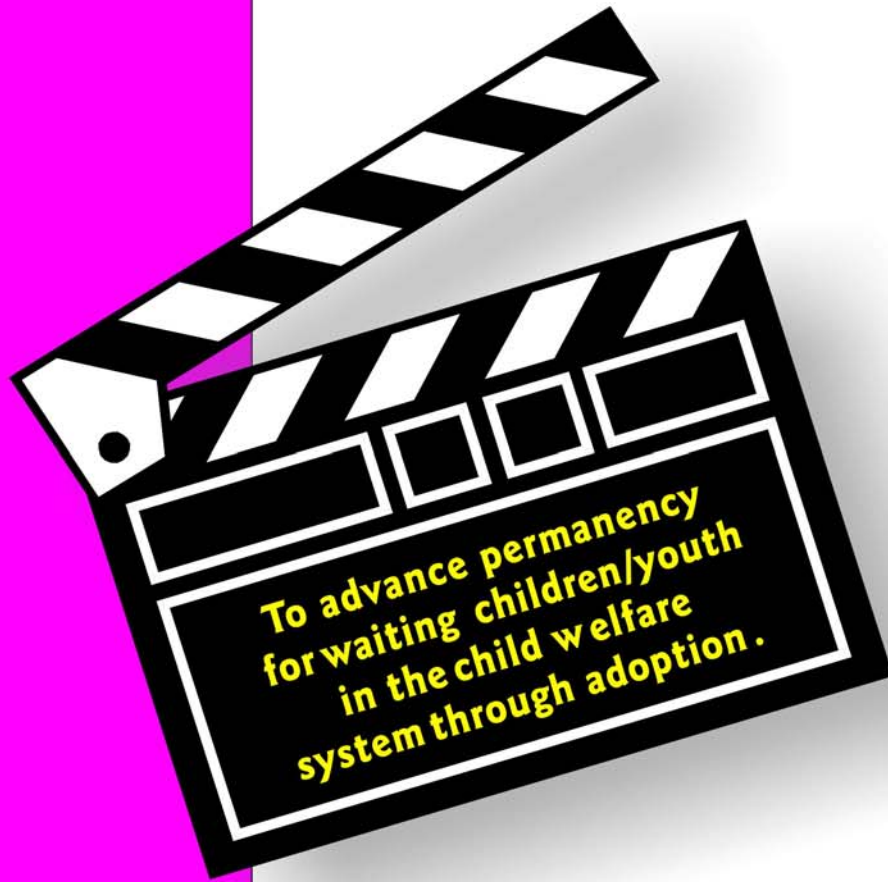


# A C C

# ADOPTION COMPETENCY CURRICULUM



NATIONAL CHILD WELFARE  
RESOURCE CENTER  
for Adoption

At Spaulding  
for Children

-A Service of the Children's Bureau-

Post Adoption Services  
Participant's Handouts



# Post Adoption Services

## **Objectives:**

- *Define various types of post adoption services and how to develop effective programs to preserve and support adoptions.*
- *Identify and discuss the current post adoption services within the state as well as who provides those services.*
- *Identify what families and children request in post adoption services.*
- *Identify and define the developmental issues and survival behaviors of the adoptee.*
- *Understand crisis as a normal, predictable part of the adoption process.*
- *Provide participants with information and tools to help families in crisis.*
- *Provide an opportunity for participants to experience a sample family's journey throughout services and to practice assisting in developing the family's services.*
- *Understand disruption and dissolution and its impact on the child, the adoptive parent(s) and other family members.*

## **Competencies: Participants will be able to:**

- *Understand what services are necessary in supporting adoptive families and the children/youth after the adoption.*
- *Understand essential elements to create a successful post adoption services plan.*
- *Provide information about services and training topics necessary to fully support families.*
- *Understand developmental stages and survival behaviors, and their effects on adoption preservation.*
- *Explain the process for crisis stabilization and how to develop a crisis contingency plan.*
- *Develop an individualized plan for family support.*

## **Content Outline**

- Post Adoption Services Constellation
- Challenges in Post Adoption Services
- Planning for Adjustment to Adoption
- Managing Crises
- Adoption Disruption/Dissolution.





## Phases in Post Adoption

The child/youth's safety, permanence and well-being remains the focus in post adoption services. Services are provided to the child/youth and all adoptive family members to ensure the child/youth's safety and well-being are maintained.

### **Initial Adjustment Phase**

This phase encompasses the time when the child is first placed with the family or when the child and family transition from fostering roles to adopting roles. Challenges in the initial adjustment to adoption can be anticipated and planned interventions developed with the child and family as part of the assessment and preparation process before placement.

### **Growth/Time Brings Change Phase**

This phase encompasses the time period in which the child matures to adulthood. It includes dealing with the realities of normal child/youth growth and development. Children and youth experience the normal challenges of growth and development differently. The abuse or neglect and the child welfare system experiences may impact how an adopted child reacts to the challenges of growth and development. Adoptive parents change. Family systems change. Change, in and of itself, is stressful. People react to stress differently.

### **Crisis Phase**

This phase can happen at any time. Crises are a normal part of child/youth development and family life. Adoption necessitates understanding the issues of the child/youth and the family associated with the adoption as well as understanding issues of normal growth and development and changes in families and their environment.





\*\*\*\*\*  
*POST ADOPTION SERVICES*  
\*\*\*\*\*

**SUPPORT GROUPS**

**RESPITE CARE**

**MEDICAL ASSISTANCE**

**CASE MANAGEMENT SERVICES**

**EDUCATIONAL PROGRAMMING FOR CHILD**

**MONITORING**

**ADVOCACY**

**FINANCIAL ASSISTANCE THROUGH ADOPTION ASSISTANCE/SUBSIDY**

**INFORMATION & REFERRAL**

**RECREATION**

**ADOPTION SEARCH**

**THERAPY FOR CHILD & FAMILY WITH THERAPISTS**

**KNOWLEDGEABLE ABOUT ADOPTION ISSUES**

**HOUSING**

**CHILD CARE**

**SIBLING CONTACTS**



**PARENTING EDUCATION**







## Post Placement Services: Strengths and Weaknesses in My State

*You will have 20 minutes to answer these five questions:*

	Questions	Initial Adjustment Phase	Growth/Time	Crisis Phase
1.	What services are provided or available for each of the phases in adoption?			
2.	How are services delivered?			
3.	What are the strengths, for example, what do we do well?			
4.	What are the gaps?			
5.	What are possible strategies for improving the services available?			







Child Welfare Information Gateway  
 Children's Bureau/ACYF  
 1250 Maryland Avenue, SW  
 Eighth Floor  
 Washington, DC 20024  
 703.385.7565 or 800.394.3366  
 Email: [info@childwelfare.gov](mailto:info@childwelfare.gov)  
[www.childwelfare.gov](http://www.childwelfare.gov)

## Postadoption Services: A Bulletin for Professionals

The importance of postadoption services for children adopted from foster care has been well established through research and practice and confirmed by adoptive families themselves. In fact, all adopted children and their families can potentially benefit from services provided after the adoption is finalized. These services may include educational and informational services, clinical services, material services, and/or support networks.

This bulletin will address:

- Who benefits from postadoption services?
- How can postadoption services help?
- What postadoptive services do families need?
- What postadoptive services do States offer?
- How are postadoption services delivered?
- How are postadoption services funded?
- Why evaluate postadoption services?
- What are the implications for practice?
- What future research is needed?

