences whenever possible
- ▶ Enforce consequences as soon as possible

Source: Daniel Hughes.org

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

---

---

---

---

---

---

---

---

### Strategies for Effective Discipline (continued)

- ▶ Protect child from hurting self or others
- ▶ Accept child's thoughts and feelings and encourage expression
- ▶ Make frequent use of humor, paradox, creativity, the unexpected
- ▶ Stay in charge

Source: Daniel Hughes.org

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

---

---

---

---

---

---

---

---

### Age-Based Strategies for Supportive Discipline

- ▶ Pre-School Children (Ages 2-5)
- ▶ School Age Children (Ages 6-11)
- ▶ Young Adolescents (Ages 12-14)
- ▶ Older Adolescents (Ages 15-18)

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

---

---

---

---

---

---

---

---

### Pre-School Children (Ages 2-5):

- Provide Supervision
  - Primary approach
  - Most effective
  - Teaches the child positive behavior by demonstrating and doing it together
  - Interactive, protective and need-meeting

Institute for Family, School and Social Work  
Burgess, The State University of New Jersey 13

---

---

---

---

---

---

---

---

### School Children (Ages 6-11)

- Provide Structure
  - Routine, rules, predictability, consistency and logical consequences work best with school aged children
  - Apply logical and natural consequences (positive and negative) as soon as possible after the identified behavior occurs

Institute for Family, School and Social Work  
Burgess, The State University of New Jersey 14

---

---

---

---

---

---

---

---

### Young Adolescents (Ages 12-14)

- Promote Interaction
  - Use discussion, respect and humor to facilitate positive discipline because adolescents:
    - Tend to respond to the premise that all ideas and feelings are acceptable, only misbehavior is unacceptable
    - Tend to respond positively to creativity, paradox, surprise and the unexpected
  - Supportive discipline is more effective than punishments and/or threats

Institute for Family, School and Social Work  
Burgess, The State University of New Jersey 15

---

---

---

---

---

---

---

---

### Older Adolescents (Ages 15-18)

- Encourage Discussion
  - Negotiation and compromise are useful strategies because it includes the adolescent
  - Avoid arguments about right and wrong, since peer group standards are often more important to them
  - Present rules and expectations they believe will work, given the circumstances
  - Consequences need to be enforceable, since empty threats undermine parental authority

Source: The Family School of Social Work  
Larger Than Your Imagination © New Jersey 21

---

---

---

---

---

---

---

---

### Consequences

- **Natural**- occur automatically, as a result of the child's action
  - Example: If you touch a flame, it will burn you
  - Cannot be imposed
  - Sometimes can be prevented or blocked
- **Logical**- imposed by an adult in response to child's behavior. Three types:
  - **Relevant**- directly lead child to desired behavior
    - Example: having child repeat or practice desired behavior
  - **Related**- has a relationship to desired behavior but doesn't lead directly to it
    - Example: making child read or study for failing to do their homework
  - **Significant**- to get a child's attention
    - Example: grounding, removing privileges

Source: The Family School of Social Work  
Larger Than Your Imagination © New Jersey 24

---

---

---

---

---

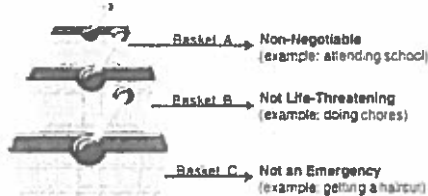
---

---

---

### Setting Priorities (The Basket Case)

Why Prioritize?



Source: Geneva R. The Experience Child

Source: The Family School of Social Work  
Larger Than Your Imagination © New Jersey 27

---

---

---

---

---

---

---

---

### Basket A: Non-Negotiable

- Those behaviors which are non-negotiable because they relate to the safety of people, animals and property or to legal requirements such as attending school, not stealing, etc.
- Parents are willing to precipitate and endure an explosion in order to enforce the necessary behavior
- This basket is the **smallest**



Intentional for Families, School and Social Work  
 Eugene, The State University of New Jersey

---

---

---

---

---

---

---

---

### Basket B: Not Life-Threatening

- For those behaviors which are important and undesirable, but negotiable
- Parents are willing to discuss, compromise, revise or revisit in order to gain resolution, in a "user-friendly" environment
- This basket is **medium sized**



Intentional for Families, School and Social Work  
 Eugene, The State University of New Jersey

---

---

---

---

---

---

---

---

### Basket C: Not an Emergency

- Those behaviors which may be undesirable, but are not important enough to make an issue of **at the present time**
- Parents state their expectations, but are willing to put it off until the child becomes more ready to comply  
 This reduces conflict and frustration between the parents and the child
- This basket is the **largest**



Intentional for Families, School and Social Work  
 Eugene, The State University of New Jersey

---

---

---

---


---

---

---

---

**BREAK**



Please return in 10 minutes.

Institute for Families, School of Social Work  
Burgess The Wise / Summary of New Jersey 7

---

---

---

---

---


---

---

---

**Let's Talk About.....**  
**Interventions with Attachment-Impaired Children**

- SPICE
- SODAS
- STOP
- Watch Your Words
- Reduce Power Struggles



Institute for Families, School of Social Work  
Burgess The Wise / Summary of New Jersey 15

---

---

---

---

---

---

---

---

**SPICE**

- **Purpose:** discipline can be a positive, educational experience as opposed to a negative, punitive one.

- S- Be **specific**, not vague.
- P- Be **positive**, not negative.
- I- Be **interactive**, not removed.
- C- Be **concrete**, not abstract or theoretical.
- E- Be **encouraging**, not discouraging.

Source: Ross, James. *Developing Young Children's Emotions: Helping Children Live a Blueprint for the Moment for Better Parenting*. 2008.

