Values about Adoption

Please rank these characteristics of adoptive parents in order of their importance to you if you were choosing an "ideal" family for a child. Rank the items from #1 (most important) to #12 (least important).

You do not have to share this material with the group unless you want to. Please be truthful about what you personally value.

_____Educated

_____Religious

_____Married Couple

_____Child Advocate

_____Open to Transracial Adoption

_____Help-seeking

_____Eccentric

_____High Expectations

_____Wealthy

_____Non-traditional family

_____Experienced parents

_____Flexible

Personal Views

Adoption is

Adopted children are different because

Adoptive parents are

Children are unadoptable when

Adoption should be abandoned when

AdoptCare Network Training
The Adoption Exchange
14232 E. Evans Avenue, Aurora, CO 80014 * 303/755-4756 * FAX 303/755-1339 * www.adoptex.org

Assumptions About Adoption

Every child deserves the opportunity to live in a safe permanent family.

All children who are unable to return to their homes should be considered for adoption.

Adoption is different.

Adoption is a lifelong process.

Adopted children bring genes, birth experience, biological family ties, and life history to the adoptive family.

Adoptive parents, birth parents, and children share a sense of loss.

Adoption is a service on the continuum of protective services to children.

Positive Adoption Language

The words we choose say a lot about what we think and value. When we use positive adoption language, we say that adoption is a way to build a family just as birth is a way to build a family. Both are important, but one is not more important than the other. Choose the following positive adoption language instead of the negative talk that helps perpetuate the myth that adoption is second best.

Positive Language	Negative Language
Birth Parent	Real Parent
Birth Child	Own Child
My Child	Adopted Child
Born to Unmarried Parents	Illegitimate
Terminate Parental Rights	Give Up
Make an Adoption Plan	Give Away
To Parent	To Keep
Waiting Child	Adoptable/Available Child
Biological Father	Begetter
Making Contact with Parent	Reunion
International Adoption	Adoptive Parent
Adoption Triad	Foreign Adoption
Permission to Sign a Release	Adoption Triangle
Search	Disclosure
Child Placed for Adoption	Track Down
Court Terminated	An Unwanted Child
Child with Special Needs	Child Taken Away
Child from Abroad	Handicapped Child
Was Adopted	Foreign Child
	Is Adopted

Accessed from the internet www.adoptnet.org

Mythic Model

A Mythic Model <u>Of the Adoptive Family</u>	***A Reality-Based Model*** <u>Of the Adoptive Family</u>
↓	↓
Adoptive Parents	**Adoptive Parents**
Self-less Saintly Heroic Rescuer/Savior	Self-Aware Human Vulnerable Parent/Survivor
↓	↓
Adoptive Child	**Adoptive Child**
Obligated/Duty Grateful/Joy Helpless Rescued/Salvation	Autonomous/Choice Ambivalent/Joy & Sorrow Empowered Participating/Surviving
↓	↓
Disruption	**Disruption**
Sinful Failure Perpetrates Trauma	Possible Crisis (Danger & Opportunity) Makes Trauma Conscious
↓	↓
Professional Response	**Professional Response**
Rage Blame Helplessness Fear	Grief Perspective Support/Acceptance

Adoption Myths & Facts

MYTH	FACT
Someone will take my child away (e.g., social services or the birth parent).	The Colorado Department of Human Services (DHS) supports permanent placements; birth parents' rights are terminated by the courts.
I must own my own home; it must be new & large.	Renters may adopt; houses & apartments must be clean and safe; they may be old or small.
My adopted child must have his/her own bedroom.	Children may share a bedroom if they are the same gender and of similar ages.
Adoption costs a lot; I must earn a lot of money.	Costs are very low when adopting a child from the foster care system. Parents need to earn enough money to support their family. Often adoption subsidies are available.
I must be married and part of a traditional family.	Adults who adopt may be married, but also may be single, divorced, widowed, or part of another type of non-traditional family.
I am too young or too old to adopt a child.	People who adopt must be considered an adult legally. There is no upper age limit.
Caucasian families are preferred.	The federal law states that it is important for every child to have a permanent home regardless of the ethnicity of the parents.
An adopted child's behavior may be dangerous to my family.	Many children have special needs; some attend therapy to help them adjust to the losses they have experienced.
A child with "special needs" is irreparably damaged.	Most children thrive when they are placed with their "forever" family. Even if they need therapy or special education, they make good progress & grow into productive, happy adults.
An adopted child will never be my "own."	Adopted children and adoptive parents can bond just as strongly with each other as birth children.
Home studies are invasive and judgmental.	It is important to find the most appropriate, loving and safe home for a child. Home studies are intended to be beneficial and informative for the adoptive family, too.

The adoption process takes "forever."	In some cases, adoption can take less than a year. Legal risk and some cases can take longer.
It is easier to adopt an infant.	There are benefits to adopting different age groups. It depends on the adoptive family which age child will fit in their family.
Social services will be a part of my life forever.	Once an adoption is legally finalized, DHS does not have a role or presence in an adoptive family.
My family will not be able to move to another state.	Once an adoption is legally finalized, the adoptive parents can live in any state or country.

Originally developed by the Hispanic Adoption Support Network of The Adoption Exchange, June, 2001. Adapted for Colorado Post Adoption Resource Center, June 2005.

Adopted Children's' Evolving Understanding About Adoption

Preschooler:

1. Learning about birth
2. Around age four, beginning to understand:
   - Time and space
   - That things happened in the past about which they have no memory
   - The concept that they may someday be a mom or dad
   - Ask questions about growing inside "your tummy"

Need to understand that they were first born to birth parents who couldn't take care of them

Middle Childhood:

1. By age 6, understanding reproduction – can differentiate between being born & being adopted
2. By age 7 or 8, comparing himself to others – can understand "blood relations" and that his family is different than that of most other children

Dealing with feelings of being different, stigma associated with being adopted and peer's reaction to adoption

3. Coping with physical differences from family members
4. Searching for answers regarding origins and reasons for the adoption – interested in details-if were birth parents married or had other children
5. Until age 10 or 11, not fully understanding the legal system – think birth parents can reclaim them

   Expressing anger, hurt and sadness about abandonment – coming to grips with the reality that to be chosen, first you have to be "un-chosen" – feeling unlovable, unwanted and unworthy

6. Feeling guilty about what they did that lead to not being kept by birth parents
7. Feeling confused about their feelings as they are developing the ability to think without using words

   Experts consider this a good time to have contact with the birth family if available

Adolescence:

1. Evolving development of personal identity and evolving coping with adoption related losses, especially related to sense of self – searching for further meaning and implications of being adopted
2. In inter-racial adoptions, coping with racial identity

Permanency Through Adoption, Focus on Children

A Psychosocial Model of Adoption

David Brodzinsky, Marshall Schechter, and Robin Marant. Being Adopted: The Lifelong Search for Self.. Doubleday Publishing CO, 1992. Used with permission

Age Period	Erickson's Psychosocial Tasks	Adoption Related Tasks
Infancy	Trust vs. Mistrust	• Adjusting to transition to a new home • Developing secure attachments, especially in cases of delayed placement
Toddlerhood and Preschool	Autonomy vs. Shame and Doubt Initiative vs. Guilt	• Learning about birth and reproduction • Adjusting to initial information about adoption • Recognizing differences in physical appearance, especially in interracial and intercountry adoption
Middle Childhood	Industry vs. Inferiority	• Understanding the meaning and implications of being adopted • Searching for answers regarding one's origin and the reasons for relinquishment • Coping with physical differences from family members • Coping with stigma associated with adoption • Coping with peer reactions to adoption • Coping with adoption-related loss

Adolescence	Ego Identity vs. Identity Confusion	• Further exploration of the meaning and implications of being adopted • Connecting adoption to one's sense of identity • Coping with racial identity (interracial adoption) • Coping with physical differences from family members • Resolving the family romance fantasy • Coping with adoption-related loss, especially related to the sense of self • Considering the possibility of searching for biological family
Young Adulthood	Intimacy vs. Isolation	• Further exploration of the implications of adoption related to the growth of self & development of intimacy • Further considerations of searching and/or beginning the search • Adjusting to parenthood in light of the history of one's relinquishment • Facing one's unknown genetic history in the context of the birth of children • Coping with adoption-related loss
Middle Adulthood	Generativity vs. Stagnation	• Further exploration of the implications of adoption as related to the aging self • Reconciling the creation of a psychological legacy with one's unknown past • Further considerations of searching • Coping with adoption-related loss
Late Adulthood	Ego Integrity vs. Despair	• Final resolution of the implications of adoption in the context of a life review • Final considerations regarding searching for surviving biological family

Seven Core Issues in Adoption

	ADOPTEE	BIRTH PARENT	ADOPTIVE PARENT
LOSS	Fear ultimate abandonment; Loss of biological, genetic, cultural history; issues of holding on and letting go.	Ruminate about lost child. Initial loss merges with other life events; Leads to social isolation; Changes in body and self image; Relationship losses.	Infertility equated with loss of self and immortality; Issues of entitlement lead to fear o loss of child and overprotection.
REJECTION	Personalize placement for adoption as rejection; Issues of self-esteem; Can only be "chosen" if first rejected, anticipate rejection; Misperceive situations.	Reject self as irresponsible, unworthy because permitting adoption; Turn these feelings against self as deserving rejection; Come to expect and cause rejection.	Ostracized because of procreation difficulties; May scapegoat partner; Expect rejection.
GUILT/SHAME	Deserving misfortune; Shame of being different; May take defensive stance/anger.	Party to guilty secret; Shame/guilt for placing child: Judged by others; Double bind; Not okay to keep child and not okay to place.	Same of infertility; May believe childlessness is a curse or punishment: Religious crisis.

GRIEF	Grief may be overlooked in childhood, blocked by adult, leading depression/acting out; May grieve lack of "fit" in adoptive family.	Grief acceptable only short period but may be delayed 10-15 years; Lack rituals for mourning; Sense of shame blocks grief work.	Must grieve loss of "fantasy" child; Unresolved grief may block attachment of adoptee; May experience adoptee's grief as rejection.
IDENTITY	Deficits in information may impede integration of identity; May see search for identity in early pregnancies, extreme behaviors in order to create sense of belonging.	Child as part of identity goes on without knowledge; Diminished sense of self and self-worth; May interfere with future parental desires.	Experience diminished sense of continuity of self; Are and are not parents.
CONTROL	Adoption alters life course; Not involved in initial decisions; Haphazard nature of adoption removes cause and effect continuum.	Relinquishment seen as out of control disjunctive event; Interrupts drive for self-actualization.	Adoption experiences may lead to "learned helplessness"; Sense mastery linked to procreation; Lack generativity.
INTIMACY	Fear getting close and risk re-enacting earlier losses; Concerns over possible incest; bonding issues may lower capacity for intimacy.	Difficulty resolving issues with other birth parent may interfere with future relationships; Intimacy may equate with loss.	Unresolved grief over losses may lead to intimacy/marital problems; May avoid closeness with adoptee to avoid loss.

John Steinberg, MSW. Used with permission.

Developmental Effects of Parental Separation/Loss

The First Year of Life

The following lists discuss the short-and long-term effects of separation and loss during the first year of life, as well as the strategies for minimizing those effects.