### Who Benefits From Postadoption Services?

While all members of the adoption triad (birth parents, adopted people, and adoptive parents) can benefit from postadoption services, this bulletin focuses on the benefits for adopted people and adoptive parents. (For information

and resources on issues faced by birth parents, please refer to the Child Welfare Information Gateway factsheet *The Impact of Adoption on Birth Parents*, available at [www.childwelfare.gov/pubs/f\\_impact/index.cfm](http://www.childwelfare.gov/pubs/f_impact/index.cfm).)

### Children and Adults Who Were Adopted

Adopted people can benefit from postadoption services provided during childhood and adulthood. For children who are adopted, early traumas, coupled with the impact of separation and loss, can create significant challenges throughout childhood and into the adult years. Even children adopted as infants (domestically or through intercountry adoption) may experience separation and loss-related issues, which may include identity concerns, questions about unknown medical histories, fear of rejection, and low self-esteem. There are a number of situations that might cause an adopted person to seek services:

- Children who suffered early abuse and neglect may benefit from various postadoption therapies to help them come to terms with their experiences and present circumstances.
- Children and adults adopted as infants may seek postadoption services when they look for information about or search for their birth relatives.

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National Child Welfare  
 Resource Center for Adoption

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Spaulding for Children

- Children and adults adopted through intercountry adoption may seek services to help them reconnect with their country of birth and/or to help in searching for their birth relatives.

## Adoptive Families

Many adoptive parents also benefit from postadoption services at various points in their family life. Adoptive families are impacted by the challenges that arise as a result of their children's losses and traumas. There are a number of situations that might prompt adoptive parents to seek services:

- Parents who have adopted children from the U.S. foster care system may seek services to help in managing children's behavior, for respite, or in accessing needed treatment and support services for their children.
- Growing numbers of families who adopted infants who were prenatally exposed to some drugs or alcohol are seeking services to assist them with the children's physical, emotional, and developmental challenges (Freundlich, 2000).
- Parents of children adopted as infants may seek postadoption services to assist them in responding to their children's questions about the adoption or when the children express a wish to search for their birth parents.
- Due to the impact of early deprivation, abuse, neglect, or institutional care on children's health and development, families who adopt internationally often have the same needs for services and supports as families who adopt children with special needs in this country (Casey Family Services, 2002). These parents may seek therapy for their children or respite for themselves.

## How Can Postadoption Services Help?

Postadoption services can help both adoptive families and the foster care and adoption (child welfare) system by helping in the recruitment and retention of adoptive families and helping to prevent disruption or dissolution of existing adoptions. These benefits, in turn, may reduce the number of children in foster care waiting for families.

## Recruitment of Adoptive Families

There is evidence that the availability of services and supports following adoption plays a critical role in many prospective adoptive parents' decisions to adopt children from foster care. This has been true of kinship families, current foster families, and new families recruited for these children. (Freundlich, 1997; Freundlich, & Wright, 2003; Casey Family Services, 2003b).

While children are in the foster care system, there are a number of services and resources available to both the children and their foster families. Foster families receive case management services, while the children qualify for, and many receive, advocacy, mental health, and crisis intervention services. Funds may be available to help with childcare, food and clothing, summer camp, and trips. Foster and adoptive families often have the support of their adoption agency and local foster or adoptive parent associations. The prospect of losing these services once adoptions are finalized may serve as a disincentive to families considering adoption.

## Prevention of Adoption Dissolution<sup>1</sup>

Postadoption services and supports may reduce the risk of adoption dissolution and help sustain healthy family relationships. While the

<sup>1</sup> The term *disruption* is used to describe an adoption process that ends after the child is placed in an adoptive home and before the adoption is legally finalized, resulting in the child's return to (or entry into) foster care or placement with new adoptive parents. The term *dissolution* is used to describe an adoption process that ends after the adoption is legally finalized, resulting in the child's return to (or entry into) foster care or placement with new adoptive parents.



vast majority of adoptions of children adopted from foster care succeed, some research has suggested that as many as 10 to 25 percent of adoptions of older children adopted from the public child welfare system disrupt before the adoption is finalized, and an unknown but significantly smaller percentage dissolve after the adoption has been finalized (Festinger, 2002; Berry, 1997; Goerge, Howard, Yu, & Radomsky, 1997; Freundlich & Wright, 2003).

The children whose placements are most at risk of disruption and dissolution are those who are placed when they are older and those with emotional, behavioral, social, medical, or psychiatric challenges, since they are more likely to experience difficulty in forming and sustaining family relationships (Information Gateway, 2004).

Children whose adoptions dissolve enter or re-enter the foster care system. This may add to the children's already traumatic experiences of rejection, separation, and loss. Many adoptive families report that lifetime access to adoption-competent services, supports, and resources designed to promote the family's well-being would improve the quality of their family relationships (Howard, Smith & Oppenheim, 2002).

For more about adoption dissolution, see the Child Welfare Information Gateway publication *Disruption and Dissolution*, available online at [www.childwelfare.gov/pubs/s\\_disrup.cfm](http://www.childwelfare.gov/pubs/s_disrup.cfm).

## What Postadoptive Services Do Families Need?

In the absence of an evidence-based model for postadoption services, programs frequently turn to adoption professionals and to adoptive parents themselves to determine adoptive families' needs. In surveys and focus groups, adoptive families have consistently reported that they need a range of adoption-competent services. Families report that these services need to be individualized by type, level, and intensity, depending on the family composition, the children's ages and any unique needs, and whether those needs can be met by existing

services. Families often make extensive use of services from other public and private sources within their communities before seeking a specialized postadoption services program (Barth, Gibbs, & Siebenaler, 2001; Festinger, 2001).

The services families most frequently request fall into four major categories: (1) educational and informational services, (2) clinical services, (3) material services, and (4) support networks (Barth, Gibbs, & Siebenaler, 2001; Festinger, 2001; Freundlich & Wright, 2003; Barth, & Miller, 2000). The intensity of services varies along a continuum beginning with preventive support services and extending through highly intensive mental health intervention, when appropriate and necessary.

## Educational and Informational Services

- **Information and Referral.** Adoptive families consistently identify a critical need for information about the services and resources available to them. Information and referral services can be provided directly through case managers or 24-hour telephone lines or through resource directories, lending libraries, websites, newsletters, and workshops (Christian, 2002; Festinger, 2001).
- **Parenting Education.** Adoptive families frequently express a need for reality-based training that will truly prepare parents to deal with the attachment, emotional, behavioral, and developmental issues their adopted children are experiencing. When needed, such training can be made available through literature, seminars, workshops, support groups, websites, and other online services.
- **Background Information.** Adoptive families have a critical need for complete information about their children's social, medical, and genetic histories in order to better understand and cope with their behavioral, emotional, trust, and attachment issues (Brooks, Allen, & Barth, 2002). (For more information on this topic, see the see the Child Welfare Information



## Clinical Services

- **Mental Health Services.** In addition to needing adoption-competent mental health services for their children, adoptive parents report needing assistance with children's attachment and trust issues; guidance in responding to their children's emotional, behavioral, and developmental issues; and assistance in dealing with the impact of adoption on their biological children.
- **Adoption-Competent Community Services.** Adoptive families often express concern that the community professionals with whom they and their children come into contact (therapists, school personnel, attorneys, mental health and medical providers) are not sensitive to the unique issues that arise in adoptive families, including those related to the children's loss, grief, trust, and attachment. Some postadoption service programs are beginning to provide adoption-specific training for community service providers (Christian, 2002).