Institute for Families, School of Social Work  
Burgess The Wise / Summary of New Jersey 31

---

---

---

---

---

---

---

---

### SODAS

- Goal: provide a structured problem solving process for parents and children.
- It enables parents to teach their children how to solve their own problems and make decisions on their own.
  - S- Identify the situation
  - O- Identify the options
  - D- Discuss the disadvantages
  - A- Discuss the advantages
  - S- Choose a solution

Source: Boys Town Family Teaching Program, *Substance Use and Abuse: A Blueprint for Treatment for Foster Parents*, 1998

Reprinted by permission of the Board of Social Work Examiners, The State University of New Jersey

---

---

---

---

---

---

---

---

---

---

### STOP

- Purpose: to help the child maintain self control.
  - S- Stop everything- FREEZE!
  - T- Take a deep breath
  - O- Options- what are they?
  - P- Plan what to do



Reprinted by permission of the Board of Social Work Examiners, The State University of New Jersey

---

---

---

---

---

---

---

---

---

---

### Watch Your Words

Fighting Words	Thinking Words
<ul style="list-style-type: none"> <li>• Don't you dare talk to me like that!</li> <li>• Do it right now!</li> <li>• Stop that right this minute!</li> <li>• You better not do that!</li> </ul>	<ul style="list-style-type: none"> <li>• I'll be glad to listen when your voice is as soft as mine.</li> <li>• Join us whenever you finish.</li> <li>• You'll be able to (play, eat, etc ) as soon as you settle down.</li> <li>• Why not think about that and make a good choice</li> </ul>

Source: Tobias C. Har (2001) *Make Me*

Reprinted by permission of the Board of Social Work Examiners, The State University of New Jersey

---

---

---

---

---

---

---

---

---

---

### Reduce Power Struggles

- Zip It or Clip It
  - Resist urge to state what child did wrong
  - Allow child to experience the consequences of their own behavior
- Use Brain-Dead Phrases
  - Use neutral comments which show the child you are not responsible for his words or actions
  - Samples- "Nice try", "Sorry you feel that way", "Could be"

Institute for Families, School of Social Work  
 Rutgers The State University of New Jersey 17

---

---

---

---

---

---

---

---

### Reduce Power Struggles (continued)

- Cool It
  - Don't let child "push your buttons"
  - Resist responding with anger
  - Calm or sadness is more effective
- Give Choices
  - Offer acceptable choices to the child
  - This can result in a "win-win"
- Never say "I Told You So"
  - Don't point out what the child has just learned or experienced
  - Be empathetic
  - Let the child learn from his own mistakes

Source: Tracy R. and C. Harold B. *Parenting Made Simple*

Institute for Families, School of Social Work  
 Rutgers The State University of New Jersey 18

---

---

---

---

---

---

---

---

### Group Activity



Institute for Families, School of Social Work  
 Rutgers The State University of New Jersey 19

---

---

---

---

---

---

---

---

### Summary

- Identified and discussed the philosophy and principles of Supportive Discipline
- Identified the causes of behavioral problems and discipline needs
- Discussed strategies for effective discipline for children of different ages and development stages
- Identified techniques to help parents set priorities and design interventions for supportive discipline

© 2008 by the University of New South Wales  
All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording, or by any information storage or retrieval system, without the prior written permission of the University of New South Wales.

---

---

---

---

---

---

---

---

### Behavior Management and Discipline with Adopted Children Questions and Answers Evaluation Sheet

---

---

---

---

---

---

---

---



---



# Individual Handouts



---



### Positive Adoption Language

From *The North American Council on Adoptable Children's National Adoption Awareness Month Guide*, published July, 2001

Don't use:	Because:	Instead say:	For example:
Real, natural parent or brother/sister	Implies that adoptive relationships are artificial, tentative	Birth or biological parent or brother/sister	"The four boys are brothers; two have the same parents and are biological siblings."  Not – "Only two are real brothers."
Own child	Suggests that adoptive relationships are less important than biological relationships	Birth child, child by birth	"She has one child by birth and two by adoption."  Not – "One of the three children is hers, the others are adopted."
Taken away, given up	Denotes that children are stolen or forgotten rather than adopted legally and with forethought	Termination of parental rights	"Following the termination of his birth parents' parental rights, he was adopted by his foster parents."
Surrendered, relinquished, gave away, put up	Does not accurately describe the birth parents' decision-making process and responsible choice	Made an adoption plan, chose adoption	"She chose adoption for her baby."
To keep	Children are not possessions and birth parents always "keep" feelings for their children	To parent	"She chose to parent her baby."  Not – "She chose to keep her baby."

Don't use:	Because:	Instead say:	For example:
Adopted son, daughter	Qualifiers are not needed; adoption creates a full, permanent relationship	Son, daughter	"This is my son."  Not – "This is my adopted son."
Hard to place, special needs child	Labels the child and unfairly places blame on him or her for needing an adoptive family	Child who has special needs, waiting child	"She has special needs and is waiting for the right family."  Not – "She is hard to place because she is a special needs child."
Foreign adoption	While more acceptable in the past, today "foreign" has negative connotations	International adoption	"The parents are completing an international adoption in China."
The child hasn't found a family, the child moved	Children are not responsible for their own recruitment efforts nor their moves through placement	The agency, caseworker, recruitment efforts	"The caseworker's recruitment efforts have not yet located the appropriate family."
Available, unwanted	Waiting children are wanted – the right family just has not been found – and they are not available to whomever is interested	In need of a family, waiting	"He is waiting for a forever family."  Not – "He is available for adoption." or "He is an unwanted child."
Adoption triangle	Adoption involves more than just three individuals	Adoption triad or constellation	"All the members of the adoption triad were affected."

<b>Don't use:</b>	<b>Because:</b>	<b>Instead say:</b>	<b>For example:</b>
Is adopted	Adoption is a one-time event, not a definition of a person	Was adopted	"She was adopted at age six."  Not – "She is adopted."
Closed adoption	Implies that the experience of adoption – rather than just contact between parents – is over	Traditional, confidential adoption	"The adoptive and biological parents wanted a confidential adoption; they did not meet or correspond with one another."



**The Life Story Book**  
by Vera Fahlberg

*Little Bunny  
Say Goodbye to  
Birth Mother  
Shelvie Malloy*

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 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.