Short-term effects of parental separation/loss

- Regression in terms of dependency needs
- Undermining of the child's sense of security and trust for adult availability
- Interruption in the acquisition of basic cause and effect because of changes in daily routine that accompany changes in caretakers

Possible long-term effects of the loss

- If dependency needs are not met, child expects that life owes him
- Difficulty ever meeting dependency needs of others
- Poor trust
- If cause and effect not addressed, learning problems seen at the 4–6 grade level

Minimizing the effects of the loss

- Ensuring that new caretakers are available "on demand" for the infant
- Gearing all interactions to "What will help this infant learn to trust that adults will be available?"
- Transferring routines to the new family setting
- Following a consistent routine

Toddler Years (1–3)

The following lists discuss the short-and long-term effects of separation and loss during the toddler years, as well as the strategies for minimizing those effects.

Short-term effects of parental separation/loss

- Disruption of balance between age-appropriate dependency and independence
- Interference in the child's sense of self (changes in first name during this period of ego development may be particularly harmful)
- Decreased awareness of both external and internal stimuli
- Regression in terms of most recently acquired skills
- Temporary interruption of language acquisition

Possible long-term effects of the loss

- Permanent disruption in balance between dependency and independence; child may grow up to be "victim" or "victimizer"
- Permanent disruption in ego development may result in development of "borderline personality"
- A lack of awareness of internal discomfort (that is, knowing when hungry or full, not being aware of physical pain, and so forth)
- Long-term subtle language problems
- As adults, problems with being rigid, inflexible, and unable to deal with aggressive impulses
- Long-term problems with interpersonal relationships

Minimizing the effects of the loss

- Preparing for moves
- Paying careful attention to meeting child's dependency needs while helping child feel more adequate
- Allowing regression to earlier levels of functioning

Pre-School Years (3–6)

The following lists discuss the short-and long-term effects of separation and loss during the pre-school years, as well as the strategies for minimizing those effects.

Short-term effects of parental separation/loss

- Magical thinking about the loss (What does he think he did to cause the loss? What does he think he can do to remedy it?)
- Child's perception that he is "bad"

Long-range effects of the loss

- Child's belief that he or she does not deserve to have good things happen
- Child's persistence in misbehaving once he does wrong
- Problems with sexual identity if the child thinks the loss was a result of his desiring the parent of the opposite sex all to himself
- Difficulty taking responsibility for his own behavior
- Need for external controls
- Difficulty taking nurturing or enjoying the pleasures of childhood
- Focus on control issues

Minimizing the effects of the loss

- Identifying, clarifying, and remediating the magical thinking (particularly important)
- Providing adequate opportunities for play (for reduction of loss)

Grade School Years

The following lists discuss the short-and long-term effects of separation and loss during the grade school years, as well as the strategies for minimizing those effects.

Short-term effects of parental separation/loss

- Less energy for tasks
- Decreased academic performance
- Decreased energy for peer relationships
- Confusion about "right" and "wrong"

Possible long-term effects of the loss

- Long-term problems in either schooling or peer relationships
- Problems with internalization of conscience

- Focus on control issues

Minimizing the effects of the loss

- Providing child with opportunities to focus on grieving

- Identifying values as "this is the way we do it in our family," rather than implying that other values are wrong

Adolescence

The following lists discuss the short-and long-term effects of separation and loss during the adolescent years, as well as the strategies for minimizing those effects.

Short-term effect of parental separation/loss

- Interruption in tasks of psychological separation from parent figures who are consistent in their availability and behaviors

Possible long-term effects of the loss

- Adolescent becoming suicidal or acting out in a variety of antisocial ways if he believes he has lost all control over his life
- Adolescent becoming totally dependent on peers to meet all of his need for approval if a family doesn't meet his needs
- Focus on control issues

Minimizing the effects of the loss

- Providing numerous opportunities for children to have control over other aspects of their lives
- Making children an integral part of decision making for their futures
- Providing stable adult role models

Adapted from Fahlberg, Vera I.,. A Child's Journey Through Placement. Perspectives Press, 1991

Placement Moves

Noted professionals look at the effects of moving on children

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John Bowlby: "Multiple Placements have catastrophic effects...causing overwhelming combinations of intense anxiety and loss. Every placement (including the removal from birth parents) becomes a disruption to him and to his working through his developmental stages and tasks...including regression in ability to adequately develop conscience."

Ner Littner conceptualizes the tasks of the placed child as follows:

1. Mastering feelings aroused by separation from parents.
2. Mastering feelings stirred up by being placed with new parent figures.
3. Subsequent dealing with any separation from these new parents.
4. Mastering the threat of closeness to them.

-"An Overview of Current Clinical Issues in Separation and Placement", Katz (1987)

Rebecca Perbix describes Post-Traumatic Stress Disorder as: A syndrome characterized by detachment, hyper-alertness to potential dangers, as well as the desire to control other people and the immediate environment to assure one's safety. Separations from family can appear as life-threatening. PTSD children often have extreme reactions to innocuous situations and events. Early trauma is encoded at the sensory and motor level.

-Post Adoption Services: Emerging Themes, Issues and Intervention (1995)

Dr. Vera Fahlberg describes the link between abuse, stress and anger. The same neuro-biological systems are involved in the *stress and fear response* as are involved in *anger, aggression and violence*. When a person is under stress, there is an activation of the *sympathetic nervous system* and a decrease in production of *seratonin*. Activation over a long period of time can cause the brain to organize around a high arousal level. Because of the high arousal level, minor stimulation causes major response. In addition, decreased levels of seratonin are associated with a decreased ability to modulate one's emotions.

-Post Adoption Services: Emerging Themes, Issues and Interventions (1995)

Going & Growing Through Grief & Loss – Parenting Traumatized Adopted Children

by Dee A. Paddock, MA, MTS, NCC

Dee Paddock is a psychotherapist, consultant, and adoptive mother of three who specializes in "Families With a Difference" issues - including those related to adoption, foster care, infertility, infant loss, and parenting children with special needs. She runs a private psychotherapy and consulting practice in Denver and speaks to many groups and organizations both inside and outside the U.S.

Ten years ago when I was 30, life was good. I'd met the right man, I'd made the right plans, I was pregnant after a painful struggle with infertility. I had been a good girl and, like all good girls, I was going to achieve what I pursued.

Then our baby Sara died at birth. The trauma of losing Sara with no warning brought me to my knees...and changed my life forever. During the past decade, I thought I'd taken care of recovering from this loss with therapy and support groups and my work. But when the TWA jet blew up in the sky last July and people died in a shocking tragedy, I was retraumatized. I couldn't stop watching the news, craving more gory details than necessary and unable to concentrate on much else. I realized it was my old trauma activated by something beyond my control "out there."

This reaction happens to your traumatized child every day.

"Fight, Flight, Freeze"

Dr. Bruce Perry, a researcher at Baylor College of Medicine, studies the impact childhood trauma has on the emotional, behavioral, cognitive, social, and physical functioning of children. He has studied child survivors of the Waco disaster and found that traumatized children can be sitting calmly in a group, talking about something benign like the weather, yet still be in a hyper-aroused physiological state. Although they appear outwardly calm, their resting heart rate may be as high as 140-160 beats per minute. They may experience the rush of adrenaline and a hyper-vigilant, heart-racing, breath-racing reaction of "fight, flight, freeze" in response to non threatening situations at almost any time.

Perry's work shows that, over time, traumatized children may lose the neurological ability to regulate their body's stress response. So even when traumatized children "look" normal, they may be reacting to normal life events as though they are in imminent danger. This hyper-aroused, hyper-vigilant state interferes with a child's ability to pay attention, to learn, and to develop normal relationships.

What Causes Trauma in Adoption?

Many adopted children have been traumatized by the people who gave them birth, or by others entrusted to care for them and love them. And many are traumatized in foster care systems because our culture values the genetic connection between parent and child over all other ties. In our society,

parents may abuse or neglect their children repeatedly, but because they are "blood," we trap them in foster care to try to maintain these relationships. This causes even more trauma for children.

Other adopted children may experience trauma when they have the ability to understand what adoption means. Around age seven or eight, children begin to see that belonging to their adoptive family means they lost something very significant - their birth family. They may process adoption as: "My parents didn't keep me. They didn't want me. They hurt me." Children often focus on their birth moms, asking, "Why didn't she want me? I cried too much. I ate too much. I was worse than my brothers and sisters. Is that why I was given away?"

They Can't Tell Us

Everyone wants to have smart kids who are verbal and can tell us what they feel, want, and need. But traumatized children hold so much inside...because it's not safe to tell it, or because they don't know it themselves, or because of what Dr. Perry is discovering. His research shows that children who have been traumatized show abnormal brain development and that some parts of their brains simply aren't available for use. So it's no coincidence these children have learning disabilities, and no surprise they act out. They're in pain; acting out is the only way they can show how much the world hurts them. Their behaviors can tell us a great deal about their internal experience of being traumatized and terrorized.

When my husband John and I started to see that our son Cody, adopted from Korea at age four, had problems, we went to professionals who said, "You just need to love him more." Love him more? I just wanted him to go far away! We had learned quickly that a traumatized child's acting out can make parenting hellish...and totally dispel Going and Growing through Grid and the adoption myth that love heals everything. Cody acts out because his experiences taught him that the grown-ups who were supposed to love him hurt him. John and I are the stand-ins for a birth father who was abusive, drank too much, and hurt little children. Cody is not intentionally trying to hurt us--but he acts out in his young life to create distance between himself and the grown-up world.

What Triggers Acting Out?

Even when family life is relatively calm and safe, traumatized adopted children can be triggered into the alarm state of "fight, flight, freeze." Cody steals when he is triggered, and he can be triggered by fear, exhaustion, pain, nightmares, medications, or by thinking about traumatic or emotional events. The first time Cody stole money at school, it was from a teacher who loves him and got close to him. Because he fears getting too dependent on people emotionally, he took five dollars out of her wallet as a way to create distance by betraying her trust.

It's also easy for parents to get triggered by a traumatized child. Every time the phone rings during the school week, I get that "fight, flight, freeze" feeling too. I feel physically sick when Cody's school teachers call because they seldom call to say what a great guy he is. But Cody steals because he gets triggered, and he gets triggered because he was traumatized as a very young child. Parents of traumatized children have to become detective. You don't know what the triggers are until you put on your Sherlock Holmes hat and watch your children carefully. They'll leave lots of clues about what triggers their trauma response.

Trauma Triggers Grief

Now that I understand what Cody has been through and am more realistic about who he is, I grieve about not being able to fix this. Like many other parents, I'm grieving the loss of the "perfect" child. And I grieve for the innocent child that someone hurt, irreparably.

Our Traumatized Children Need to Grieve Too.

As parents, we must teach our children to say therapeutic "good-byes." In this culture, we don't always teach our kids to learn how to deal with losses that are final - like adoption. Traumatized children have a lot of mourning to do so they can do some living. And the more mourning they do, the more room they have in those broken hearts for love. As an example, in our family we have a ritualized "good-bye" to the teachers at the end of every school year.