## Material Services

- **Financial Assistance (Adoption Assistance or Adoption Subsidies).** Families often use Federal- or State-funded financial assistance (subsidies) to purchase community services such as tutoring, respite care, babysitting, and even therapy (when they wish to choose the therapist for their child) (Barth, Gibbs, & Siebenaler, 2001; Festinger, 2001). Information Gateway publication *Adoption Assistance for Children Adopted From Foster Care: A Factsheet for Families*, available at [www.childwelfare.gov/pubs/f\\_subsid.cfm](http://www.childwelfare.gov/pubs/f_subsid.cfm). Also, professionals can view information about State-specific adoption assistance programs through the database on the Information Gateway website at

## Support Networks

- **Peer Support Services for Adoptive Parents.** Being with other adoptive families (for example, in parent support groups) reinforces for adoptive families that their adoptive family experience is normal although different from that of nonadoptive families. Peer support also provides a sense of acceptance and of freedom to express one's frustrations without a fear of being judged (Chamberlain & Horne, 2003). Peer support groups also are relatively inexpensive services for agencies to provide or sponsor (Avery, 2004).
- **Peer Support Services for Children.** For many adopted children and youth, a peer support group is their first opportunity to interact with other children who were adopted and to see that their experiences and feelings related to adoption are normal. Groups provide a safe environment where children and youth can talk about their birth and adoptive families and share their fears and concerns (Barth, Gibbs, & Siebenaler, 2001; Festinger, 2001; Smith & Howard, 1999; Casey Family Services, 2003b). There are also many online groups and forums for all types of adoptive parents.
- **Respite Care and Babysitting.** All parents need periodic breaks from their children in order to renew their own relationships. This may be especially true for parents of children who require frequent attention due to particular medical or emotional needs. However, the needs of some adopted children can make it difficult to locate appropriate, affordable babysitters and respite providers willing to provide care for them. Many adoptive parents report needing financial assistance for respite care and babysitting.



- **Advocacy.** Many adoptive parents report needing support in dealing with schools, children’s individualized education plans, and other community services. During the process of providing advocacy and support, advocates also can teach advocacy skills to the parents, enabling them eventually to advocate for their children on their own (Gibbs, Siebenaler, & Barth, 2002; Festinger, 2001; Barth & Miller, 2000; Kramer & Houston, 1998).

Surveyed families consistently emphasize the importance of postadoption service programs that are flexible and allow them to access the services they need when they need them. Researchers suggest those services should be nonjudgmental, family centered, consumer driven, and tailored to meet the needs of the individual families who are seeking services (Gibbs, Siebenaler, Harris, & Barth, 2002; Festinger, 2001).

### What Postadoption Services Do States Offer?

In 2001, the American Public Human Services Association (APHSA) conducted a telephone survey of 48 States and the District of Columbia to assess the state of postadoption services across the country. The resulting study (Howard, Smith, & Oppenheim, 2002) provides a snapshot of the postadoption services that each State child welfare agency offered at the time of the survey. Since the survey was conducted with State-level staff, it may not include some of the innovative programs developed by counties. It also does not include postadoption services provided by private agencies (unless those services were contracted by the State).

At the time of the study, States provided the following postadoption services, either directly, through Medical Assistance, or through contracts with the private sector:

- Information and referral (44 States)
- Support services, including groups, mentors, etc. (39 States)

- Educational programs and materials (38 States)
- Respite care (30 States)
- Therapeutic interventions (through local mental health centers, private agencies, and private therapists) (22 States)
- Therapeutic interventions (funded through subsidies or through providers paid by the State) (19 States)
- Search services to find birth relatives (20 States)
- Residential treatment (paid) (18 States)
- Advocacy (formal) (14 States)
- Advocacy (informal) (10 States)
- Residential treatment (medical assistance only) (9 States)

Even in States where many services were available, there was often great variation in the availability of services from county to county and from urban to rural areas within States.

### How Are Postadoption Services Delivered?

There are four main methods that public child welfare agencies use to deliver postadoption services, including:

- **Services provided by the adoption worker.** In this case, postadoption services are funded as a part of the adoption worker’s caseload. One benefit of this approach is that the worker knows the family; however, given the high turnover rate for case managers, the same caseworker may no longer be there when the family requests services, and this may result in interruptions in the continuity of care. Additionally, the adoption worker typically has a full adoption caseload and must work in postadoption services as time allows.
- **Specialized postadoption services units.** With this approach, specialized units of staff who do not carry an adoption caseload provide postadoption services. An advantage of this approach is that this staff can collaborate with the adoption

worker to access the children's and families' history. These professionals also are generally more knowledgeable about postadoption resources, since this is their area of specialty. In addition, families in need of postadoption services are not competing with an active caseload for the attention of busy social workers.

- **Multiagency Collaboration.** This approach uses existing public and private service providers to provide postadoption services and to train other public and private agency personnel to improve the level of community response to adoptive families and their children. At least three States have created Adoption Resource Centers that provide services and treatment for adoptive families or families considering adoption (Casey Family Services, 2003a).
- **Private Agencies Under Contract with the Public Agency.** Some States have opted to contract with the private sector to provide all of their postadoption services (Barth, Gibbs, & Siebenaler, 2001; Festinger 2001; King, 2004).

It is not necessary, or even practical, for all postadoption services to be provided by State or county programs. These services also can be made available through existing health, mental health, and social service systems, as well as through nonprofit or faith-based organizations. Intensive wrap-around services are provided in some States to prevent residential placements and/or dissolutions for children with significant needs, including adopted children. These services can both prevent costly residential placements and dissolutions while keeping the child in the community. To access these services, families may need to request services from teams within the community consisting of parents, advocates, and providers set up by States to foster a Systems of Care approach to services.

Many of these services, while not designed specifically for adoptive families and their children, are already available in the communities and accessible to children who are eligible for Medicaid (Oppenheim, Gruber, & Evans, 2000; Smith, Howard, & Monroe, 1998; Barth, Gibbs, & Siebenaler, 2001; Festinger 2001).

## How Are Postadoption Services Funded?

Funding for postadoption services comes from a variety of sources, and each State funds these services somewhat differently. While there are few Federal funds earmarked specifically for adoption and postadoption services, many States blend an array of existing Federal and State revenue sources for other child welfare services to help pay for postadoption services.

In the Casey Center for Effective Child Welfare Practice white paper *Creative Strategies for Financing Post-Adoptive Services* (2003a), authors identify and describe a number of potential Federal funding streams for postadoption services, including:

- Title IV-E: Adoption Assistance, Administration, Training
- Title IV-B, part 1 – Child Welfare Services
- Title IV-B, part 2 – Promoting Safe & Stable Families Program
- Adoption Incentive Funding
- Title XIX – Medicaid
- Title XX – Social Services Block Grant
- TANF/EA- Temporary Assistance to Needy Families/Emergency Assistance
- Adoption Opportunities, Discretionary Grants & Field Initiated Demonstration Grants

In addition to using the typical child welfare funding sources listed above, child welfare agencies or States may also be able to collaborate with other State agencies or private service providers to access other Federal funding sources. Each of the following acts and/or programs are potential Federal funding sources:





- Child Health Act
- Title II of the Keeping Families and Children Safe Act (formerly CAPTA)
- Foster Care Independence Act
- Mental Health Service Block Grant
- Substance Abuse Block Grant
- Title V of the Social Security Act (Maternal and Child Health)
- Individuals with Disabilities Act (IDEA)
- Preschool Grant Program
- Temporary Child Care for Children with Disabilities and Crisis Nursery Act of 1986
- State Respite Coalitions

States must decide which "mix" of funding streams works best for them and the adopted children they serve. It is more likely that funds will be spent on postadoption services in a State if there is a well-considered postadoption services plan in place prior to the funding becoming available. While individual agencies or adoption professionals are not able to access Federal funding streams themselves, they may work with their State Adoption Specialist to develop a comprehensive postadoption services plan for their State.