Copyright ©1998-2008 by Pact, An Adoption Alliance



## Stories with Adoption Themes

### Early Childhood – ages 2-5

- Little Miss Spider – David Kirk
- A Koala for Katie – Jonathan London
- Adoption Stories for Young Children – Randall Hicks
- A is for Adopted – Eileen Tucker Cosby
- The Day We Met You – Keiko Kasza
- Why am I Different? – Norma Simon
- We are Different, We are the Same – Bobbi Jane Kates
- Horace – Holly Keller
- Adoption is for Always – Linda Walvoord Girard

### Childhood – ages 5-10

- Mommy, Did I Grow in Your Tummy? – Elaine Gordon
- Who Am I? and Other Questions of Adopted Kids – Charlene Giannetti
- “Why Didn’t She Keep Me?” – Barbara Burlingham-Brown
- Emma’s Yucky Brother – Jean Little
- Two Birthdays for Beth – Gay Lynn Cronin
- Twice Upon a Time: Born and Adopted – Elcanora Patterson
- One Wonderful You – Francie Portnoy
- Look Who’s Adopted! – Michael Taheri and James Orr
- Mr. Rodgers – Let’s Talk About It: Adoption – Fred Rodgers
- How Was I Adopted? – Joanna Cole
- Brown Like Me – Noelle Lamperi
- The Mulberry Bird – Anne Brodzinsky

Older Child and Teenager – ages 10+

- Filling in the Blanks: A Guided Look at Growing Up Adopted – Susan Gable
- How it Feels to be Adopted – Jill Krementz
- The Face in the Mirror: Teenagers and Adoption – Marion Cook
- Twenty Things Adopted Kids Wish Their Adopted Parents Knew – Sherric Eldridge
- Growing Up Adopted: A Portrait of Adolescents and Their Families – Peter Benson
- Lucy's Family – Karen Schreck
- Adoptees Come of Age: Living Within Two Families – Ronald Nydam

### Bibliography

Berman, Lauren and Bufferd, Rhea. "Family Treatment to Address Loss in Adoptive Families." Social Casework. 1986.

Brodzinsky, David and Schechter, Marshall. The Psychology of Adoption, Doubleday, New York, 1990.

Fisher, Florence. The Search for Anna Fisher, Fawcett Crest, New York, 1974.

Gediman, Judith and Brown, Linda. Birthbond: Reunions Between Birthparents and Adoptees, New Horizon Press, New Jersey, 1989.

Gitterman, A. and Shulman, Lawrence, Mutual Aid Groups and the Life Cycle, Peacock Publishers, Itasca, Illinois, 1986.

Hartman, Ann, Finding Families. An Ecological Approach to Family Assessment in Adoption, Sage Publications, California, 1979.

Kirk, David, Shared Fate, Ben Simon Publications, Washington, 1984.

Krementz, Jill. How it Feels to be Adopted, Alfred Knopf, New York, 1985.

Livingston, Carole, Why Was I Adopted?, Lyle Stewart, Secaucus, New Jersey, 1978.

Reitz, Miriam and Watson, Kenneth, Adoption and the Family System, Guilford Press, New York, 1992.

Rosenberg, Elinor. The Adoption Life Cycle, The Free Press, New York, 1992.

Schaefer, Carole, The Other Mother, Soho Press, New York, 1991.

Schaeffer, Judith and Lindstrom, Christina, How to Raise an Adopted Child, Copestone, New York, 1989.

Schwartz, Edward M., Family Romance Fantasy in Children Adopted in Infancy, Child Welfare, Volume 47, #7, 1970.

Schwartz, W. and Zalba, S., The Practice of Group Work, Columbia University Press, New York, 1971.

Shulman, Lawrence. The Skills of Helping Individuals and Groups, Peacock Publishers, Itasca, Illinois, 1979.

Yalom, I., The Theory and Practice of Group Psychotherapy, Basic Books, New York, 1975.





# Individual Therapy with Adopted Children

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

---

---

---

---

---

---

---

---

## Course Objectives

- Identify and understand the core clinical issues of adoption for each member of the adoption triad
- Understand the principles, development, processes, and dynamics of age-appropriate treatment with children
- Be familiar with therapeutic activities and tools that can be utilized in treatment with children and families
- Develop treatment plans that demonstrate age appropriate development within the context of adoption

---

---

---

---

---

---

---

---

## Content and Timeline

Time	Activity
9:30	Welcome and Introductions Myths of Adoption Core Clinical Issues of Adoption
10:30	Break
10:40	Talking with Children About Adoption
11:00 - 1:00	Lunch
1:00	Review Special Tools and Modalities for Work with Children
2:15	Break
2:30	Family-Centered Work with Children
3:15	Summary, Q&A, Surveys

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

---

---

---

---

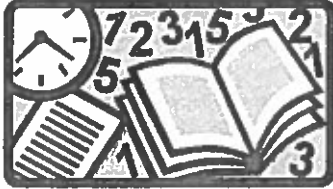
---

---

---

---

## Group Activity – Myths of Adoption



International Institute for Family Therapy, School of Social Work  
Bryn Mawr College, Bryn Mawr, PA

---

---

---

---

---

---

---

---

## Let's Talk About..... Core Issues of Adoption

- ▶ Loss
- ▶ Rejection
- ▶ Guilt and Shame
- ▶ Grief
- ▶ Identity
- ▶ Intimacy
- ▶ Control



International Institute for Family Therapy, School of Social Work  
Bryn Mawr College, Bryn Mawr, PA

---

---

---

---

---

---

---

---

## Core Issues of Adoption

- ▶ Effects on each member of the Adoption Triad
  1. Loss
  2. Rejection
  3. Guilt and Shame
  4. Grief
  5. Identity
  6. Intimacy
  7. Control



International Institute for Family Therapy, School of Social Work  
Bryn Mawr College, Bryn Mawr, PA

---

---

---

---

---

---

---

---

## Loss

- Adoption is created through loss. All members of the adoption triad feel the loss. The hub of the wheel that connects all the triad members is loss.

Adoptees	Birth Parents	Adoptive Parents
<ul style="list-style-type: none"> <li>Ultimate abandonment</li> <li>Loss of biological, genetic, cultural history</li> <li>Issues of holding on and letting go</li> </ul>	<ul style="list-style-type: none"> <li>Ruminate about lost child</li> <li>Initial loss merges with other life events; leads to social isolation</li> <li>Changes in body and self image</li> <li>Relationship losses</li> </ul>	<ul style="list-style-type: none"> <li>Infertility equated with loss of self and immortality</li> <li>Issues of entitlement lead to fear of loss of child and over-protection</li> </ul>

Journal of Family Psychology, School of Social Work, Rutgers The State University of New Jersey

---

---

---

---

---

---

---

---

---

---

## Rejection

- To be chosen into an adoptive family, the child must first be "unchosen" by another family. Transracial adoptees can also feel rejected by their culture because no one from that culture chose to adopt them.