Because many of our children will never have contact with their birth families, we must teach them to live with the loss and ambivalence that are normal in adoption. These are tough feelings to tolerate; they make traumatized children feel helpless and powerless. To stop such feelings, traumatized adopted children split the world into good and bad--they can't deal with the idea that the woman who gave birth to them has hurt them or abandoned them, or placed them for adoption. They split off their rage at being abandoned, hurt, or neglected, and put it sonewhere else, usually on an adoptive parent!

Cody was a master at showing me his rage and making me the "bad parent," as if he were saying, "Every time you get close, I'm going to sabotage that." On the other hand, he would show his dad a lot of sweetness - proving to the "good parent" that he was really easy-going and happy to be in our family. We were experiencing our son's traumatized feelings and behaviors in two very different and conflicting ways. In the face of this splitting behavior, John and I thought we were going insane and knew the stress Cody was creating could easily turn into a couple's brawl.

But when parents fight, traumatized children are quietly satisfied because they have put their rage and misery out there where other people can handle it for them. It's a coping tool they use to survive. If our family is on the verge of splitting down the middle, then Cody gets to say, "That's what always happens. It happened in my birth family; it's happening here; it always happens." Then he feels powerful - he's able to get the grown-ups to act out his pain and he doesn't feel so unbearably helpless.

Put the Adults in Charge

Our initial goal as parents should not be to have traumatized children fall in love with us; we first need to help them feel safe. When children don't believe that even their basic physical needs will be met, there's no room for love and trust. "To be rooted is probably the most important and least recognized need of the human soul," writes author Simone Weil. Our kids have had their roots torn; they haven't been watered or fed. Children like Cody have no idea what normal life means...what love means, what trust means...because of their early experiences.

So we must start immediately to contain the acting-out behaviors...and stop worrying so much about how our traumatized child "feels." Bad behavior is not okay because it makes people pull away from our children. Parents should create a more rigidly structured environment that is predictable and consistent. My generation was raised to have a lot of choices, but traumatized children often can't deal with choices. They're desperate to know that adults are strong and brave enough to take charge, but they're going to test your determination every step of the way.

We have to teach traumatized children how to be more verbal and how to negotiate with adults for what they want and need. For instance, they may steal things because they believe that's the only way they'll get them, or become aggressive because they don't know how else to express their anger. So push your children to tell you what they want and need. Reward the words, rather than the behaviors. Tell your children that they will not get what they want by acting it out. Be sure to reward the verbal expression of wants, needs, or feelings, even if you can't grant the requests. Parents must become skilled at decreasing the trauma response in traumatized children. Give your children small,

manageable elements of daily control that will increase their sense of mastery and competence. Give them therapeutic information; teach them a normal response to life's stresses each time they act out a trauma response. And most important, don't lie to your traumatized children. Don't lie about their past, don't lie about the trauma, and don't lie about the challenges of healing from trauma.

Intimacy Scares Them

In our family, we use the "sit-out" to contain bad behaviors and don't ask,"Why are you acting out?" The goal we emphasize is stopping the behavior. Sometimes John and I will speak about our son in the third person because it makes the conversation less personal for him. "Is Cody going to have a good day?" or "Cody seems angry." Actually, traumatized children often feel soothed when we step back and behave as caretakers rather than parents for awhile. Why? Because the intimacy of family life terrifies them. You see, they fear that if they fall in love with you, you'll leave them or hurt them. They will do everything they can to prevent that from happening.

"The elevator to success is out of order. You'll have to take the stairs, one step at a time," says author Joe Girard. As parents of traumatized children, we want successes to be quick and impressive so they reinforce our belief that we're doing the right thing. But in reality, we have to hang in there as long as necessary. We also need occasional respite from our traumatized children so that we can nurture ourselves and our other relationships. Remember, change takes time.

Expect to experience deja vu during this change process, just like I had deja vu when Cody stole from a second teacher's wallet. And expect that the more you work to contain the behavior, the more your child will act out initially. By anticipating that you will take two steps backward for every step forward, you won't set yourself up for disappointment and failure. And be sure to celebrate progress – Cody may have taken a five dollar bill from his teacher but he left the twenty! That showed some empathy on his part and we want to celebrate progress.

Growth Comes Out of Grief

When Sara died, I thought my life was over. I couldn't get out of bed because I didn't see the point. I decided I would only be okay if I could know where Sara was, and that she was okay. In their own ways, our traumatized adopted kids try to make sense out of their losses too.
I eventually realized Sara was ahead of me on life's journey; that she knows more than I do. Nietzsche wrote, "That which does not kill me makes me stronger," and we must teach this to our traumatized children every day.

As a result of Sara's death, I have been given many gifts: my adopted children, my work, and the considerable honor of helping parents and traumatized children live a better life together. Traumatized children need our patience, support, understanding, and yes, our love, so they can begin to find the gifts in their lives. You cannot undo what happened to them in the past--you can't even make it smaller. Someone once said, "Sooner or later you have to give up the hope of having a better past." So focus on what you can do - you can help your traumatized children learn
to count on you and make the rest of their lives bigger. ~

From Adoptalk, a publication of the North American Council on Adoptable Children, 970 Raymond Ave., Suite 106, St. Paul, MN 55114-1149; 612-644-3036
Accessed from Internet: www.westworld.com/~barbara/index87nacac.html

About Attachment

Attachment: Attachment is a reciprocal process by which an emotional connection develops between an infant and his/her primary caregiver. It influences the child's physical, neurological, cognitive and psychological development. It becomes the basis for development of basic trust or mistrust, and shapes how the child will relate to the world, learn, and form relationships throughout life.

The Importance of Attachment: Attachment forms the foundation for a child's physical, cognitive and psychological development. A bond that forms between a child and his or her parents or primary caregiver, healthy attachment occurs when the caregiver provides not only the basic necessities of food, shelter and clothing, but also the emotional essentials with touch, smiles and eye contact. Roadblocks to healthy parent-child relationships include:

- Abrupt loss of a parent through death or illness
- Multiple caretakers
- Invasive or painful medical procedures
- Hospitalization
- Abuse and/or neglect
- Mother's poor prenatal care or prenatal alcohol or drug exposure
- Neurological problems

A child is at highest risk of attachment problems if these experiences occur in the first two years of life. On the outside, children with attachment disturbance often appear charming and self-sufficient. Inside, they may teem with insecurity and self-hate. "I'm unlovable," the child thinks, and goes about behaving in a manner that reinforces that thought. These children have difficulty giving and receiving affection on their parents' terms. They can be overly demanding, clingy, and annoying with endless chatter. They may show indiscriminate affection to strangers.

Lessons of cause and effect come slowly for children with poor attachment. They may have abnormal eating patterns, and poor conscience development. Their parents and teachers may catch them in chronic "crazy" lying, cheating or stealing. In school, they often show signs of learning problems such as disabilities and delays. They may be destructive to themselves or others, cruel to animals, or preoccupied with fire, blood and gore. Often, they don't get along well with their peers.

Parents, confronted with their children's unacceptable behavior, react emotionally, creating an intense, but unsatisfying connection between adult and child.

Traditional parenting or therapy often has little impact on children with attachment problems since these rely on the child's ability to form relationships and to internalize the parents' values. Therapy and parenting that utilize the elements of basic attachment have been found to be more helpful. A more direct approach using nurturing touch, eye contact, and physical and emotional closeness can provide a corrective emotional experience and create a foundation for a healthier attachment between child and parent.

Attachment Disorder: Attachment disorder is a treatable condition in which there is a significant dysfunction in an individual's ability to trust or engage in reciprocal loving, lasting relationships. An

attachment disorder occurs due to traumatic disruption or other interferences with the caregiver-child bond during the first years of life. It can distort future stages of development and impact a person's cognitive, neurological, social and emotional functioning. It may also increase risk of other serious emotional and behavioral problems.

A child who exhibits several of the following signs and symptoms should be evaluated by a licensed therapist:

- Superficially engaging and charming
- Lack of eye contact
- Indiscriminately affectionate with strangers
- Lack of ability to give and receive affection on parents' terms – not cuddly
- Inappropriately demanding and clingy
- Persistent nonsense questions and incessant chatter
- Poor peer relationships
- Low self-esteem
- Extreme control – problems may attempt to control openly or in sneaky ways
- Difficulty learning from mistakes
- Learning problems – disabilities, delays
- Poor impulse control
- Abnormal speech patterns
- Abnormal eating patterns
- Chronic "crazy" lying
- Stealing
- Destructive to self, others, property
- Cruel to animals
- Preoccupied with fire, blood, and gore

Attachment Therapy: Attachment Therapy denotes the focus of the therapeutic process rather than a specific intervention technique. Attachment Therapy can be of benefit to a person who has experienced early trauma and disruption in primary attachment relationships. The most important goal is to enable the person to form secure, reciprocal relationships that the person can heal from the trauma and other psychological disorders such as anxiety and depression caused by, or made worse by, the disruption of early attachment.

There are two primary areas of focus in attachment therapy. The first is to build a secure emotional attachment between the child and caregiver (or in the case of an adult in therapy, building the attachment between the client and the therapist). It is crucial to begin with this focus, since a trusting attachment relationship affords the security essential to address these clinical issues. Once the person is able to make use of a trusting relationship to learn new information and skills, the focus then shifts to healing the psychological, emotional, and behavioral issues that develop as a result of the parent-child disruption and/or early trauma.

These clinical issues may include Post-Traumatic Stress Disorder, grief and loss, depression, anxiety, and neuropsychological disorders. Attachment Therapy can encompass and integrate a variety of treatment interventions. It is based on treatment theories drawn from an array of relevant therapeutic approaches including behavioral, cognitive, and psychodynamic. Attachment therapy can be used with cases which range from simple to complex. As in other therapies, complex cases are often best supported by and integrated team approach. Accessed from Internet: www.attach.org

The Impact of Abuse & Neglect on the Developing Brain

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The ChildTrauma Academy
www.ChildTrauma.org
*This is an Academy version of an article originally appearing in Colleagues for Children.

Official citation: Perry, B.D. and Marcellus, J.E. (1997) The Impact of Abuse and Neglect on the Developing Brain. *Colleagues for Children.* 7: 1-4, Missouri Chapter of the National Committee to Prevent Child Abuse

Each year in the United States alone, there are over three million children that are abused or neglected. These destructive experiences impact the developing child, increasing risk for emotional, behavioral, academic, social and physical problems throughout life. The purpose of this article is to outline how these experiences may result in increased risk by influencing the development and functioning of the child's brain.

The Brain

The human brain is an amazing and complex organ. It allows us to think, act, feel, laugh, speak, create and love. The brain mediates all of the qualities of humanity, good and bad. Yet the core "mission" of the brain is to sense, perceive, process, store, and act on information from the external and internal environment to promote survival. In order to do this, the human brain has evolved an efficient and logical organization structure.

The brain has a bottom-up organization. The bottom regions (i.e., brainstem and midbrain) control the most simple functions such as respiration, heart rate and blood pressure regulation while the top areas (i.e., limbic and cortex) control more complex functions such as thinking and regulating emotions.

Brain Development

At birth, the human brain is undeveloped. Not all of the brain's areas are organized and fully functional. It is during childhood that the brain matures and the whole set of brain-related capabilities develop in a sequential fashion. We crawl before we walk, we babble before we talk.