Contact information for State Adoption Specialist in each State can be found in the National Adoption Directory, an online searchable, at [www.childwelfare.gov/nad](http://www.childwelfare.gov/nad).

Below are just a few examples of how States have funded postadoption services:

- From June 2000 to December 2004, 13 private agencies in New York received postadoption services funded through TANF funds. For more information about this program, read *Strengthening and Preserving Adoptive Families: A Study of TANF-Funded Post Adoptive Services in New York State*, available on the New York State Citizens' Coalition for Children website at <http://www.nysccc.org/Post%20Adoption%20Services/TANFAveryPASrpt.pdf>.

- Arizona and Georgia have used a combination of State general funds, Title IV -B, Adoption Incentive, and other funds to provide respite care to adoptive families.
- Vermont uses a consortium of agencies and funds its postadoption services through Title IV-B, part 2 funds.
- Michigan also uses Title IV-B, part 2 funds to fund its postadoption services through regional resource centers administered by the Department of Human Services, contracted agencies, and parent organizations.
- Maine provides funding for postadoption services through targeted case management.
- Massachusetts funds postadoption services through State funds.

More information on postadoption services funding, including 10 specific strategies for States and agencies, can be found in the 2003 Casey white paper *Creative Strategies for Financing Post-Adoption Services*, available online at [www.caseyfamilyservices.org/casey\\_pafinancing\\_sum.html](http://www.caseyfamilyservices.org/casey_pafinancing_sum.html).

## Why Evaluate Postadoption Services?

Outcome evaluation of all services in these times of tight budgets is critical to sustaining effective programs. Postadoption services programs tend to use a combination of *process* and *outcome* evaluation strategies. (Barth, Wildfire, Lee, & Gibbs, 2002). The primary indicator used to evaluate outcomes of postadoption services is the rate of disruption and dissolution during the duration of the study. Other measures include parent and child satisfaction surveys, improvements in the parenting skills of adoptive parents, well-being indicators for adopted children, and whether communities were more aware and supportive of adoption.



## Challenges in Evaluating Postadoption Services

The lack of rigorous, systematic evaluation with clearly measurable outcomes by most postadoption programs has made it difficult to determine how postadoption programs that “succeed” differ from those that “fail.” Tangible outcomes, such as prevention of adoption disruption or dissolution, are very difficult to track. Thus, it is challenging to conclusively prove that families would have had a negative experience without a program’s intervention (Barth, Wildfire, Lee, & Gibbs, 2002).

Other specific challenges to effective evaluation, identified in a review of the postadoption literature by Barth, Gibbs, and Siebenaler (2001) and in a synthesis of Adoption Opportunities grantees (NAIC, in press), include:

- Lack of expertise by direct service staff
- The lack of a centralized source of information about postadoption services
- Relatively modest outcomes that are often difficult to measure
- Lack of clear points in time at which to measure outcomes
- Small sample sizes

## Promising Evaluation Strategies

Some pioneering programs have been able to overcome these common evaluation barriers to demonstrate how postadoption services lower the rate of disruption or dissolution over a specified period of time. The literature review by Barth, Gibbs, and Siebenaler (2001) suggests strategies for overcoming evaluation challenges, although the authors acknowledge that these efforts will demand more intensive and costly methods of research. Their suggestions, which could be implemented by postadoption programs themselves or by administrative evaluations of postadoption services, include:

- **Developing a classification scheme** for postadoption services and supports.
- **Conducting randomized clinical trials.** (Researchers acknowledge this might be difficult due to the small number of similarly situated cases served by most agencies.)
- **Using multi-State evaluations** to generate large enough sample sizes to determine effectiveness.
- **Conducting direct assessments** of both the well-being of children and of families’ and children’s expectations for each other.
- **Testing interventions that have demonstrated effectiveness** with other troubled families with those families needing postadoption services.
- **Using an administrative review of records** to identify the use of adoption subsidy or residential treatment by adoptive families.
- **Analyzing foster care data** to determine disruption rates in States with the capacity to track this.

## What Are the Implications for Practice?

In the late 1980s and early 1990s, the National Consortium for Post Legal Adoption Services, a coalition of child welfare agencies and mental health providers in seven States, received a Federal Adoption Opportunities grant to create a “concept model” of postadoption services. The resulting diagram, which can be viewed on the NAIC website (<http://naic.acf.hhs.gov/pubs/conceptmodel.cfm>) provides a model of the guiding principles of adoption support and preservation and the characteristics and outcomes of postadoption services.

The Collaboration to AdoptUsKids, a service of the Children’s Bureau, is conducting nationwide research to determine what factors contribute to successful adoptions. Contact *AdoptUsKids* for additional information about this research: <http://www.adoptuskids.org>.



The lack of rigorous evaluation of postadoption services programs has thus far prevented the development of an evidence-based best practice model. Research is, however, increasingly highlighting the importance of incorporating the “systems of care”<sup>2</sup> values into postadoption service delivery. Those values include building partnerships with families and providing culturally competent, community-based services that are individualized to meet each family’s specific needs. Interagency collaboration is another key component of a successful, comprehensive postadoption services program. Such a program would encompass financial and medical subsidies and access to existing service delivery systems (health, mental health, education, and child welfare) as well as to formal postadoption services programs (Casey Family Services, 2003b; Barth, Gibbs, & Siebenaler, 2001).

In light of these guiding principles and values, as well as the other findings discussed in this bulletin, agencies may wish to consider incorporating the following elements into their postadoption services practice:

- **Comprehensive approaches to adoption-competent support, education, and mental health services.** The composition and needs of adoptive families are diverse. No single community agency has the resources or capability to address the entire range of issues families present. Agencies and professionals working with adoptive families must partner with a broad range of community organizations, formal and informal, to build a seamless network of adoption-competent help and support, from in-home services to services within residential treatment facilities. As one example, many agencies are now forming partnerships with existing mental health systems of care to develop adoption-competent mental health services for children and families.

- **Information about community resources and supports available to parents.** Families need to have this information in written form, so they can refer to it when issues arise.
- **Peer support and education groups for adoptive families.** Adoptive families frequently express that having other parents listen to and understand their experiences with their adopted children is critical. This is a service that agencies can often provide at a fairly low cost. Agencies may also wish to consider supporting or promoting Internet-based opportunities that link families with information and support.
- **Enhanced educational opportunities for families, community providers, and mental health professionals.** Education and adoption preparation for families must be reality-based. Service providers need to understand the unique experiences and needs of children who are adopted and of their families. Some agencies are partnering with schools of social work or private agencies to develop innovative adoption-competent professional educational models for child welfare practitioners, community-based providers, and mental health professionals.
- **Culturally competent services for all adoptive parents.** Culturally competent practices include acknowledging and respecting cultural differences, values, and practices and using each family’s native language (or interpreters when necessary) (Festinger, 2001).
- **Regular evaluation of services.** Agencies need to know if the services they provide (and services provided by contracting agencies) are meeting the identified needs of families and if they are being provided in an adoption-competent way. (Barth, Gibbs, & Siebenaler, 2001)

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<sup>2</sup> See the following link on the Child Welfare Information Gateway website to learn more about the “Systems of Care” approach as well how to implements programs using this approach:  
[www.childwelfare.gov/profess/systems/index.cfm](http://www.childwelfare.gov/profess/systems/index.cfm).