Adoptees	Birth Parents	Adoptive Parents
<ul style="list-style-type: none"> <li>Personalize placement for adoption as rejection</li> <li>Can only be "chosen" if first rejected</li> <li>Anticipate rejection</li> </ul>	<ul style="list-style-type: none"> <li>Reject selves as irresponsible, unworthy because permitted adoption</li> <li>Turn those feelings against self as deserving of rejection</li> <li>Come to expect and cause rejection</li> </ul>	<ul style="list-style-type: none"> <li>Contracted because of pre-conception difficulties</li> <li>May scapegoat partner</li> <li>Expect rejection</li> <li>May expect adoptee to avoid anticipated rejection</li> </ul>

Journal of Family Psychology, School of Social Work, Rutgers The State University of New Jersey

---

---

---

---

---

---

---

---

---

---

## 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.

Adoptees	Birth Parents	Adoptive Parents
<ul style="list-style-type: none"> <li>Deserving misfortune</li> <li>Shame of being different</li> <li>May take defensive stance / angry</li> </ul>	<ul style="list-style-type: none"> <li>Fully to guilty secret</li> <li>Shame / guilt for placing child</li> <li>Judged by others</li> <li>Double bind - not OK to keep child and not OK to place</li> </ul>	<ul style="list-style-type: none"> <li>Shame of infertility</li> <li>May believe childlessness is a curse or punishment</li> <li>Religious crisis</li> </ul>

Journal of Family Psychology, School of Social Work, Rutgers The State University of New Jersey

---

---

---

---

---

---

---

---

---

---

## 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.

Adoptees	Birth Parents	Adoptive Parents
<ul style="list-style-type: none"> <li>Grief may be overlooked in childhood, blocked by the adult, leading to depression / acting out</li> <li>May grieve lack of "fit" in adoptive family</li> </ul>	<ul style="list-style-type: none"> <li>Lack rituals for mourning</li> <li>Sense of shame blocks grief work</li> </ul>	<ul style="list-style-type: none"> <li>Must grieve loss of "fantasy" child</li> <li>Unresolved grief may block attachment to adoptee</li> <li>May experience adoptee's grief as rejection</li> </ul>

Institute for Families, School of Social Work  
Baruch College, City University of New York

---

---

---

---

---

---

---

---

---

---

## Identity

- Triad members often express feelings related to confused identity and identity crises, particularly at times of unrelated loss.

Adoptees	Birth Parents	Adoptive Parents
<ul style="list-style-type: none"> <li>Deficits in information may impede integration of identity</li> <li>Extreme behaviors in order to create a sense of belonging</li> </ul>	<ul style="list-style-type: none"> <li>Child as part of identity goes on without knowledge</li> <li>Diminished sense of self and self-worth</li> <li>May interfere with future parental desires</li> </ul>	<ul style="list-style-type: none"> <li>Experience diminished sense of continuity of self</li> <li>Are not parents</li> </ul>

Institute for Families, School of Social Work  
Baruch College, City University of New York

---

---

---

---

---

---

---

---

---

---

## 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.

Adoptees	Birth Parents	Adoptive Parents
<ul style="list-style-type: none"> <li>Fear getting close and risk reconnecting earlier losses</li> <li>Concerns over possible future</li> <li>Revealing losses may lower capacity for intimacy</li> </ul>	<ul style="list-style-type: none"> <li>Difficulty resolving losses with other birth parent may interfere with future relationships</li> <li>Intimacy may equate with loss</li> </ul>	<ul style="list-style-type: none"> <li>Unresolved grief over losses may lead to intimacy / marital problems</li> <li>May avoid closeness with adoptee to avoid loss</li> </ul>

Institute for Families, School of Social Work  
Baruch College, City University of New York

---

---

---

---

---

---

---

---

---

---

## 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

Adoptees	Birth Parents	Adoptive Parents
<ul style="list-style-type: none"> <li>Adoption alters life course</li> <li>Not party to initial decisions</li> <li>Haphazard nature of adoption removes cause and effect connections</li> </ul>	<ul style="list-style-type: none"> <li>Relinquishment seen as out of control, disjunctive event</li> <li>Interrupts drive for self-actualization</li> </ul>	<ul style="list-style-type: none"> <li>Adoption experiences lead to "learned helplessness" sense of mastery linked to procreation</li> <li>Lack generativity</li> </ul>

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

---

---

---

---

---

---

---

---

---

---

## Stages of Grieving and Reactions to Loss

- Stages of grieving and adaptation as evolutionary process
- Adaption and the search for positive meaning in loss
- Impact of unresolved grieving
- The impact of multiple losses and broken attachments
- The impact of parental abandonment on children
- Resultant symptoms (depression, anxiety, acting out, loss of trust)
- Understanding the context of previous loss in adoption preparation and placement

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

---

---

---

---

---

---

---

---

---

---

## BREAK



Please return in 10 minutes.

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

---

---

---

---

---

---

---

---

---

---

## Let's Talk About.....

### Talking with Children About Adoption

- Preschool – Ages 3-5
- Elementary Years – Ages 6-10
- Young Adolescent – Ages 11-15
- Youth – Ages 16+



The Family Center, School of Social Work  
Long Island University, Greenvale, NY 11548

---

---

---

---

---

---

---

---

### Preschool Years – Ages 3-5

- Children at this age:
  - Are concrete
  - Learn through play
  - Are magical and egocentric thinkers (not logical)
  - Believe the world revolves around them

The Family Center, School of Social Work  
Long Island University, Greenvale, NY 11548

---

---

---

---

---

---

---

---

### Elementary Years – Ages 6-10

- Children at this age:
  - Face many challenges inside and outside the family
  - Learn motor skills
  - Acquire academic knowledge
  - Socialize with peers (primarily same sex)
  - Become more and more independent and competent
  - Experience ordinary conflicts with parents over TV privileges, chores, clothes, bedtime, language, movies, etc.