The development of the brain during infancy and childhood follows the bottom-up structure. The most regulatory, bottom regions of the brain develop first; followed, in sequence, by adjacent but higher, more complex regions.

The process of sequential development of the brain and, of course, the sequential development of function, is guided by experience. The brain develops and modifies itself in response to experience. Neurons and neuronal connections (synapses) change in an activity-dependent fashion. *This "use-dependent" development is the key to understanding the impact of neglect and trauma on children.*

These areas organize during development and change in the mature brain in a "use-dependent" fashion. The more a certain neural system is activated, the more it will "build-in" this neural state -- what occurs in this process is the creation of an "internal representation" of the experience corresponding to the neural activation. This "use-dependent" capacity to make an "internal representation" of the external

or internal world is the basis for learning and memory. The simple and unavoidable result of this sequential neurodevelopment is that the organizing, "sensitive" brain of an infant or young child is more malleable to experience than a mature brain. While experience may alter and change the functioning of an adult, experience literally provides the organizing framework for an infant and child.

The brain is most plastic (receptive to environmental input) in early childhood. The consequence of sequential development is that as different regions are organizing, they require specific kinds of experience targeting the region's specific function (e.g., visual input while the visual system is organizing) in order to develop normally. These times during development are called critical or sensitive periods.

Traumatic Experiences and Development

With optimal experiences, the brain develops healthy, flexible and diverse capabilities. When there is disruption of the timing, intensity, quality or quantity of normal developmental experiences, however, there may be devastating impact on neurodevelopment and, thereby, function. For millions of abused and neglected children, the nature of their experiences adversely influences the development of their brains. During the traumatic experience, these children's brains are in a state of fear-related activation.

This activation of key neural systems in the brain leads to adaptive changes in emotional, behavioral and cognitive functioning to promote survival. Yet, persisting or chronic activation of this adaptive fear response can result in the maladaptive persistence of a fear state. This activation causes hypervigilance, increased muscle tone, a focus on threat-related cues (typically non-verbal), anxiety, behavioral impulsivity all of which are adaptive during a threatening event yet become maladaptive when the immediate threat has passed.

This is the dilemma that traumatic abuse brings to the child's developing brain. The very process of using the proper adaptive neural response during a threat will also be the process that underlies the neural pathology, which causes so much distress and pain through the child's life. The chronically traumatized child will develop a host of physical signs (e.g., altered cardiovascular regulation) and symptoms (e.g., attentional, sleep and mood problems) which make their lives difficult.

There is hope, however. The brain is very plastic, meaning it is capable of changing in response to experiences, especially repetitive and patterned experiences. Furthermore, the brain is most plastic during early childhood. Aggressive early identification and intervention with abused and neglected children has the capacity to modify and influence development in many positive ways.

The elements of successful intervention must be guided by the core principles of brain development. The brain changes in a use-dependent fashion. Therapeutic interventions that restore a sense of safety and control are very important for the acutely traumatized child. In cases of chronic abuse and neglect, however, the very act of intervening can contribute to the child's catalogue of fearful situation. Investigation, court, removal, placement, re-location, and re-unification all contribute to the unknown, uncontrollable and, often, frightening experiences of the abused child. Our systems, placements and therapeutic activities can diminish the fearful nature of these children's lives by providing consistency, repetition (familiarity), nurturance, predictability and control (returned to the child). Yet the poorly coordinated, over-burdened and reactive systems mandated to help these children rarely can provide those key elements.

Prevention and Policy

What we are as adults is the product of the world we experienced as children. The way a society functions is a reflection of the childrearing practices of that society. Today, we reap what we have sown. Despite the well-documented critical nature of early life experiences, we dedicate few resources to this time of life. We do not educate our children about development, parenting or about the impact of neglect and trauma on children. As a society we put more value on requiring hours of formal training to drive a car than we do on any formal training in childrearing.

In order to prevent the development of impaired children, we need to dedicate resources of time, energy and money to the complex problems related to child maltreatment. We need to understand the indelible relationship between early life experiences and cognitive, social, emotional, and physical health. Providing enriching cognitive, emotional, social and physical experiences in childhood could transform our culture. But before our society can choose to provide these experiences, it must be educated about what we now know regarding child development. Education of the public must be coupled with the continuing generation of data regarding the impact of both positive and negative experiences on the development of children. All of this must be paired with the implementation and testing of programs dedicated to enrich the lives of children and families and programs to provide early identification of, and proactive intervention for, at-risk children and families.

The problems related to maltreatment of children are complex and they have complex impact on our society. Yet there are solutions to these problems. The choice to find solutions is up to us. If we choose, we have some control of our future. If we, as a society, continue to ignore the laws of biology, and the inevitable neurodevelopmental consequences of our current childrearing practices and policies, our potential as a humane society will remain unrealized. The future will hold sociocultural devolution -- the inevitable consequence of the competition for limited resources and the implementation of reactive, one-dimensional and short-term solutions.

Acknowledgments

The clinical and clinical research work related to this paper has been supported, in part, by the CIVITAS Initiative, the Child Protective Services Fund Board of Harris County, Maconda Brown O'Connor and Anonymous X.

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Accessed from Internet: www.childtrauma.org

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The following issues are common in the lives of foster and adoptive children, more common than in the general population. They complicate treatment because failure to address and treat them may make it very difficult to treat the core issues, and create a very frustrating situation for resource families. The presence of more than one disorder complicates interventions even more. A thorough assessment is essential when treating these children. Education about a particular issue and how to parent children with this issue a primary task of anyone who intervenes with the family.

- Attachment Issues/Disorder (RAD or lesser compromise of attachment)
- Attention Deficit/Hyperactivity Disorder (ADHD)
- Oppositional Defiant Disorder (ODD)
- Affective Disorders (Bi-polar disorder, Depression, etc.)
- Post Traumatic Stress Disorder (PTSD)
- Fetal Alcohol Spectrum Disorders (FAS/FAE)
- Drug Effects
- Sexual Abuse

Clinical Assessment Issues in Adoption

David Brodzinsky, et. al., suggests that when interviewing adoption parents prior to their child's treatment, the following areas need to be addressed:

- The parents' motivation for adoption;
- Transition to adoptive parenthood;
- Attitudes about, and experiences with birth parents;
- Adoption revelation and the child's curiosity about his or her origins; and
- The family's social support for adoption.

Brodzinsky states that information about these issues will help the clinician better understand the type of family and community context within which the child is being raised.

. . .and when working with adopted children, four general assessment areas related to adoption are typically explored:

- Knowledge and feelings about adoption;
- Knowledge, attitudes, and feelings about the birth family;
- Family communication about adoption; and
- Feedback from others about adoption.

Brodzinsky, David M., Smith, Daniel W., and Brozinsky, Anne B. Children's Adjustment to Adoption: Developmental and Clnical Issues, Sage Publications, 199

CLINICAL INTERVENTIONS

Attachment Therapy

Life Books

Pictoral Timelines

Therapeutic Rituals

Journal Writing and Written Role-Play Exercises

The Search Process

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MY CHILDHOOD TRAVELS

PLACES I HAVE LIVED

SCHOOLS I HAVE ATTENDED

PEOPLE I HAVE MET

OTHER EXPERIENCES IN MY CHILDHOOD TRAVELS

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The Cover Story

1. Kids need to be able to explain WHO they are and HOW they came to be living apart from their families
2. Most kids are not prepared to deal with the natural curiosity of the adults and children they meet
3. How to develop a cover story:
    - Imagine potential questions from neighbors, relatives, teachers, schoolmates
    - Revise the appropriate information to be shared:
        1) Children need to understand their right to privacy
        2) Distinguish between what is known and what is shared
        3) Be truthful but appropriate in giving answers to personal questions

Basic responses:

My name is_____.

I'm going to live here because my parents have some problems.

Name:

Be consistent. Use the legal name.

Origin:

Say, "I came from _____(town or state)."

Deflect with the question, "Where did you come from."

Circumstances:

Make a general statement about family problems. If questioner is persistent, have child say:

1. That's family business."
2. "I have to go now."
3. "My family needs to answer that.
4.

The entire family needs to be consistent. Everyone in the family must come to grips with needing a cover story. Family members will feel united by participating in problem solving.

Donley, Kay. *Arena News.* (Sept./Oct. 1978).

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Talking with Children About Adoption

- Talk about adoption in ways suited to the child's capacities and age, in ways he/she can handle.
- Emphasize that the rejection is not of the child him/herself, but of the role of parenting at that particular time in the birth parents' lives.
- Follow the child's lead.
- Try to understand what is going on at the present time in the child's life that contributes to or elicits a particular image and emotion.
- Be prepared that most children use splitting (good parent/bad parent) as a way to relieve and gradually deal with the painful ambivalent feelings towards parents that inevitably arise.
- Provide a comfortable, accepting atmosphere in which the child can express whatever he/she is wondering about, and give answers to their questions that are meaningful to them at their point in development.
- Refrain from projecting our adult ways of understanding onto a child or from overwhelming him/her with an agenda of our own.
- Allow a child to abandon a conversation when they have gotten what they need or can handle.
- Allow "in-between spaces" where a child feels free to raise or express adoptive wonderings.
- Engage in pretend or fantasy play with babies and animals to allow the child to express concerns.
- Don't feel the need to make play realistic or to interpret the story line the child is following.
- Follow the child's lead in pretend play.
- Know that the adoption story is not a substitute for the birth story.
- Introduce more complex details into the adoption story as the child ages.
- Be aware of a young child's desire for sameness.
- Allow the child to talk to people outside the family---it is his/her story.

- Understand that when a child becomes more interested in fantasizing about the birth family, there is a greater propensity for feelings of loss and grief.
- Accept a child's negative feelings about being adopted.
- Allow a child to be angry, and try to understand the function of the child's anger.

Talking to Children at Different Stages

Addressing Magical Thinking (up to age 6)

- Tell the child someone will take care of them.
- Tell the child it is not their fault.
- Tell the child it is OK for them to know about it, think about it, and figure it out.
- Give the child permission to have their own feelings about what has happened.
- Give the child as much time as they need to figure things out and have feelings.

Addressing Concrete Thinking (ages 6–12)

- Do not use subtleties, ambiguities, or euphemisms—kids see things in black and white at this stage.

Help Children Understand Their Parents When There Has Been Abuse, Neglect, Sexual Abuse, and Abandonment in Their Past

- Ask the child, "Does anyone ever ask you to do something that is too hard or unfair? When this happens, what do you do? What do you want to do? This is how your parents felt."
- Ask children questions about what children need. Support that those needs are OK and only adults can meet those needs.
- Help children identify some positives in their biological parents. Often children feel/think their parents were all bad and, therefore, they must be all bad.
- Teach them a positive rather than a negative or victim outlook.
- Teach the child that there are healthy alternatives and choices

Adapted from Watkins, Mary and Fisher, Susan. Talking With Young Children About Adoption. Yale University Press, 1993.

Three Aspects of Parenting

The aspects of parenting concept developed by Marietta Spencer, and adapted by Dr. Vera Fahlberg, the author of A Child's Journey Through Placement, recognizes the different aspects of parenting that a child in care will experience on the way to permanency through adoption.