## What Future Research Is Needed?

Outcome evaluations of all services in these times of tight budgets are critical to sustaining effective programs. Researchers suggest that future research in postadoption focus on the following areas:

- Comparison of families adopting older children and those qualifying for adoption assistance with intact biological families.
- Outcome studies with larger sample sizes of heterogeneous subgroups (Partnering between public and private social services to gain larger sample sizes is suggested.)
- Prevention-focused research looking at preparation and support of adoptive families to assist them in being more realistic and to have positive adoption outcomes.
- Longitudinal studies of services of the need and usage of postadoption service patterns throughout the adoptive family life cycle.

- Empirical research on the effectiveness of postadoption services, including the impact of specific services and interventions. (Brown, 1996; Casey, 2003b; Casey 2003a)

## Conclusion

Whatever the circumstances of their adoptions, adopted children need nurturing relationships with adoptive families who can help them manage feelings of loss and grief—and help them heal. They also need an ongoing mix of services and supports from community providers that are family centered, nonjudgmental, culturally sensitive, and “adoption-competent” (i.e., providers who understand and are able to address the long-term impact of trauma on adopted children). By providing postadoption services, professionals are able to support families and to maintain safety, permanency, and well-being for children.



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## Resources

National Adoption Organizations That Provide Support to Adoptive Persons, Adoptive Parents, and Families

[www.childwelfare.gov/pubs/reslist/rl\\_dsp.cfm?svclID=135&rate\\_chno=AR-0011A](http://www.childwelfare.gov/pubs/reslist/rl_dsp.cfm?svclID=135&rate_chno=AR-0011A)

(Resource list of related organizations)

Adoption Assistance by State

[www.childwelfare.gov/parents/prospective/funding/adopt\\_assistance/questions.cfm?quest\\_id=4](http://www.childwelfare.gov/parents/prospective/funding/adopt_assistance/questions.cfm?quest_id=4)

(Links to a searchable database of adoption assistance and postadoption information)

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# Survey Examines Postadoption Services Among Private Agencies

—By Kelly Mack

In April 2006, CWLA conducted an Internet-based survey of its private agency members to determine how many use postadoption services to support families and children who have recently completed the adoption process. Agencies that acknowledged providing postadoption services were also queried about the types of programs they offer—such as counseling, respite care, or emergency assistance—and how they fund these services.

CWLA collected 95 responses, from agencies in 39 states, to seven questions. Ninety-four percent reported providing postadoption services; the most common included support groups, crisis intervention, child and family advocacy, adoption searches, case management, family therapy, mental health treatment, respite care, and targeted case management. Some agencies also provide chemical abuse treatment, day treatment, and intensive in-home supervision, indicating a strong commitment to making adoption placements work.

Although some services are more common than others, agency creativity has also responded to professional experience and family requests. Agencies tend to create programs to meet the specific needs of the children and families they serve, whether the adoptions are domestic or international.

Examples of postadoption services noted by the survey respondents include

- adoption mediation and reunions,
- adoption registry,
- parent retreats,
- child support groups,
- parenting and adoption education,
- crisis counseling,
- information and services referral,
- emergency assistance,
- newsletters,
- lending libraries,
- birth land tours,
- international intermediary services, and
- marriage education.

The survey also notes unique services, such as social skills training, intensive in-home supervision, recreation therapy, and chemical abuse treatment.

Some agencies acknowledged funding postadoption services through state or county contracts. Thirty-five respondents reported using contract money through the state or county child

welfare agency to support these services. For the rest of the agencies, funding appears to be challenging. Thirty-six reported using funding sources other than public agency contracts to pay for their postadoption services. A few agencies have small grants from foundations to provide postadoption programs. Others use government funding, such as TANF, adoption incentive grants, adoption opportunities grants, Medicaid, state mental health funding, postadoption spe-

## Postadoption Services Offered by Survey Respondents

Support groups .....	63	Adoption Resource Centers ....	28
Crisis Intervention .....	58	Flexible Funding for Families	23
Individual Therapy .....	54	Social Skills Training .....	20
Child and Family Advocacy ...	53	Special Camps .....	20
Adoption Search .....	48	Intensive In Home Supervision	
.....	18		
Family Therapy .....	48	Supplies and Equipment .....	13
Case management.....	45	Recreation Therapy.....	10
Mental Health treatment.....	35	Day Treatment .....	9
Respite Care .....	35	Medical Physical	
Targeted Case Management.....	33	Health Services.....	9
Group Therapy .....	30	Chemical Abuse Treatment.....	7

cial service subsidies, and other public agency grants.

Some agencies charge families for postadoption services, using a sliding scale based on family income. Sixty-four agencies support postadoption services independently because they either don't have outside funding, or the funding doesn't cover the total cost of services.

"Albeit informally, this survey hints at the importance of postadoption services to agencies conducting adoptions in the United States," says CWLA Director of Adoption Services Ada White. "The survey results also indicate that funding opportunities are not as readily available as agencies need them to be in order to provide the services. But the agencies show great flexibility and tenacity in finding financial support in multiple arenas."

White adds, "Clearly, agencies value these programs in supporting families enough that they invest their own budgets in such services. Finding and increasing forms of financial support for quality postadoption services is something CWLA believes would be a value to all adoptive families and children."

*Kelly Mack is Program Manager for Adoption Services and former Associate Editor for CWLA.*





## Challenges in Post Adoption Services

*Take 10 minutes to complete the following sentences:*

My greatest challenge in meeting the post adoption service needs of the children/youth and families was . . .

To overcome this challenge, I . . .

The result was . . .





## Kids Comments on Adoption

Older children/youth in focus groups convened by the California Youth Connection shared the following ideas for adoptive parents and child welfare practitioners to help them adjust to adoption. These include:

- Ability to maintain contact with birth families.
- Not to be separated from siblings.
- Adoption should be available to them at any age.
- The agency should continue to check to make sure that the adoptive home is meeting the needs of the child.
- Continued eligibility for vocational/college financial assistance that would have been available to them if they had remained in foster care.
- Adoption should not be considered for everyone. (Knipe & Warren, 1999, page 15)

Knipe & Warren, 1999, p. 15





## What Kids Wish Their Adoptive Parents Knew

Eldridge compiled the following list from clinical records of things children who were adopted wished their adoptive parents knew.

- “I need help in grieving my loss. Just because I don’t talk about my birth family doesn’t mean I am not thinking about them.”
- “I may appear more ‘whole’ than I really am. I need your help to uncover the parts of myself that I have kept hidden so I can integrate all the elements of my identity.”
- “I am afraid you will abandon me.”
- “I need to gain a sense of personal power.”
- “Please don’t say I look or act just like you. I need you to acknowledge and celebrate our differences.”
- “Let me be my own person; but don’t let me cut myself off from you.”
- “Please respect my privacy regarding adoption and don’t tell other people without my consent.”
- “When I act out my fears in obnoxious ways, please hang in there with me, and respond wisely.”

Eldridge. (1999). *Twenty Things Adopted Kids Wish Their Adoptive Parents Knew*, New York: Dell Publishing Co.