The Family Center, School of Social Work  
Long Island University, Greenvale, NY 11548

---

---

---

---

---

---

---

---

## Young Adolescent – Ages 11-15

- Children at this age:
  - Understand adoption and their personal story in a completely new way
  - Are maturing and growing physically and emotionally at a rapid rate
  - Are forming their identity and sense of self (e.g., what they will look like, whom they will be like, to whom they belong, etc.)
  - Are more strongly impacted by the facts of their adoption, as they are able to comprehend what it means

Trainer for Families School Social Work  
August 2010, University of Minnesota

---

---

---

---

---

---

---

---

## Youth

- Children at this age:
  - Try and find their place in the adult world
  - Are often overwhelmed as they search for their identity
  - Feel challenged as they explore school, work, and housing options

Trainer for Families School Social Work  
August 2010, University of Minnesota

---

---

---

---

---

---

---

---

## Group Activity – In and Out of Secrets



Trainer for Families School Social Work  
August 2010, University of Minnesota

---

---

---

---

---

---

---

---

### Guiding Premises

- Frame your work in the context of typical child development, family life cycle, and adoption issues (curiosity, difference, inadequacy, and adaptive grieving)
- Every child and family needs a healthy and truthful "adoption story"
- Secrets can be "crazymaking" and imply non-acceptance and guilt
- Children are resilient and can understand difficult issues

International Family School of Social Work  
Adoption for Families, Spring 2008, p. 10

---

---

---

---

---

---

---

---

### Guiding Premises (continued)

- Age appropriate, repeated discussions are most helpful – not a "one and done" approach
- Language and words have important meaning and implications
- Fantasies, wishes, and fears need to be verbalized
- Resolution and acceptance is a lifelong journey

International Family School of Social Work  
Adoption for Families, Spring 2008, p. 11

---

---

---

---

---

---

---

---

### Positive Adoption Language (PAL)

Use	Don't Use
Birth or biological parent/brother/sister	Real or natural parent/brother/sister
Bin(1), child	Own child
Made an adoption plan, chose adoption	Surrendered, relinquished, gave up, put up
To parent	To keep
Son, daughter, parent, mother, father, mom, dad	Adopted child, adoptive parent, mom, dad
Child who has special needs	Special needs child
Waiting child	Hard to place
Touch(ed) by adoption, adoption triad or constellation	Adoption triangle
Was adopted	Is adopted

International Family School of Social Work  
Adoption for Families, Spring 2008, p. 12

---

---

---

---

---

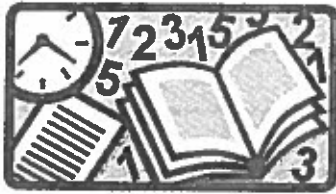
---

---

---



### Group Activity – Reframing



Institute for Families School, Essential Work  
Copyright © 2014 by the Institute for Families

---

---

---

---

---

---

---

---

### Conversation Guidelines

- Get in touch with your own discomfort and reluctance to be open and honest about difficult subjects with children
- Be brief, concrete, and honest – early on
- Children take in what they can or are ready to understand – what is too much or beyond them will likely come up later when they are older or more emotionally ready to accept it

Institute for Families School of Social Work  
Copyright © 2014 by the Institute for Families

---

---

---

---

---

---

---

---

### Conversation Guidelines (continued)

- Share reasons for birth parents' difficulties in clear, general terms – framing information in ways children may understand as their own reactions may help them understand their parents behaviors
- Consider whether there is anything the child might not understand or feel responsible for
- Help children to tell their stories in a safe way

Institute for Families School of Social Work  
Copyright © 2014 by the Institute for Families

---

---

---

---

---

---

---

---

### Tips for Talking to Children About Difficult Issues

- Assess need to meet with parent(s) alone to first assess level of comfort with difficult issues and gain support and permission for the difficult conversations
- Meet with entire family, when appropriate – make a brief statement of purpose, identify roles, and purpose of meeting
- Explain who you are and your job – use “child friendly” language
- Clarify any questions, fears, misperceptions, or misunderstandings

Institute for Family School & Work  
Engage The State University of New York

---

---

---

---

---

---

---

---

### Lunch



Please return in 1 hour

Institute for Family School & Work  
Engage The State University of New York

---

---

---

---

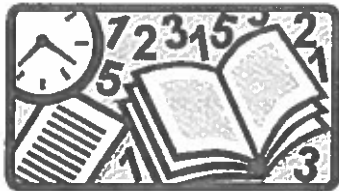
---

---

---

---

### Group Activity – Review



Institute for Family School & Work  
Engage The State University of New York

---

---

---

---

---

---

---

---

## Let's Talk About..... Tools and Modalities

- Life Book
- Feelings Charts / Posters
- Family Trees
- Stories
- Directed Play Therapies



Presented by Families in Schools Social Work Program  
Copyright © 2004, 2005 by Families in Schools

---

---

---

---

---

---

---

---

## The Life Book: Who Am I?

- Purpose
  - Increases child / family connections
  - Facilitates sense of self and relational connections, history, and continuity – tying past, present, and future together
  - Increases attachment and trust between children and adoptive family
  - Tool for open communication about life story
  - Answers children's questions about themselves and their family experience
  - Can provide evidence of being cared for and loved
  - Facilitates separation of reality from fantasy and defensiveness
  - Helps identify realistic truths about family of origin
  - Facilitates attachment and trust

Presented by Families in Schools Social Work Program  
Copyright © 2004, 2005 by Families in Schools

---

---

---

---

---

---

---

---

## The Life Book: Who Am I? (continued)

- Challenges
  - Lack of cooperation from birth family / foster family, etc
  - Lack of interest by child
  - Making Life Book more than pictures or "scrapbook"
  - Gaps in child's history

Presented by Families in Schools Social Work Program  
Copyright © 2004, 2005 by Families in Schools

---

---

---

---

---

---

---

---

### Feelings Charts / Posters

Activities & Games: A Social Studies Book for  
Elementary School Children

---

---

---

---

---

---

---

---

### Caring Tree

• Preschool Age

Activities & Games: A Social Studies Book for  
Elementary School Children

---

---

---

---

---

---

---

---

### The Peony Bush

• Elementary and Younger Middle School

Activities & Games: A Social Studies Book for  
Elementary School Children

---

---

---

---

---

---

---

---

### History Tree

• Older Middle School

Copyright © 2000 by Scholastic Teaching Resources

---

---

---

---

---

---

---

---

### Family House

• Middle School

Copyright © 2000 by Scholastic Teaching Resources

---

---

---

---

---

---

---

---

### Genogram

Copyright © 2000 by Scholastic Teaching Resources

---

---

---

---

---

---

---

---

## Stories with Adoption Themes

- **Early Childhood – ages 2-5**
  - Little Miss Spider – David Kirk
  - A Koala for Katie – Jonathan London
  - Adoption Stories for Young Children – Randall Hicks
- **Childhood – ages 5-10**
  - Mommy, Did I Grow in Your Tummy? – Elaine Gordon
  - Who Am I? and Other Questions of Adopted Kids – Charlene Giannetti
  - “Why Didn’t She Keep Me?” – Barbara Butlingham Brown
- **Older Child and Teenager – ages 10+**
  - Filling in the Blanks: A Guided Look at Growing Up Adopted – Susan Gable
  - How it Feels to be Adopted – Jill Krementz
  - The Face in the Mirror: Teenagers and Adoption – Marion Cook