The Court

A birth parent provides:

- The gift of life
- The color of your eyes
- Your height potential
- Your physical appearance
- Intellectual potential
- Temperment
- Talents

The Birth Parent

A legal parent provides:

- Financial responsibility
- Safety & protection
- Major decisions
- Consent for surgery
- Legal responsibility for your actions

The Legal Parent

A parenting parent provides:

- Love
- Instruction on family living, values & religion
- Discipline
- Care for your hurts, worries & illnesses
- Help & encouragement
- Life skills

The Parenting Parent

The process of legal adoption combines the aspects of legal and parenting parents into the role of **parents**.

Explain these three different aspects of parenting to the child.

You may want to explain to the child that, *The parents who come to know you—all of your unique needs and wants—become your legal and parenting parents through the process of legal adoption through the court. After adoption, you no longer need the court or a caseworker to make decisions for you. Your birth parents will always be important to you for giving you life and for many other reasons. However, you can choose whom you want to bring into your heart as "family." These are special relationships and bonds that are built through commitment, giving, sharing and over time.*

Trigger	Anticipation	Damage Control
Mother's Day	• Have child make card/write letter to birth mother; save in a special album. • Acknowledge child's feelings for birth mother; let child know it is okay to love more than one mother at the same time. • Keep own expectations for Mother's Day to a minimum.	• Acknowledge child's feelings for birth mother; let child know it is okay to love more than one mother at the same time.
Child's birthday	• Tell child that you always think about birth parents at time of his/her birthday you wonder if he/she does too. •	• Acknowledge child's connection to birth family and his/her sense of loss at the time of his or her birthday.
Child goes to camp (Grandma's house, friend's house) overnight or for extended stays	• Don't insist on overnight stays if child cannot cope.	• Child takes pictures, mementos when separations are necessary. • Make a tape of yourself reading a favorite story or singing a favorite song.
Parents leaving for "getaway" or business trip without child	• Use a very familiar person as a sitter (grandparent, close family friend, familiar sitter). • Keep child's schedule intact, if possible.	• Let child keep a significant memento of yours while you are gone that he/she knows you would not part with. • Make a tape of yourself reading a favorite story or singing a favorite song.
Parent becomes seriously ill	• Ensure that child has accurate information about prognosis. • Child visits hospital.	• Help child express fears and anxieties through play, drawing, open communication.

Trigger	Anticipation	Damage Control
Pet dies	• Empathize with feelings of loss.	• Have a "good-bye" ceremony or funeral to help child with closure.
Child loses favorite friend or, in adolescence, significant other	• Empathize with feelings of loss. • Ensure child has accurate information.	• Help child email friend if he/she has moved away; arrange visits if possible. • Observe and supervise adolescent closely for signs of serious depression.
Grandparent dies	• Allow child to have closure and receive a "good-bye" blessing from the grandparent, if possible. • Ensure child has accurate information.	• Empathize with feelings of loss. • Help child write a letter, draw a picture, compose music or poetry that commemorates importance of relationship. • Frame a picture of child with grandparent for his/her room or help child make a collage of pictures.
Family moves	• Ensure pre-move visits, if possible. • Acknowledge that there will be negative feelings about moving; do not try to "sell" the move by speaking only in positive terms. • Give child as much concrete information about new location as possible.	• Allow child as much control as possible over choices about room, school, etc. • Assure connections to previous neighborhood through visits, email, letters, and photos.
School Assignments	• Provide education to school personnel about impact of family tree/history and other assignments on adopted children.	• Assist child in completing assignments in creative ways (e.g. displaying birth family in roots of family tree, adoptive family in branches) to acknowledge and celebrate his/her history honestly.
Movies or other media with adoption theme	• View the movie or tv program with the child and discuss issues, misconceptions, feelings raised by the content.	• Use the media to compare and contrast with the child's own experience with adoption. • Provide positive or appropriate books and stories with adoption themes.

Trigger	Anticipation	Damage Control
Issues from child's Prediction Path (Placement history, abuse/neglect history)	• Understand that child may have a "time clock" of anticipated length of time with each family he has lived with, based on placement history. As the end of his time "allotment" with each family approaches, child may experience extreme anxiety. • Use support groups and counseling for child maltreatment victims, post adoption support, as needed.	• Be sensitive to all losses and transitions. • Talk openly about history. Understand that child can only grasp portions of his/her history at each telling and at each developmental level.
School transitions	• Visit new school the day before the first day. • Arrange to meet school personnel/teacher.	• Assure connections to old friends through visits, photos, phone calls, email.
Senior year of high school; age 18	• Assure youth that adoption does not end with adulthood; he/she will always be your child.	• Encourage slow process of emancipation (living at home and going to local college) if youth seems anxious.
Holidays	• Keep expectations for holiday celebrations to a minimum. • Allow the child to choose the level of family connectedness he/she is ready to accept.	• Incorporate traditions child remembers from earlier attachments or cultures. • Select (or let the child create) a special ornament/memento to commemorate the importance of the birth family in the child's life.
Parents divorce	• Provide information about the separation that is developmentally appropriate. • Counseling for children of divorce with a therapist who is sensitive to adoption issues.	• Assure that child understands he/she is not responsible for the loss of another parent; continue to work with this issue over time. • Assure child continues to be "co-parented" even though adoptive parents are unable to live together.
Insensitive comments from friends or strangers	• Develop a code gesture or phrase the child can use to let parent know he or she is uncomfortable, and conversation should be ended as soon as possible.	• While it is not appropriate to educate the world at the expense of the child's privacy, the parent should always talk, following such an incident, with the child about feelings related to insensitive comments.

Parenting Adopted Adolescents

Two assumptions:

1) Being adopted is an undeniable part of a teen's history and should not be ignored.
2) Adopted adolescents can successfully confront and resolve their special developmental issues.

There are areas that generally characterize the parent-teen relationship. There are additional issues for teens who came to their families through adoption. Issues that take on special meaning for them include identity formation, fear of rejection and abandonment, issues of control and autonomy, the feeling of not belonging and heightened curiosity about the past.

Identity issues: These can be difficult for teens because they have two sets of parents

Fear of abandonment: It is not unusual for adopted teens to fear leaving home

Issues of control: The tension between parents who don't want to give up control and the teenager is especially intense for some adopted teens who feel that someone else has always made decisions for them

The feeling of not belonging: Teens raised in birth families can easily see ways in which they are like their family members. This is not always true for adopted teens.

There is often an increased need to connect with the past. Adopted teens wonder how their lives would have been different if they had not been adopted or if another family had adopted them. Some teenagers want to search for their birthparents. Others say they would appreciate having access to medical information, but they have made peace with their adoptions. Teens do better when their parents understand their curiosity about their genetic history and allow them to express their grief, anger, and fear.

Adapted from: Parenting the Adopted Adolescent, National Adoption Information Clearinghouse, www.calib.com/naic.

Eight Areas of Difference and Challenge Within Adoptive Families

Mastery or Control

Adoption is controlled by other people or circumstances outside the family's control, which is contrary to most people's desire to maintain control over their own environments and lives.

Prospective adoptive parents are "studied" before being "approved" for adoption, and courts and caseworkers have control over a family's destiny for part of the process.

Challenge: Managing the scrutiny of the adoption process; gaining the control of being the legal *and* parenting parent.

Entitlement

Both legal entitlement, determined by the court's consent to adoption, and emotional entitlement, which develops over time, impact the adoptive family's belief in their "right" to each other.

Challenge: Adoptive families don't feel entitled to parent the child, and the child doesn't feel entitled to be a member of this family.

Claiming

This process, which leads to adoptive family members' full acceptance of one another, is complicated by older children's remembrances of earlier past families.

Challenge: The adoptive family Is not claiming the child as their own, or the child is not claiming the family.

Unmatched Expectations

Often at the heart of the instability that some adoptive families experience, unmatched expectations need to be addressed and clarified, bring about changes where needed.

Challenge: The expectations of the family and/or child do not match their reality.

From Missouri's Pre-Adoption Training; National Consortium for Post

Legal Adoption Services. (March 1996). Adoption Support and Preservation Services: A Public Interest. Southfield, MI: Spaulding for Children.

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Eight Areas of Difference & Challenge Within Adoptive Families (2)

Family Integration/ Shifting Family System

Adoptive families are challenged by the complexities of blending past experiences—the child's from biological and other family ties, and the adoptive family's from times before adoption—into ways of functioning which serve the new family unit.

Challenge: When a new member enters a family, there is a change in the family system and a new balance is sought.

Bonding & Attachment

Adoptive families need to incorporate their children's past histories and experiences into solid relationships of trust and positive interdependency.

Challenge: The attachment between child and family is not progressing.

Separation, Loss & Grief

The emotional losses of adoption have lifelong implications. For the birth parent, loss of a child, voluntarily or not; for the child, loss of genetic family, and the adoptive family has often lost the child who could have been born to them.

Challenge: Loss and grief issues become barriers.

Identity Formation

The development of positive self-identities for both adoptive parents and adoptees is challenged by the unique circumstances of adoption, with an adoptee needing to incorporate the genetic connections to another family with the experiential connections to the adoptive family, and the adoptive parents incorporating a family member not genetically related to them.

Challenge: The adolescent stage of development where identity issues (biological and adoptive identity elements) and the resolution of those issues become paramount.

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Promoting New Attachments for Children in Care

- Discomfort leads to high arousal
- Emotions result from the discomfort
- Supportive and empathetic response from a caretaker during the experience of emotion builds attachment
- The child is most open to attachment at the point of relaxation

Initiate the arousal / relaxation cycle by:

- Using the child's tantrums to encourage attachment
- Responding to the child when his is physically ill
- Accompany the child to dentist and doctor appointments
- Sharing the child's extreme excitement over his achievements
- Helping the child cope with feelings about moving

Initiate Positive Interactions

Parents initiate positive interchanges with the child, who responds positively, and both parties are likely to continue the interchanges with a positive focus.

- Making affectionate overtures (hugs, kisses, physical closeness)
- Reading to the child
- Going shopping together for clothes / toys for the child
- Going on special outings
- Supporting the child's outside activities by providing transportation or being a leader
- Teaching the child to cook or bake
- Helping the child understand the family jokes or sayings
- Helping the child meet the expectations of the other parent

Encourage Claiming Behaviors

Claiming behaviors are practicing or acting like the child is a member of the family.

- Hanging pictures of the child on the wall
- Involving the child in family reunions and similar activities
- Sharing family histories and family stories
- Including the child in family rituals
- Buying clothes to learn about color and style preferences
- Making statements such as "in our family do it this way"

Adapted from A Child's Journey Through Placement, Vera Fahlberg, M.D.

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Post Adoption Services

by Vera I. Fahlberg, M.D.

Caseworkers often perceive placement of a child in an adoptive family as the end of the work. Although placement may signal the end of the child's sojourn within the child welfare system, in reality it is the beginning of a life-long journey that, hopefully, will lead to overcoming the effects of whatever traumas led to the child entering the system as well as the negative impact of experiences he may have experienced while in care.