## Universal Adjustment Issues for Adoptees

The reaction/adjustment to adoption is “individual.” However, the following are general adjustment issues/concerns at different points in the adoptee’s life cycle:

In **infancy**, the adoption adjustment tasks include making the transition to a new home and developing secure attachments.

- These tasks are true for all infants, but include additional challenges for adopted infants and their parents because of the need to adjust to new caretakers, new smells, new sounds, and new routines.

**Toddlers and preschoolers** are ready to learn initial information about adoption, birth, and reproduction, and to recognize differences in physical appearance.

- They are unable at this age, however, to understand the implications of these issues or to process them in any way.
- When children at this stage of development discuss adoption, they talk about being “chosen” or being “special.”

In **middle childhood**, the developmental task becomes understanding the meanings and implications of being adopted.

- Activities include searching for answers regarding one’s origins and reasons for relinquishment.
- Coping strategies are also developed during this stage.
- They involve learning to deal with adoption-related issues, including physical differences from other family members; the stigma of being adopted; and peer reactions.
- Children at this stage are aware for the first time that adoption involves loss, and they understand the “given away,” “abandoned,” or “parental rights terminated” part of the story.

**Middle childhood** is also the time when children have a “family romance fantasy.”

- They can imagine their birth family being famous or involved in secret work which necessitated letting their child be raised by another family.
- This normal phase of development takes on new meaning for an adopted child who cannot easily reconcile this family romance fantasy.

In **adolescence**, the developmental task becomes reconciling the desire to separate from parental authority while concurrently accepting new parents.

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- In adoption planning with adolescents, sometimes the thought of a permanent adoptive placement can directly conflict with the youth's normal adolescent developmental task to become independent, separate from family, and eventually take care of himself or herself.
- This independence involves trying to determine his/her own identities and values and to make his/her own decisions.
- This is also the time when adoptees begin to consider searching or reconnecting with their birth family and begin to resolve the family romance fantasy.

**Young adulthood** is a time when individuals wrestle with the implications of adoption as it relates to their own growth and ability to develop intimacy with others.

- Issues of facing an unknown genetic history surface during this time, as do issues and feelings about parenthood.
- Biological and genetic information becomes important as adopted persons plan marriage and giving birth.
- Often, young adulthood is a time when individuals begin an informational and emotional search for persons to whom they are biologically connected.
- They are also actively coping with adoption-related loss at this time.

Coping with adoption-related loss continues through **middle adulthood**, as does a further exploration of the implications of adoption as it relates to the aging self.

- Search is given further consideration during this developmental stage.

In **late adulthood**, individuals work on coming to a final resolution of their adoption in the context of a life review. This can be a time when adoptees gain perspective on these lifelong issues and reach some closure.

Source: Adapted from:

Brodzinsky, David; Schechter, Marshall D.; and Henig, Robin Marantz, (1992) *Being Adopted: A Lifelong Search for Self*, New York: Doubleday.

Howard, Mary D., "The Adoptees' Dilemma: Obstacles in Identity Search" in Grabe, Pamela, ed., *Adoption Resources for Mental Health Professionals*, New Brunswick, NJ: Transactions Publishers, 1990.

Gray, Deborah, *Attaching in Adoption: Practical Tools for Today's Parents*, Indianapolis, IN: Perspectives Press, Inc., 2002.





## Anticipatory Planning

Notes from Video	Behavior	Response	Implications
Isaiah's Behavior/Attitude			
Mr. or Mrs. Williams' Response			
Implications for post adoption services			
Plan to Address (The Contingency Plan chart can be used for this purpose.)			



<b>Contingency Plan</b>		
<b>Behavior</b> What did/might Isaiah do or say?	<b>Response</b> What should Mr. or Mrs. Williams do or say?	<b>Outside Support People or Services</b> Who/what is needed to help?



## Crisis Intervention in Post Adoption Services

Child welfare adoption practice has changed significantly since the early 1970s. At that time, foster parents were not permitted to or were discouraged from adopting children whom they had fostered and placing children with blood relatives was viewed as a last resort, not the preferred choice. The latest national data shows that in 85 percent of all adoptions of children from the child welfare system, the adoptive parents are the child's or youth's current foster parent or blood relative. (AFFCARS #13, September 2006) This percentage has been relatively constant since the mid-1980s.

This trend brings both benefits and challenges. For the child or youth, it maintains stability in relationships. However, the child, youth, relative, and foster parent were accustomed to and dependent on the casework and support services offered by the child welfare system. While most will receive adoption subsidy benefits and thus remain connected to the child welfare system, the casework support services are generally available only upon request. Because part of the adoption preparation and placement process includes the discussion that, "You now have the full parenting rights and responsibilities. We won't be coming into your home anymore." and "These are now your legal parents. You won't be seeing a caseworker anymore," frequently, the request for services is not made until there is a "crisis," that is, a problem that the family cannot resolve. Ideally, post adoption services would be universally available and participation encouraged to support all adoptees, adoptive parents and other children in the family as they grow together. (MACK, Nov./Dec. 2006; Evan B. Donaldson Institute, 2006; Child Welfare Information Gateway, June 2005; Casey Family Programs, 2002)

Sound adoption placement practice and post legal adoption services help children/youth and families anticipate adjustment reactions and crises and develop strategies for resolving them before they occur and when they occur. Post adoption services should be viewed as a constellation of options and not a continuum of services. In this model, the family chooses the option that best meets its needs at a given time or for a given issue. Options available in current post adoption services include financial assistance/adoption subsidy, medical assistance, housing, educational programming for children and adults, information and referral/adoption resource centers, support groups, recreation/special camps, crisis intervention, respite care/child care, case management, advocacy, mental health treatment, and temporary foster care placement. Unfortunately, these services are not available to all families. (MACK, Nov./Dec. 2006, Child Welfare Information Gateway, June 2005).

Post adoption service providers offer support, resources, and facilitate individual and family empowerment and problem-solving. They should not try to "fix the situation." Rather, they facilitate the families fixing their own situation. *However, the child's safety and well-being should always be the first priority.* (ASFA, 1997; Freundlich, 2007)

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## Adoption Adjustment Issues Identification and Reaction Planning

There are some predictable adjustment reactions to adoption by the adoptive parents, the adopted child, other children in the family, other family members, and the community and there are some unpredictable reactions. *While over the years, the adoption field has identified common adjustment issues, it is important to remember that while these are common, other predictable reactions are individual to the child and the family and should be identified during the preparation and placement process based on an assessment of the child and an assessment of the family.*

Alternative ways of resolving these issues should be developed by the adoptive parents and the child/youth with the support of the adoption caseworker. These discussions take the form, “If this happens, I will do this.” Specific anticipated events should be identified and specific actions or alternative actions should be described. Written summaries should be provided to the family. Further, as the child/youth and family grow together, they should review the issues and approaches and modify them as necessary. (The Contingency Plan is a useful tool for identifying the behavior, possible responses, and identification of outside support or services to help the family address the issue.) Unpredictable reactions can best be addressed by stating that they can be expected and their resolution follows an approach that is no different than how the family would approach any other unpredictable event impacting the family. Again a family strategy for resolving unpredictable challenges should be developed as part of the adoption preparation and placement process.

Typically in adoptions, the first adjustment issue arises just before adoptive placement. These behavior changes can occur in the current placement or during the adoptive placement visits. Many children exhibit difficult behavior, related to the change in status from “foster child” to “adoptee” even if they are being adopted by the current foster parent or relative with whom they have lived for many years. Common behaviors include testing, anxiety attacks, sadness or anger.