Institute for Families, School of Social Work  
Loyola University Chicago, Chicago, IL

---

---

---

---

---

---

---

---

---

---

## Directed Play Therapies

Play Therapy	Description
Adoption Story Cards	Cards with pre-printed illustrations of children, families, houses, schools, etc.
Envelope Crab Bag	Pre-printed questions placed in an envelope (e.g., “What is the Best Thing About Adoption?” “If I Could See My Birth Mother I Would...”)
Coloring Book and Sheets	Drawing is fun for children and they can explore their feelings, fantasies, and concerns
Puppet and Family Doll Play	For many children, using puppets/dolls provides the emotional distance needed to begin the healing process

Institute for Families, School of Social Work  
Loyola University Chicago, Chicago, IL

---

---

---

---

---

---

---

---

---

---

# BREAK



Please return in 10 minutes.

Institute for Families, School of Social Work  
Loyola University Chicago, Chicago, IL

---

---

---

---

---

---

---

---

---

---

## Let's Talk About..... Family-Centered Work with Children

- Goals
- Steps



© 2004 by Edgerton School of Social Work  
Baylor University, Waco, Texas

---

---

---

---

---

---

---

---

## Goals of Treatment

- Facilitate physical closeness and emotional attachment in a safe environment
- Help child learn to accept care and comfort from parents
- Help child release rage, fear, and sadness caused by past losses, rejections, and mistreatments
- Help parents accept and empathize with child's feelings
- Help child accept rules and cooperate with parents
- Facilitate the development of trust, love, and caring

© 2004 by Edgerton School of Social Work  
Baylor University, Waco, Texas

---

---

---

---

---

---

---

---

## 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

© 2004 by Edgerton School of Social Work  
Baylor University, Waco, Texas

---

---

---

---

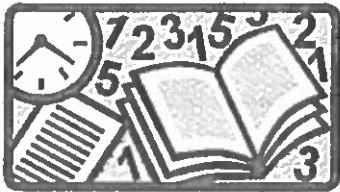
---

---

---

---

## Group Activity – Role Play



Institute of Family School & Social Work  
Faculty of Education, University of Alberta

---

---

---

---

---

---

---

---

## Summary

- Identified the core clinical issues of adoption for each member of the adoption triad
- Understood the principles, development, processes, and dynamics of age-appropriate treatment with children
- Became familiar with therapeutic activities and tools that can be utilized in treatment with children and families
- Developed treatment plans that demonstrate age appropriate development within the context of adoption

Institute of Family School & Social Work  
Faculty of Education, University of Alberta

---

---

---

---

---

---

---

---

## Individual Therapy with Adopted Children

Questions and Answers  
Evaluation Sheet

---

---

---

---

---

---

---

---



# Additional Handouts



### Creating a Secure Base

Adapted from "The House of Forming" in Goldberg et al.

---

---

---

---

---

---

---

---

---

---

### Normal Process of Attachment – Arousal-Relaxation Cycle

- The totally dependent baby has bio-physiological needs which produce a state of arousal which cause the child to cry, alerting caregivers to provide need meeting responses.
- The response produces need satisfaction, relaxation and arousal reduction.

Institute for Family, School of Social Work  
Baruch College, City University of New York

---

---

---

---

---

---

---

---

---

---

### Arousal-Relaxation Cycle (cont.)

- Nurturing caregivers provide many attuned social behaviors, which are linked to the need meeting response: touch, eye contact, vocalization and movement, which further satisfy the baby.
- The cycle of arousal and need satisfaction is repeated many times during each day. The baby's on-going and consistent experience of needs being satisfied and arousal being reduced, linked to attuned and soothing social interactions, produces TRUST OF CARE, which is the foundation of attachment.

---

---

---

---

---

---

---

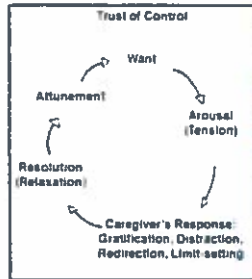
---

---

---

### Normal Process of Attachment – Trust of Control

• By the middle of the first year of life, the baby has wants/ desires, which are not necessarily needs, but which also produce arousal and tension. The baby has already begun to develop trust of care based on consistent, need meeting responses by nurturing caregivers.



Trust of Control (Feldman, S. Kind of See and Hear) Eugene, The Book Department of Newberry

---

---

---

---

---

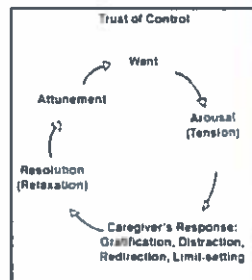
---

---

---

### Trust of Control (cont.)

• These caregivers decide which wants are good for the baby (and young child) and should be satisfied, and which are not good. Caregivers allow the child to make choices within reasonable and protective limits, while continuing to provide attuned social responses. Resolution of the child's wants may involve gratification, distraction, redirection, limit setting or prohibition.




---

---

---

---

---

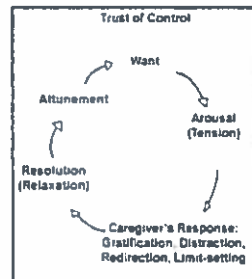
---

---

---

### Trust of Control (cont.)

• The child accepts these interventions because he/she has begun to learn to trust the caregiver. The child's experience of wants being resolved and arousal being reduced, linked to attuned and soothing social interactions, produces TRUST OF CONTROL.




---

---

---

---

---

---

---

---

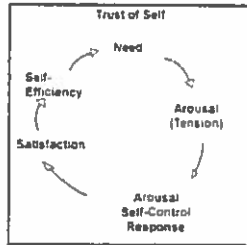
### Normal Process of Attachment – Trust of Self

The child has needs which produce arousal and tension. He/she must use self-control, which involves problem solving, delayed gratification, limit setting. As the child experiences his/her own resolutions of tension, it deepens their TRUST OF SELF and their own abilities.