Children who join adoptive families after experiencing abuse, either physical or sexual, neglect, parental separation and loss bring with them a legacy of failed family relationships. Their new family provides a new hope, and possibility, for them to more successfully experience the intricacies and benefits of family life.

Although previous life experiences may have led to emotional insults that may benefit from formalized therapeutic interventions, primary healing, if it is to occur at all, will occur within the contexts of day-in, day-out family life. It is the result of the interface between the characteristics of the child and family that leads either to healing for the child or to disruption of the placement. According to Barth and Berry the characteristics of the child, his behaviors, temperament, habits, and academic skills are important only in relation to family characteristics and patterns.

Children and parents alike come to adoption with some added risk factors when compared with children joining their permanent family at the time of birth.

Child risk factors include:

- survival behaviors which originated when they lived in dysfunctional families and a dysfunctional system
- individual vulnerabilities
- previous traumatic events
- unresolved separations or losses

Parent risk factors may include:

- lack of empowerment and entitlement
- "echoes" from their past
- unrecognized or unresolved losses
- unrealistic expectations for child or self

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Elbow identifies three facts in older child adoption that contribute to difficulty in mastering family developmental tasks:

1. distortion of family life cycle: adoptive families begin with distance and are expected to move toward closeness; birth families start with symbiosis and are expected to move toward individuation;
2. stress on family boundaries caused by agency intrusiveness; by lack of family's empowerment by society and agency; and by child's conflicted loyalties;
3. individual issues of the child and echoes from the past for the parents.

Because of the nature of special needs adoption, involvement with post-placement services and mental health resources should be considered a normative part of this adoptive family's experience. Adopted children and their families are best served when there is collaboration between the family, social service agencies, and mental health resources. Each recognize not only what they, but also what the others, have to offer.

The family:

- provides the foundation on which the child's continued development is dependent;
- provides the environment for change;
- provides continuity and commitment;
- the fact that the family needs help in meeting the child's needs does not mean that they do not care or that they are incapable of participating in decision making;
- if the family is made to feel impotent it is harmful to the overall treatment;
- if the family is recognized as doing the best they can in difficult circumstances and as having an important role in any change process, they can be stronger partners;
- unfortunately, families may not seek help until they feel overwhelmed and desperate and at that point in time they will present themselves at their worst. Many times it is difficult to have a solid assessment at that time of the parents' long range capacities.

Social workers:

- have knowledge of how the system works;
- are more likely than others to know how to access information about the child's specific past history, information that may be critical to providing adequate treatment;
- can help families locate and access the specific services that they need (i.e support services, respite care, therapists knowledgeable about adoption);
- can provide information to therapists about common behaviors seen in "systems" children;
- predict times that will be difficult for child and family (based on developmental information and knowledge about anniversary reactions, etc.)

Mental health professionals:

- may provide assessments of families and children, both before and after placements;
- may be able to intervene early enough that they can help prevent problems from becoming entrenched ;
- may help families connect with support groups;
- do direct work with children and families when there are ongoing problems;

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- provide information as to when families might anticipate future problems;
- be involved in crisis intervention;
- may help determine if out-of-home care is necessary and the level of care that would be most useful.

Post-adoptive services need to be provided by individuals who:

- understand adoption related issues;
- understand the social service and legal systems and their impact on the child prior to placement;
- are supportive of the adoptive family's role and importance in the child's life;
- include the parents in the assessment, planning and treatment;
- will work with parents to develop strategies for behavioral interventions;
- will collaborate with others who are involved with this child and family (i.e. schools etc).

Post-adoptive services may take a variety of forms:

- supportive services (groups for parents, children, respite care, training and educational services) can meet the needs of many adoptive families;
- services aimed at helping the child and family come together soon after placement;
- intermittent preventative therapy which is instituted as children reach certain developmental levels that are likely to lead to retriggering old issues (i.e. sexual abuse, loss, identity, etc);
- intermittent short term problem focused therapy aimed at interrupting problem behavior;
- crisis intervention with threatened families.

Support services: Families who were prepared for adoption using a group process frequently use other group members as an informal support system. Agencies may provide parent support groups; or help individual families connect with others who have had a similar problem; may provide parent education presentations. Even those families who need more intensive services, view support services as helpful. Respite care can be a very useful service, but unfortunately families are frequently left to their own devices in terms of providing it on a regular basis.

The PARTNERS project in Iowa arranged respite care for special-needs children one weekend per month at a local camp. This was combined with a week long summer camp as well.

Even those families who need more intensive services, still tend to view support services as helpful.

Initial post-placement services aimed at helping the child and family come together as a unit. The emphasis is on resolving current separation and loss issues, addressing current behavioral problems and facilitating the attachment process. The focus is primarily on the present. According to Linda Katz, the client is neither the child nor the parents, but rather the relationship. During this period the provider should prepare families and children for identifying times that preventative work might be undertaken and for times that old problems are likely to re-emerge.

Preventative work: New cognitive skills, combined with current life experiences, will lead to

repeated opportunities for reintegrating the effects of earlier life experiences. Understanding the developmental tasks presented at various ages helps professionals and family members alike to understand the impact of pre-adoption events and to make use of opportunities provided to overcome these effects. When adoption issues are not addressed at these developmental times, it will be difficult for the adoptive family and young person to master the developmental tasks at hand.

Intermittent short-term problem focused therapy: When families are faced with living with children with disturbing behaviors, they are looking for therapy with goals and timelines that they and the therapist agree to. Parents tend to abandon therapy when they are not included and when the therapy does not address the behavioral concerns that initiated the parental request for intervention.

Crisis intervention with threatened families: Kay Donley and Maris Blechner identified threatened families as usually being those with a long-term adoptive relationship in place; with evidence of repeated self-destructive or violent behavior by the child; these episodes of problem behaviors are intensifying; the parents may have made a variety of unsuccessful efforts at obtaining help; the parents feel that the situation is out of control.

According to Pam Grabe, this is not the time to question to family's commitment, the size of their family or their motivation to adopt. It is a time to offer some initial relief that will help the family hang together until substantive improvements in the relationships can be achieved. This will include a more complete assessment and being flexible in providing services that can help this family unit.

Donley and Blechner point out that it is very important that the interveners not mistake these families for chronically troubled families who have never experienced a period of relatively calm adjustment. Many times these are very competent parents who may have difficulty convincing others of the seriousness of the problem. They may be more skilled than the people they are turning to for help, who in turn may be intimidated by the parents.

In general these parents either didn't expect the adolescent to have as severe behavior problems as are evident or they misperceive the long-range prognosis. The family may be under a variety of current stresses. The young person's individual pathology may be becoming more evident.

Intensive adoption preservation services are called for. These include all aspects of support services, including short-term out-of-home placement. The overall goal at this time is to engage the families in treatment and to help them see the problems in a realistic context. During the provision of these intensive services, it may become apparent that the young person needs out-of-home care. It is important that this be provided in a timely enough manner that the family continues to be available as a long-term resource for the youngster.

TRADITIONAL THERAPY APPROACHES ALONE HAVE NOT BEEN PARTICULARLY SUCCESSFUL WITH THIS POPULATION

Individual non-directive therapy with the child:

- frequently never addresses the issues of abuse or neglect if the child does not introduce these topics;
- rarely focuses on the behavioral issues that ultimately will determine whether the child remains in the placement;
- tends to disempower the family and distance them; does not focus on family relationships;
- may never identify the child's misperceptions.

Traditional family therapy

- views the child's behavioral problems as a manifestation of the overall family dysfunction;
- does not take into account the concept of imported pathology (child bringing pathology into family;
- may view parent as more part of the problem than part of the solution.

Adoptive families, who represent the source of real change and remediation, must be actively involved in the healing strategies

BELIEFS IN FAMILY SYSTEMS APPROACH TO TREATMENT IN SPECIAL NEEDS ADOPTION

- Although the adoptive family is not the source of the child's problems, it is within the context of family relationships that primary healing occurs.
- It is the result of the interface between the characteristics of the child and family that leads either to healing for the child or disruption of the placement.
- Many children are internally driven to reenact their earlier life experiences in the new family setting.
- The reenactment may lead to the adoptive parents looking quite dysfunctional by the time they seek help).
- It is more important that the non-helpful patterns of family interactions be interrupted and new interactional behaviors be learned than that either parent or child be seen as the "cause" of the problem.
- Therapists need to empower the adoptive parents by including them in the therapeutic interventions.
- When under stress, and feeling vulnerable, individuals (parents and children alike) become more defensive, resistant and frequently more rigid.
- Although neither the adoptive parent nor the therapist can undo the early damage from inadequate nurturing or abuse, they can minimize the scarring and help the adopted individual compensate by learning new skills.
- Any intervention that threatens the parent-child relationship undermines the goal of preserving the family as a resource for the child.
- Although we might prefer the "best interests of the child" standard, in reality we must frequently invoke "the least detrimental alternative available" standard.
- Decisions must be made considering not only the identified child's needs, but also the interests of the family as a whole, as they will impact parents, siblings and extended family members as well.

WHEN OUT-OF-HOME PLACEMENT IS NECESSARY:

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Out-of-home placement may be indicated in a wide variety of circumstances ranging from brief respite to lengthy residential treatment; from assessment to treatment. Special needs adopted children have many reasons for possibly needing the most intensive therapeutic interventions.

Out-of-home placement should not be considered an adoption failure. Indeed, it may be a strong indicator of an adoption success when the family recognizes that their young person needs more help than they alone can provide and they are willing and able to advocate that their child receive this help.

Children who are not experiencing success in any of the major arenas of their life, family, school and peer relationships--are frequently candidates for out-of-home placement. Family and professionals should also be assessing the child's functioning within the community and his/her more personal functioning. Looking at these areas in detail frequently help determine the most beneficial type of placement.

Grotevant and McRoy in their research on adopted children in residential treatment found that althoughadopted and non-adopted youth in residential treatment had similar behaviors and diagnoses, there were significant differences as well. When compared with the control population, the parents of adopted youth had less mental health pathology and more stable marriages. Of the 50 adopted individuals studied in 33 cases the adoption played a major role in their emotional disturbance; in 9 cases it played a minor role and in 8 cases it seemed to be playing no role.

The intensity of family life at the period when the young person is reintegrating earlier life experiences and redoing the tasks associated with individuation and identity formation may interfere with successful achievement of the tasks at hand. Some youth are able to make much better use of their family when they are not living with them. The family may be able to be more emotionally supportive, because they are less drained, in this situation as well.

Summary: The goal of all post-placement services is to aid in maintaining the long-term commitment and accessibility of the family as a positive influence in the adopted individual's life.

Bibliography

Barth, R., Berry, M., Goodfield, R. and Carson, M.L. OLDER CHILD ADOPTION AND DISRUPTION. Washington D.C. The Children's Bureau, April, 1987. Research findings on adoption disruption. Also contains an annotated bibliography and information on a residential treatment center approach to working with an attachment model.

Bourguignon, J.P. and Watson, K.W.: AFTER ADOPTION: A MANUAL FOR PROFESSIONALS WORKING WITH ADOPTIVE FAMILIES. Springfield, Ill. Illinois Department of Children and Family Services, 1987. Available from National Resource Center for Special Needs Adoption; Crossroads Office Center; 16250 Northland Dr. Ste 120; Southfield MI 48075. Identifies how adoptive families differ from other families; the purposes of therapeutic intervention; seven areas in which adoptive families most often experience difficulties; a framework for a post-adoptive diagnostic assessment and interventions which look at barriers to adjustment posed by child, parents, and the environment.