Many children develop moderate to serious behavioral problems immediately after the adoptive placement. The child and the parent are learning more about one another; discovering what will or will not change in their relationships and their relationships with other family members, friends, and community contacts; and beginning to form relational attachments based in the parent-child relationship. When such crises arise, they mark the end of what is known in adoption circles as “the honeymoon.”

A prefinalization crisis may arise just before the time set for the legal finalization of the adoption. This appears to be an ultimate test of the new commitment. It may also result from unresolved past relationships, guilt about abandoning others, or panic about not being able to fulfill the expectations of the new parents and being abandoned again. This is often called “prefinalization jitters.”

Other types of situations producing crises arise as time passes and the child engages in additional activities outside the family environment. For example, the school environment. Whether the child is entering school for the first time or transferring to a new school as a result of the adoption, this is often a challenging time. Adults and peers are asking, “Who are you? Where did you come from? Why are you here? How come you are Black and your parents are White?” The child/youth should have a brief, true version of his/her life story that is appropriate to share with extended family members, neighbors, social contacts, and school environments. The child should be supported in an empowered restatement of this information.

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Significant changes also may precipitate a crisis. Any change in persons in the family, locations, or circumstances may have a special impact. In part, changes tend to resurrect early childhood experiences of loss. Changes undermine familiar patterns and can set off undesirable reactions from children who have seemingly adjusted well.

The adolescent years are filled with expected crises. This period is especially difficult for youngsters who must deal not only with the usual physical and emotional turmoil, but also must continue to process the fact of earlier separations and losses. It is normal for child/youth and parent to need and to seek out help in distinguishing the usual problems of adolescence from those produced by the child/youngster's separation trauma. Identity issues emerge at this time. Some children/youth want to reconnect with birth family members to learn "more about who I am and where I came from."

The adult years also present periods of crisis. For adult children with developmental disabilities or emotional disturbances or mental illnesses, the parents lose the support of the child welfare system and adoption subsidy and must access the adult mental health and/or vocational rehabilitation systems. These transitions are not necessarily seamless, thus causing stress on the individuals and families. Some adult adoptees relive feelings of loss and abandonment as they leave the family home for homes of their own.

Similarly, the death of the adoptive parents may bring conflict for adult adoptees. The loss of the adoptive parent frequently triggers an open search for biological family members. Often, it is an attempt to pursue and to resolve old concerns now that the adult adoptee is freed from a sense of disloyalty to the adoptive parent if he/she had searched for birth family members before the adoptive parents died.

These types of situations are normal and predictable. While they cannot be prevented, and probably should not be prevented since they provide opportunities for individual and family growth, the potential negative impact on the individual and family can be minimized with recognition and planning during the adoption preparation and placement process.

## Crisis Intervention

Crisis theory suggests that a time of crisis is an opportunity to alleviate stress, and that it may motivate and encourage efforts to learn new and more effective methods of resolving challenges. In fact, the Chinese symbol for "crisis" is *danger plus opportunity*. Crises provide an opportunity for families to reassess their interactions and patterns, to change, and to grow. Crises can be empowering for families as they resolve issues and redefine relationships and boundaries. Within this context, post adoption service providers can reframe their own attitude toward a crisis and help families to reframe theirs as well.

In a crisis, post adoption service providers often find themselves in the midst of a highly emotionally-charged situation. All parties involved, including the service provider, bring with them issues and emotions that influence the work to be done. The adoptive parents may seek help when they are extremely angry. This anger is generally focused on the child/youth, whom they see as

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responsible for all of the problems. They may use language such as, “Give me one good reason why I shouldn’t kill this kid!” Their anger may include the agency worker whom the parents may feel did not disclose full information about the child/youth. Language is blaming and includes, “You didn’t tell me that this kid had these kinds of problems.” Often, the parents are angry at themselves, feeling they have failed. Many families experience a deep sense of sadness and push for a swift resolution of the current crisis. They may ask for the child/youth to be removed from the home. Experienced caseworkers are not alarmed to hear such language as, “You can come out here to talk, but come ready to take her with you.” While all of this language is usually used in the heat of the moment, it should be openly addressed as soon as possible.

Adopted children/youth may appear fearful and overly compliant with post adoption service providers during this period of crisis. Many have internalized blame for the problems with the adoption and have taken on a scapegoat role. Many children/youth are sad and appear depressed and in shock; others are visibly relieved with the thought that problems are finally being addressed. ***The post adoption services caseworker’s first duty is to assess and ensure the child’s safety and well-being.*** While most adoptive parents do not neglect or abuse their adopted children, some do. (USDHHS, ACYF, 2007)

The child or youth is angry because the child/youth feels that the adoptive parents are expecting him/her to do all the changing. He/she feels that the birth children are treated differently. The child/youth voices the anger with language such as, “They only adopted me for the money.” “They took me because they wanted my little sister, and the agency wouldn’t let them have her unless they took me.”

These families are often unable to find solutions because they are too angry and hurt to listen to one another and objectively assess the situation. Many adoptive parents vacillate on their request to have the child/youth removed, raising the old fears and reject before being rejected behaviors in the child or youth. When planning interventions, the service provider needs to calm the family so that each member can participate in generating solutions and/or plans. The service provider must be responsive to the family’s immediate request for assistance, but also must guard against the urge to jump in to rescue the family. It is important to be knowledgeable and to share information about the crisis resolution process with the family and the child/youth, but the ultimate decision on what course of action to take is up to the family *except in those situations where it is determined that the child/youth is not safe in the home.*

During a crisis, communication between the post adoption service provider, the family, the parents, and the child/youth must be precise and clear. The service provider needs to check and to double check the “communications system.” They must engage in active listening and model active listening for each family member by confirming and reconfirming what he/she hears being said and asking about what is being felt. Families may need multiple access routes for crisis messages, such as contact with several caseworkers or therapists, support by other adoptive families, or dependable resource people.

Although a crisis may not allow for a thorough assessment, the service provider must be armed with a solid knowledge of the child/youth’s history and functional pattern as well as the family assessment at placement. The service provider may need to over-predict the probable behaviors of

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the child/youth and the possible reactions of the parent(s). The service provider's best problem-solving approaches must be organized in advance of meetings with the family. It is important to "read" the crisis message accurately, noting both the verbal and nonverbal cues. Getting the message and then interpreting it correctly may require cross-referencing it with other knowledgeable people.

Crisis intervention suggests a quick response, but not a precipitous one. Many early messages are dramatic overstatements, stemming from frustration and anger. Major decisions should *never* be made unaided. All invested parties should be involved, and the service provider should get as much support as possible from colleagues. The service provider should support the adoption, unless there is risk to the child/youth's safety and well-being.

### The Ultimate Crisis: Adoption Disruptions and Dissolutions

Adoption is designed to be permanent, i.e. to last until the child is legally emancipated. However, sometimes this is not the case. Two terms are used to identify situations in which adoptions are not permanent: disruption and dissolution. Disruption refers to situations in which the adoption ends before it is legally finalized whereas dissolution refers to situations in which the adoption ends after it is legally finalized. (Child Welfare Information Gateway, February 2006). Currently, there is no accurate national data system that reports disruption and dissolution rates. Disruption and dissolution have been correlated to the child/youth's age, placement history, behavioral history and to the adoptive parents' expectations, and the depth and breadth of information shared at placement in research done over the last 30 years. Most of this research has been on disruptions, not dissolutions. (Festinger, 2005, Evan Donaldson Institute, 2004)

Child welfare professionals working with potential adoption disruptions or dissolutions may experience many of the same feelings as the adoptive family and child/youth. Often, after the initial feelings of panic, workers begin to be angry with the family, who they feel is letting them down by not following through on its commitment to the child/youth. They also may feel angry because other involved helping professionals have not been able to "fix" the problems. They begin to second-guess the decisions that they made in the past and blame themselves for the problems.