This marks the beginning of conscience. The child has internalized the values and morals of their caregiver. The child begins to appropriately become independent.

"Doing good" - feels good!!!

"Doing bad" - feels bad!!!



Developed for (consult) in-kind of Social Work  
© copyright The State University of New Jersey

---

---

---

---

---

---

---

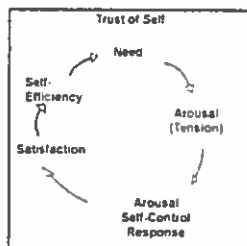
---

### Trust of Self (cont.)

This marks the beginning of conscience. The child has internalized the values and morals of their caregiver. The child begins to appropriately become independent.

"Doing good" - feels good!!!

"Doing bad" - feels bad!!!



---

---

---

---

---

---

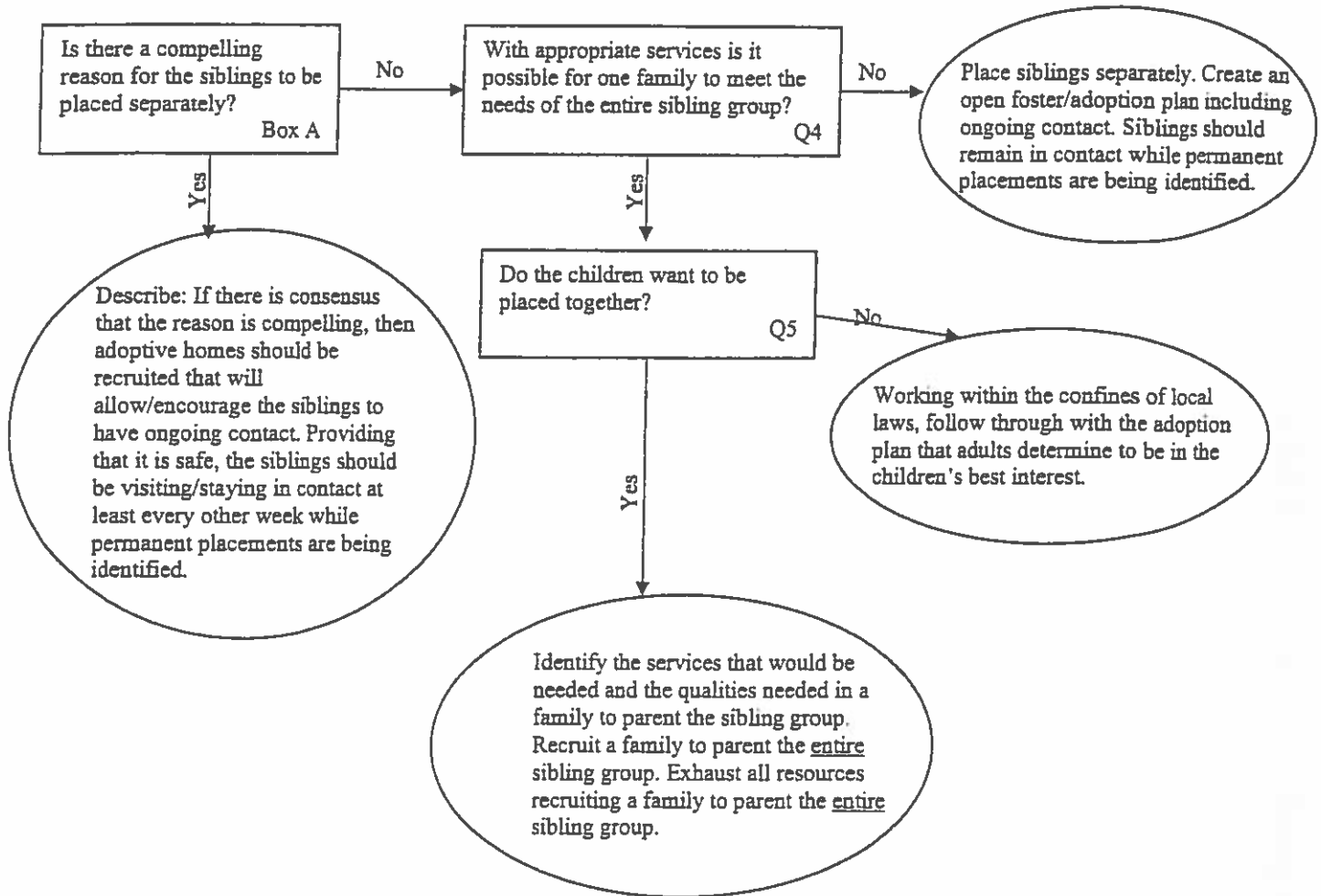
---

---



**Sibling Decision Making Matrix**  
 Created by: Northeast Ohio Adoption Services  
 Sisters and Brothers Together Project  
 (Grant #90 CO 0821)

Continued...



Note: If a compelling reason in the children's best interest does not exist, then they should not be separated. The most common examples of compelling reasons include:

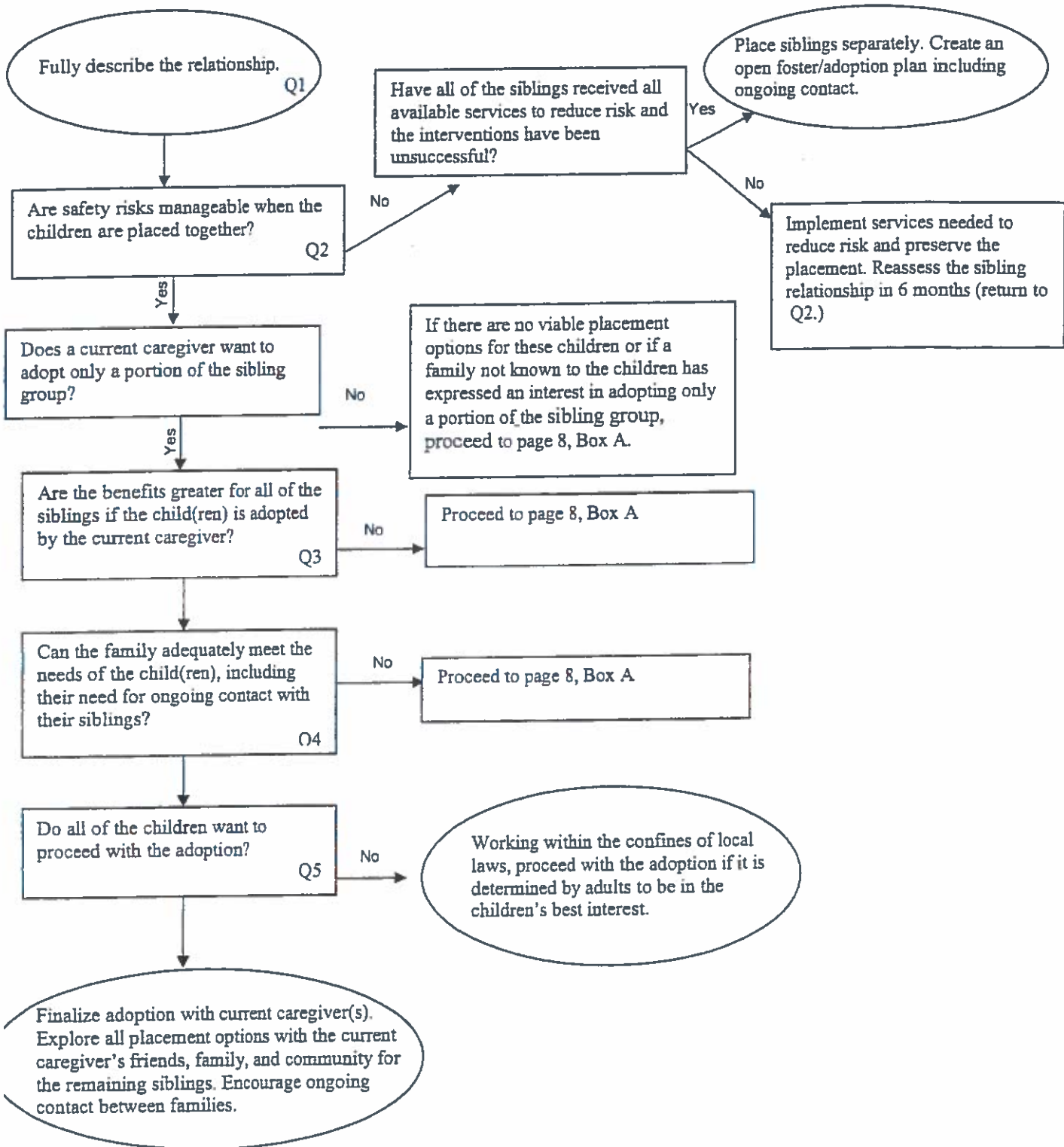
- Sexual offending behavior that has not been responsive to therapeutic interventions
- Extreme physical aggression toward siblings that has not been responsive to therapeutic interventions.
- Current caregiver wants to adopt the child(ren) in their home but not the entire sibling group. The child(ren) in the home have a strong mutual bond with the caregiver. Services were offered to support the caregiver in providing for all of the available siblings but the caregiver declined the services.

*Copies of this document may be made but not altered.*

# Sibling Decision Making Matrix

Created by: Northeast Ohio Adoption Services  
Sisters and Brothers Together Project  
(Grant #90 CO 0821)

NOTE: This matrix is to be utilized in conjunction with the questions provided to guide your discussion.





## Core Issues in Adoption

### *Entitlement:*

\* Whether adoptive parents and children have a 'right' to each other (emotional right vs. legal right). It is important to note that this may result in the parents or child holding back their commitment to each other.

### *Claiming:*

\* Process by which adoptive parents come to accept the adoptive child as their own child

### *Unmatched Expectations:*

\* What the child is like vs. imagined birth child

\* Actual feelings about the child vs. what parents thought feelings would be

### *Family Integration:*

\* Negotiating issues defined by the adoptive child's pre-adoptive life AND the adoptive family's origin and family system. It is important that adoptive families recognize and accept that they do not just adoptive a child but a whole new extended family system.

### *Separation, Loss, Grief:*

\* Loss of biological child, loss of birth parents, possibly siblings and extended family AND loss of control over their lives.

\* Issues related to rejection, guilt, shame, and intimacy resulting from separation and loss

### *Bonding and Attachment:*

\* may not occur automatically, even with an infant

\* Infants may show signs of distress during adjustment

### *Identity Formulation:*

\* Is formed through experiences, interactions with and exposure to other people; making decisions concern who and what one will be.

\* Is rooted in family history, nurtured through the natural processes of development, and shaped by individual and family dynamics.

\* Complicated by adoption and separation from birth family.

### *Mastery and Control:*

\* A sense of personal power over a situation

\* For adoptive parents and children experiences that threaten mastery and control are: infertility, adoption process, removal from birth family, placement with adoptive family.



**What is Attachment?** We typically throw around the words attachment and bonding when actually they are very different. Bonding is the "emotional glue" that a parent feels for their child. It is important that a parent bonds immediately to their child so the survival needs of the newborn infant will be met. The relationship is basically from the parent to the child. Attachment, on the other hand, is a reciprocal relationship and based on the positive interaction cycle. Attachment means that there are two people involved in the relationship. The parent gives something to the child and the child gives something back. Attachment is key to psychological survival. (Corwin, 2007) You cannot survive, literally, unless you have a relationship with someone else.

**Bonding** is a short term phenomenon that occurs shortly after birth and describes the parent's experience of getting to know and to feel close to the new baby.

**Attachment** develops over a longer period of time and depends upon both of the partners- the parent and the child. Other things we know about attachment are:

- The quality of the relationship determines the strength of the attachment
- Attachment is a learned skill that has been nurtured by positive interaction
- With this learned skill, attachments can be transferred to others

**In child welfare, the following definition of attachment is often used:**

Attachment is an affectionate and emotional tie between two people that continues indefinitely over time and lasts even when people are geographically apart. (Klaus and Kennell, 1976) By the time most children enter foster care, they have experienced many separations from people they were attached or connected to.

**Claiming** is the third way to build attachments. Through the process of identifying what the child and the parent have in common, they become connected. Parents of newborns study their baby's features and point out that they have "daddy's ears" or "Aunt Annie's red hair". These are visible signs that the baby or child belongs to the family.

For foster and adopted children, there are other ways a family can claim a child. These could include preparing a bedroom for the child, putting the child's pictures on the refrigerator, including the child in all family activities, etc. Positive claiming of the child signals to him or her that they are a valued part of the family. When the child might be slow or hesitant to attach, there are still many ways a family can make connections with a foster child.