Brodzinsky, Schechter and Henig. BEING ADOPTED: THE LIFELONG SEARCH FOR SELF. New York, Doubleday, 1992. A developmental approach to the lifelong impact of being adopted. The information is

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very useful in developing both supportive and preventative services for adopted individuals and their families.

Busch, L. editor: THE MENTAL HEALTH CHALLENGE OF SPECIAL NEEDS ADOPTION: A Resource Book for Professionals Working with Adoptive Families. May be obtained by contacting: Adoptions Unit; Children's Services Division; 198 Commercial Street S.E.; Salem, OR 97310-0450. Contains some of the same articles as those in the book edited by Pam Grabe plus some others. Donley's Post-Placement Services Analysis which is to be used ahead of crisis time and which addresses the child's capacity for attachment; the child's resolution of separation and loss issues and the family stresses which may affect adjustment are of a size for easy duplication. I also found From Caregiving to Parenting: Family Formation with Adopted Older Children by Margaret Elbow (originally published in Social Work, Vol 31, no 5, 1986, pgs 366-370) to be excellent in looking at how family issues are different in adoptive vs birth families and in identifying the developmental tasks of the adoptive family as a whole. Another additional, and helpful article in this book is by Patrick J. Koehne and is entitled Adoption Process of Special Needs Children: A Family Therapy Perspective.

Grabe, P.V. editor: ADOPTION RESOURCES FOR MENTAL HEALTH PROFESSIONALS. New Brunswick: Transaction Publishers, 1990. Contains a variety of articles by many contributors. Helping Threatened Families by Donley and Blechner and Donley's Post-Placement Services Analysis were particularly helpful articles when I was preparing for this presentation.

Groze, V.; Young, J; and Corcran-Rumppe, K. PARTNERS: POST-ADOPTION RESOURCES FOR TRAINING, NETWORKING AND EVALUATION SERVICES. WORKING WITH SPECIAL NEEDS ADOPTIVE FAMILIES. Available from Four Oaks, Inc.; 5400 Kirkwood Blvd, S.W.; Cedar Rapids, Iowa 52404. Presents a five phase treatment model comprised of screening, assessment, treatment planning; treatment phase and termination. Outlines a variety of support services; identifies adoption preservation services and on-going services. In this project a multidisciplinary Clinical Review Team was used in the treatment planning phase explains use of Placement Genogram which incorporates information not only about birth and adoptive families, but also about child's placements in between these two. This technique helps both family and therapists understand the uniqueness of each child's situation. Appendix includes a very complete assessment questionnaire; and formats for assessing family communication patterns; family cohesion and family flexibility vs rigidity.

Prew, C; Suter, S; and Carrington, J. POST-ADOPTION FAMILY THERAPY. Another publication available from the Adoptions Unit in Salem Oregon provides information from a project which used a treatment team comprised of a family therapist and an adoption worker as co-therapists. Excellent, and fairly detailed, information on identifying common problem behaviors and on developing intervention strategies. Appendix includes useful questionnaires, especially an Adoptive Family Risk Assessment Scale and a Child Behavior Checklist.

This paper developed for her training workshops for child welfare professionals is related to material from Dr. Vera Fahlberg's book ***A Child's Journey through Placement.*** Used with Permission

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Scenario #1 - Jimmy, age 5

Jimmy has been in 4 foster homes since he was placed after the police discovered a meth lab in his home 6 months ago. Since this was the second time his parents had been discovered with a lab, both his mother and stepfather were convicted of producing and selling an illegal substance and are currently serving 5-10 years in prison. The only relative of Jimmy's the county could find was his grandmother, who said that she had taken care of the children before and it was "too much" for her. Jimmy's sister, Jennifer, is 2-yrs-old. Jimmy and his sister are quite a contrast. Jimmy is biracial, as his father was African American, and Jennifer is blond haired and blue eyed. Jimmy is the parentified child and always made sure his sister was fed and taken care of. This was a problem for the first foster mother because Jimmy continued to try to be the parent for his sister, which caused a conflict in the home. The adoption caseworker decided that for both children to thrive, they had to be separated for a while.

Jimmy was placed in a second foster home where the parents were not able to deal with his behavior, which included tantrums, striking out, and wandering the halls at night. This placement was disrupted, and he was sent to a third home with much the same result.

Jimmy and Jennifer were then placed together in a legal risk home because the new caseworker decided the siblings should be together. Jimmy continued to throw tantrums, but they reduced in number. However, he was very guarded with the mother in the home, but his sister seemed to attach right away. After 3 months, the mother called the caseworker and said she had to get Jimmy out. When asked about his behavior, she said he was "creepy, like a little Chuckie." The adoptive father did not feel this way, but admitted that he was bonding to Jimmy and his wife was not. The decision was made to keep Jennifer in the home, to prevent disrupting her again, and Jimmy was moved to a legal risk adoptive home with the Simmons family by himself.

Please take a piece of flip chart paper and write down what you believe Jimmy is thinking and feeling when he comes to his new adoptive home with the Simmons family.

Scenario #1 – The Simmons Family

Renee and John Simmons are white, middle class people in their 30s. They have been married 10 years and have not been able to have children due to a problem with Renee's ability to get pregnant. They have a large extended family, as each came from a group of 4 siblings and all the grandparents are alive. The families also have numerous nieces and nephews, since each sibling has several children. The family lives in the Metro area and get together for holidays, birthdays, and vacations. Renee and John have taken care of their nephews and nieces and are much loved for their generosity and good humor. However, their inability to have children has put a damper on their otherwise happy life.

Renee and John finally decided to make a family through adoption. They saw the pictures of Jimmy, age 5 and Jennifer, age 2, on a website and fell in love with them right away. The children appeared so happy, they were so adorable, and they would fit right in age-wise with some of the cousins, so John and Renee called the county and began the adoption process. They agreed to be "legal risk" parents because the county assured them that there were no relatives who would take the children and because the county said that the children's current adoptive home was disrupting because the mother could not bond to Jimmy. This was very strange to Renee, since she and her husband loved all children.

The Simmons were disappointed that the caseworkers decided to leave Jennifer in her current adoptive home; however, they were so excited about the possibility of the children coming to them, that they agreed to take just Jimmy and to keep in touch with Jennifer's adoptive family so the children could see each other sometimes.

Please take a piece of flip chart paper and write down what you believe Renee and John are thinking and feeling when Jimmy comes to live in his new adoptive home with them.

Scenario #2 – Adam and Grandpa

Adam, age 5, came to live with his grandmother, Jane and her husband, Jack at the beginning of the summer. Due to Adam's age, and his mother's continuing drug abuse, parental rights were terminated in court on September 22nd, and the grandparents have agreed to adopt Adam right away. The following is an email Jack sent to the social worker supervising this kinship placement:

We are having some struggles with Adam. The shift from going from mom's home to a foster home and now with us seems to be affecting him, and we are seeing anger and more acting out. Yesterday, he punched a teacher so hard she was reduced to tears. Today he got into a verbal altercation with another teacher after he had thrown a rock at one of his classmates, narrowly missing his head. I've also heard that Adam is saying to teachers and students, "I'm going to wipe you out."

After I picked up Adam at school, I took time in the car to cool off and figure out how to deal with all of this. When we arrived home, I had Adam sit and talk with me for several hours. He had nothing to say at first, but I pulled things out of him. He punched the teacher because "she hurt my feelings." Adam threw a rock at Sean because "he wouldn't play with me at recess." We talked a long time about the fact that Adam does not follow his role of staying "in control." Rather he wants to be "in charge," which of course is my role.

I wanted to impress on Adam that I had a hard and disappointing day, starting with hearing that he had kicked a teacher and thrown that rock at another student. I told him that he made the school a sad and unsafe place for everyone and that if he were an adult and I was a policeman, I would arrest him, lock him up, and take him before a judge so he could answer for his bad deeds. I told him that if he continues to be disruptive and mean, he may not be able to go to school.

I told Adam how disappointed grandma and I are that he has let us down, and I hope that does not recur. Adam agreed to sign a written apology to the teachers and students. He also must provide an overall statement to everyone about the sadness and concern he has provided to them. He also promised me that he will remember who is in charge at home and school and that time-outs are so he can regain self control.

I explained to Adam how much time he has wasted in the last few weeks, not getting dressed quickly in the morning, not remembering things that are in his little head that we have to pull out, his not cooperating, and being too disruptive too often. I told him it is up to him to lead a life that is filled with learning, growth and fun; or spending time alone in his room trying to get "in control." Adam has agreed to do the right thing for time-outs, respecting others and minding us. If he has a negative reaction to a request made of him, he can address this after he satisfactorily complies with the request.

Based on Adam's seriousness and the length of our talk today, I think he got it. I told him he has the choice to be a very happy boy (the one we see when he has self control) or a very unhappy boy (when he is disruptive). The choice is his, and he can decide to spread sunshine and happiness into everyone's life, or the other option would be to restrict his contact with others, including us.

Please discuss the following questions in your group. Write one or two of what you consider to be your "best" answers to each question on a piece of flip chart paper. Please identify one person to report your answers back to the class.

1. What areas of challenge (for Adam and for Grandpa) are evident in Grandpa's email to the caseworker?

2. What event(s) may have triggered the behaviors that Grandpa is describing?

3. When intervening with this family, which issue would you begin with? Who would you intervene with?

4. What concrete suggestions do you have for strategies that the family can use in the next week?

Scenario #3 - The Truman family

Tom and Judy Truman plan to adopt Carrie, 9 and Carl, 7 who are half siblings and have been in their care for two years. Carrie is Caucasian, Carl is Black and Caucasian. The children share the same Caucasian birth mother. Termination of Parental Rights has not occurred, as there have been several changes in caseworkers and case plans.

In their birth home, the children witnessed significant events of domestic violence between their mother and Carl's father, as well as their mother and several other boyfriends. Mom and these men were all serious drug abusers, sniffing cocaine and shooting up heroin. The children witnessed the drug use and drug sales in their home. The children were never physically abused themselves but suffered verbal abuse from the men and general physical neglect by mom as she became more and more involved in the drug world. However, the mother loved her children and they were strongly attached to her.

Prior to coming to live with Tom and Judy, the children were placed in four different foster homes during their first year in care. In the first home, they were placed together; then they were placed separately for three months. The siblings were reunited again in a loving foster home with a "grandparents" couple in their 60s who could not adopt them.

The family has been referred for therapy because both children are not succeeding in school, although they seem bright. Carl exhibits behaviors that reflect oppositional defiant disorder; Carrie is a "little adult" who wants to control all family members. Both children complain of frequent stomach aches and other physical ailments, especially when they are at school. They spend a lot of time looking at the small photo album they brought with them and asking Tom and Judy questions about their birth mom's whereabouts. They cry sometimes and say how much they miss their mother and their "grandparents." All of this makes Tom and Judy very uncomfortable and they are at a loss of how to deal with it.

The Trumans are Caucasian and live in a suburban community, both came from happy stable families and are providing a safe and loving home for the children. They just don't understand why the children aren't happier after living with them for 2 years and haven't responded in the way they expected to the love the Trumans have given them.

Please discuss the following questions in your group. Write one or two of what you consider to be your "best" answers to each question on a piece of flip chart paper. Please identify one person to report your answers back to the class.

1. What adoption issues are Carrie and Carl dealing with?

2. What feelings must Tom and Judy be experiencing?

3. When intervening with this family, which issue would you begin with? Who would you intervene with first?

4. What 2 concrete things can you suggest the family do before your next session with them?

Reading Recommendations

There are thousands of adoption resources available for families, professionals, and people who were adopted. The following books have been read and recommended by our staff at The Adoption Exchange.

The names after the title of the books could be either the authors or editors.

1. Preparation for Adoption/ Seeking to Adopt
The Adoption Resource Book: Everything You Ought to Know About Creating an Adoptive Family; Gilman, Lois
The Open Adoption Experience -- A Complete Guide for Adoptive and Birth Families; Melina, Lois Ruskai; Kaplan, Sharon
Parents Wanted; Harrar, George
Resolving Infertility; Aronson, Diane; Levert, Suzanne

2. Resources for Professionals
Adoption Lifebook: A Bridge to Your Child's Beginnings; Probst,Cindy
Adoption Parenting: Creating A Toolbox, Building Connections; MacLeod, Jean; Macrae, Sheena
After Adoption: The Needs of Adopted Youth; Howard, Jeanne
Answers to Distraction; Hallowell, Edward M.; Ratey, John J.
Being Adopted: The Lifelong Search for Self; Brodzinski, David, Ph.D.; Schecter, M.D., Marshall; Henig,Robin
Beneath The Mask: Understanding Adopted Teens; Riley, Debbie (author) ; Meeks, John (contributor)
The Best I Can Be: Living With Fetal Alcohol Syndrome-Effects; Kulp, Jodee; Kulp, Liz
The Bi-Polar Child: The Definitive and Reassuring Guide to Childhood's Most Misunderstood Behavior; Papolos, Dimitri; Papolos, Janice
Building The Bonds of Attachments: Awakening Love In Deeply Troubled Children; Hughes, Daniel A.
A Child's Journey Through Placement; Fahlberg, Vera, MD
The Essential Adoption Handbook; Alexander Roberts, Colleen
The Family of Adoption; Maguire Pavao, Joyce
Fostering Changes: Treating Attachment Disordered Foster Children; Delaney, Richard
The Girls Who Went Away; Fessler, Ann
Healing Trauma: Attachment, Mind, Body, Brain; Siegel, Daniel J.; Solomon, Marion F.
Helping Children Cope with Separation and Loss; Jewett-Jarrat, Claudia
Lifebooks: Creating a Treasure for The Adopted Child; O'Malley, Beth
Look Me In The Eye; Robinson, John Elder
Nurturing Adoptions: Creating Resilience After Neglect and Trauma; Gray. Deborah D.
Our Fascinating Journey: Keys to Brain Potential Along the Path of Prenatal Brain Injury; Kulp, Jodee
The Out of Synch Child: Recognizing and Coping with Sensory Integration Dysfunction; Stock Kranowitz, Carol
Parenting The Hurt Child: Helping Adoptive Families Heal and Grow; Keck, Gregory C.; Kupecky, Regina
Parenting With Love and Logic; Cline,Foster; Fay, Jim
The Primal Wound: Understanding the Adopted Child; Newton Verrier, Nancy
Raising Cain: Caring for Troubled Youngsters / Repairing Our Troubled System; Delaney, Richard; McNerny, Terry
Troubled Transplants: Unconventional Strategies for Helping Disturbed Foster and Adopted Children; Delaney, Richard; Kunstal, Frank R.
The Unlit Path; Hannah, Deborah

3. Parenting Children Who Were Adopted
Adoption Lifebook: A Bridge to Your Child's Beginnings; Probst,Cindy
Adoption Parenting: Creating A Toolbox, Building Connections; MacLeod, Jean; Macrae, Sheena
The Adoption Resource Book: Everything You Ought to Know About Creating an Adoptive Family; Gilman, Lois

Driven to Distraction: Recognizing and Coping With Attention Deficit Disorder From Childhood Through Adulthood; Hallowell, Edward M.; Ratey, John J.
The Explosive Child; Greene, Ross W.
Fostering Changes: Treating Attachment Disordered Foster Children; Delaney, Richard
Look Me In The Eye; John Elder Robison
The Martian Child; Gerrold, David
Our Fascinating Journey: Keys to Brain Potential Along the Path of Prenatal Brain Injury; Kulp, Jodee
Parenting the Hurt Child; Keck, Gregory; Kupecky, Regina

6. Search and Reunion
The Girls Who Went Away: The Hidden History of Women Who durrendered Children for Adoption in The Decades Before Roe v. Wade; Fessler, Ann
Hidden Heritage: The Story of Paul LaRoche; Marshak, Barbara
Looking for Lost Bird: A Jewish Woman's Search For Her Navajo Roots; Melanson, Yvette; Safran, Claire

7. Children's / Teens books
Horace; Keller, Holly
The Long Journey Home; Delaney, Richard; Mcnerny, Terry
A Mother for Choco; Keiko Kasza
Over the Moon: An Adoption Tale; Karen Katz
Rosie's Family: An Adoption Story; Lori Rosove
Tell Me Again About The Night I Was Born; Jamie Lee Curtis and Laura Cornell

8. Memoirs/ Stories
Adoption: Stories of Lives Transformed; van de Flier Davis, Dixie
Beyond Good Intentions: A Mother Reflects on Raising Internationally Adopted Children; Register, Cheri
A Child Called It: One Child's Courage to Survive; Pelzer, Dave
China Ghosts: My Daughter's Journey to America, My Passage to Fatherhood; Gammage, Jeff
Hidden Heritage: The Story of Paul LaRoche; Marshak, Barbara
Look Me In The Eye; John Elder Robison
Looking for Lost Bird: A Jewish Woman's Search For Her Navajo Roots; Melanson, Yvette; Safran, Claire
Love In The Driest Season: A Family Memoir; Tucker, Neely
A Love Like No Other; Kruger, Pamela and Smolowe, Jill, editors
The Martian Child; Gerrold, David
Somebody's Someone; Louise, Regina
The Unlit Path; Hannah, Deborah

9. International Adoption
Are Those Kids Yours? American Families with Children Adopted from Other Countries; Register, Cheri
Beyond Good Intentions: A Mother Reflects on Raising Internationally Adopted Children; Register, Cheri
China Ghosts: My Daughter's Journey to America, My Passage to Fatherhood; Gammage, Jeff
How to Adopt Internationally: A Guide for Agency-Directed and Independent Adoptions; Nelson Erichsen, Jean; Erichsen, Heino R.
I Wish for You a Beautiful Life: Letters From the Korean Birth Mothers; Dorrow, Sara
Love In The Driest Season: A Family Memoir; Tucker, Neely
There is No Me Without You; Greene, Melissa Fay
Wanting a Daughter, Needing a Son: Abandonment, Adoption and Orphanage Care in China; Johnson, Kay Ann & Klatzkin, Amy

Resources

Parenting the Hurt Child: Helping Adoptive Families Heal and Grow Gregory Keck and Regina Kupecky	1576833143
Parenting With Love and Logic Jim Fay and Foster Cline	0891093117
Parenting your Older Adopted Child: How to Overcome the Unique challenges and Raise a Happy, Healthy Child Brenda McCreight	1572242841
Straight Talk About Psychiatric Medications for Kids Timothy Wilenes	1572302046
The Best I Can Be: Living with Fetal Alcohol Syndrome – Effects Liz Kulp and Jodee Kulp	096370723X
The Bi-polar Child Demitri and Janice Papalos	0767912853
The Explosive Child Ross W. Greene, PhD	006077939X
The Out of Sync Child: Recognizing and Coping with Sensory Integration Dysfunction Carol Stock Kranowitz	0399523863
The Whole Life Adoption Book: Realistic Advice for Building a Healthy Adoptive Family Jayne Schooler	0891097228

The Infant-Parent Institute specializes in clinical services, professional training and research related to the optimal development of infants and their families.Michael Trout-Director

Institute for Attachment & Child Development
http://www.instituteforattachment.org
Treatment, training & child placement agency specializing in children with Attachment Disorder. Online resources, articles, bookstore & training links.

Journey to Me
www.journeytome.com
Journey To Me is a group of volunteers that have a passion for adopted children. Our non profit organization, 501(c)3 provides educational resources to help adoptive children and their families.

National Child Traumatic Stress Network
www.NCTSNet.org
To raise the standard of care and improve access to services for traumatized children, their families and communities throughout the United States.

North American Council on Adoptable Children
www.nacac.org
NACAC promotes and supports permanent families for children and youth in the U.S. and Canada who have been in care—especially those in foster care and those with special needs. NACAC focuses its program services in four areas: public policy advocacy, parent leadership capacity building, education and information sharing, and adoption support.

The Post Institute-Founder B. Bryan Post
www.postinstitute.com
B. Bryan Post is America's Foremost Child Behavior Expert. Founder and CEO of the Post Institute for Family-Centered Therapy based in Virginia Beach, VA. The Post Institute specializes in working with adults, children and families who struggle with issues related to early life trauma and the impact of trauma on the development of the mind body system.

Santa Barbara Graduate Institute
http://sbgi.edu/
For any therapists seeking advanced training in pre- and peri-natal psychology, attachment and bonding, and trauma, with the leading scientist in the field, visit Santa Barbara Graduate Institute.

Social Learning/Foster Parent College
http://www.sociallearning.com
Training resources include teen life skills, parenting skills & agency suport materials/curricula. Extensive library of books, videos & DVDs for purchase.

Home of noted psychologist Rick Delaney's Foster Parent College (http://www.fosterparentcollege.com) online training for parents of foster, adoptive & kinship care children focused on understanding serious behavioral problems.

You Gotta Believe
www.yougottabelieve.org
You Gotta Believe is the only homelessness prevention program in the country that attempts to prevent homelessness by recruiting permanent moral or legal adoptive parents for teens before the teens age out of the foster care system. --Founder Pat O'Brien

Resources

Association for Treatment & Training in the Attachment of Children (ATTACh)
95 West Grand Ave, Suite 206, Lake Villa, IL 60046
http://www.attach.org
(866) 453-8224
Email: info@attach.org
International coalition of professionals and families focused on public awareness and education around attachment issues. Services include therapist directory, newsletter, conference, research & training resources.

Foster Parent College
http://www.fosterparentcollege.com
Rick Delany's site. Foster parents, adoptive parents, and caseworkers may take his trainings for a small fee. Titles include lying, stealing, running away, etc.

Foster Parent Community
www.Fosterparent.com
Information, articles on foster care and adoption issues

Adoption.com
http://www.adoption.com
Information, articles, forum related to adoption issues of all types.

Adoptive Families Magazine
www.adoptivefamilies.com
Information, articles, teen articles

Fostering Famlies Today Magazine
www.fosteringfamiliestoday.com
Informative articles about issues of concern to foster parents