Intervening with children/youth, and families at risk of disruption or dissolution is difficult work. It requires that the post adoption service provider hear, understand, and deal with the issues and feelings of all family members. All parties must be given an opportunity to vent their anger. The service provider must be willing to listen and not to assign blame. In this way, each person's unmet expectations can be explored. Efforts already tried by the family and others to manage the crisis can be identified. Some adoptions do not work.

In terms of family functioning, flexible decision making patterns may reduce the risk of disruption. In addition, the involvement of adoptive fathers, where present, in filling the parental role and supporting the adoption is crucial to the survival of adoptions. Foster parent and relative adoptions are often the most stable; they have the least number of disruptions. (Festinger, 2005; Rosenthal and Groze, 1992; Westhues and Cohen, 1990)

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Nonetheless, there are times when removal of the child/youth from the adoptive family is in everyone's best interest. In some instances, the adopted child/youth may need to be placed out of the home temporarily, but the child continues to be perceived as a family member. The plan is for the child/youth to return to the family. This is not an adoption disruption or dissolution. The choice of placement is of extreme importance in these cases. Whether short-term respite care, therapeutic foster care, or a residential treatment facility, the placement must support family preservation and recognize the unique needs of the adoptive family. Service providers recommending or working with such placements must be particularly attuned to the issues of entitlement, separation, loss, grief, and attachment in adoption.

If the decision is made to disrupt or to dissolve the adoption, it is ultimately made by the parents. The service provider working with a family that requests termination of the adoption must be cautious not to give undue weight to the family's ambivalence in favor of such a solution while in the throes of crisis. A complete severing of ties is most likely to occur before the adoption is finalized or just a short time after the adoption has been finalized. The family is usually very ambivalent about severing the adoption, despite the language used. However, the family may feel greatly relieved once the decision is made. Nonetheless, as the separation process begins, this relief may be mixed with guilt and anger. The guilt may be related to a sense of failure, and the anger may be directed toward other family members or the agency that made the placement. The service provider's first step is to accept these feelings and to make an honest statement about what has happened, then to outline future steps. At this point, the service provider should not attempt to assess the adoption failure or to decide why it happened.

Once the decision to separate has been made, it is wise to move the child/youth away from the family as soon as possible. After the removal has occurred and the grief process is under way, efforts can begin to discover why the adoption did not work and whether either party should attempt another adoption.

Generally, adoptions do not succeed because the placement decision making resulted in a mismatch in the combination of parents and child/youth characteristics, needs, and expectations or the child/youth or parents were not fully prepared for the adoptive experience.

## Summary

The primary purpose of crisis intervention with adoptive families is to assess the safety and well-being of the child/youth, to help them identify support services needed to resolve the current problem and prevent its reoccurrence and to stabilize the family. Throughout the intervention, adoptive parents need to validate their role as parents and their decision to adopt. Families need assistance to anticipate a crisis; they require immediate attention when they experience a crisis which they cannot resolve. All parties in the adoption crisis—the parents, the child/youth, the service provider—come to the experience with their own perceptions and attitudes.

The adoptive parents and child or youth need to participate in all aspects of the intervention because they are the people experiencing the crisis and ultimately the ones who will resolve the crisis.

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Objectives for intervention with adoptive families include helping the child/youth to feel safe and secure, helping the family to resolve the current crisis, and reducing barriers to family's use of post adoption services before crises occur in the future. There are times when removal of the child or youth from the adoptive family is in everyone's best interest. This should be done only after a thorough assessment has indicated that such a plan promotes the child/youth's safety and well-being.

Ernestine Moore, MSW, JD  
June 2007

*(Update of article by Rosemary Jackson, MSW, ACSW, Drenda Lakin, MSW, ACSW, Kathryn Donley Zeigler, MSW, National Resource Center for Special Needs Adoption, August 1992; Revised December 1993)*

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## **Crisis Intervention with the Williams Family**

**Describe the precipitating events that led to the current crisis in the Williams family.**

**How did Mrs. Woodbridge respond to the crisis?**

**What would you have done differently?**

**What other services might address the crisis and support and preserve this adoption?**

**Is this placement in jeopardy of dissolution? Why or why not?**





## Disruption Cycle

### Comfort Level (Diminishing Pleasure)

- Reality does not match imagined behavior.
- Families work on their new roles as adoptee and adopter.
- Survival behaviors surface.
- Family feels the need to always be in control..
- Difficulty with the arousal-relaxation cycle.
- Difficulty with the positive interaction cycle.
- Difficulty with Universal Adjustment issues.
- Difficulty with entitlement, claiming, family integration, separation/loss/grief/trauma, entitlement, mastery/control.
- Difficulty planning for crisis.
- Unable to get relief of validation of crisis.
- Difficulty reframing issues.

### Child Seen as Problem Source

- Problem versus solution focused.
- Family has difficulty distancing behavior from the child/youth (lack of cause and effect thinking, superficial in relationships, tunes out, withdraws, won't listen, manipulates, lack of "respect to parents," lying).
- The child/youth becomes the problem.
- Transference and counter transference (the child recreating the past).
- The parents and child/youth have different defensive/communication styles.
- Other family issues surface.
- Episodes of behaviors intensify.
- Over and under reacting.

### Going Public

- The family focuses on the adopted child/youth's history.
- Begin to discuss feeling of failure (the need to prove they are a good parent).
- Loss of hope.
- Discuss/complain about child/youth's behavior in public (question out loud if the child/youth belongs).
- Dissatisfied with their family life.
- Parents have increase difficulty expressing affection towards or approval of the child/youth.

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## **Ultimatum**

- The child/youth must completely change or else (inflexible expectations, the child/youth must do all the changing).
- Parents feel the situation is out of control (feeling powerless).

## **Disruption**

- Family perceives a mismatch wants the child/youth moved.
- Another “placement” seen as a solution not a stepping stone or part of the solution.

## **Dissolution**

- Family refuses to assume parenting duties.
- Legal actions are discussed.
- Legal action taken to terminate adoptive parents’ rights and return the child/youth to the child welfare system.



# Post Adoption Services: References and Other Resources







## Post Adoption Services: References and Other Resources

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### **Web Sites**

Child Welfare Information Gateway. Established by the U.S. Children's Bureau to provide access, information, and resources on all areas of child welfare to help protect children and strengthen families. [www.childwelfare.gov](http://www.childwelfare.gov)

National Resource Center for Child Welfare Adoption. Established by the U.S. Children's Bureau to assist States, Tribes, and other federally funded entities increase capacity in adoption. Also assists in improving the effectiveness and quality of adoption and post adoption services provided to children and their families. [www.nrcadoption.org](http://www.nrcadoption.org)

National Center for Adoption Law and Policy. Created by The National Center for Adoption Law & Policy at Capital University Law School. The goal is to deliver a single online resource for child welfare and adoption law information. [www.adoptionlawsite.org](http://www.adoptionlawsite.org)

National Data Analysis System. Integrates national child welfare data from many sources. <http://ndas.cwla.org>



