

Child Assessment and Preparation: References and Other Resources





**CHILD ADOPTION ASSESSMENT
Identifying Information
NOT TO BE RELEASED**

⇒ **NOTE:** Information intentionally incomplete or inconsistent to promote the learning process.

Name Isaiah Harris
Date of Birth March 9 (currently 15 years old)
Social Security Number 321-86-6458
Permanent Custody Date/County Oakland County
Date Referred for Adoption January 12
Court File Number
Worker Kate Woodbridge
FIA Case Number
Recipient ID Number
Report Date May 4

FAMILY INFORMATION

Birth Family Harris
Adoptive Family Williams

Mother

Name Christine Harris
Date of Birth February 29 (currently 35 years old)
Social Security Number 259.69.4587
Last Known Address 16250 Northland, Southfield, MI 48075
Race Caucasian
Religion Catholic
Employment Status Administrative Assistant
Marital Status Married
Education Associate's Degree, Baker College
Income/Employment \$19,750/yr

Father

Name Malcolm Harris
Date of Birth July 13 (currently 35 years old, soon to be 36)
Social Security Number 329-85-1587
Last Known Address Jackson State Prison
Race African American
Religion Baptist
Employment Status N/A
Marital Status Married
Education High School, Some College
Income/Employment N/A

Siblings

Name Michael and Elizabeth Harris
Date of Birth August 28 (currently 10 years old) and September 17 (currently 6 years old)
Social Security Number 324-69-3589 and 320-86-6874
Legal Status Minor
Name of Person Living With / Relationship (identify foster home) Elizabeth Harris resides with Ernestine Harris; and Michael is placed with Mr. and Mrs. Williams, Foster Parents
Last Known Address 5896 S. Main, Detroit, MI 48195

(continued on next page)



PLACEMENT HISTORY

Date of Placement	Name/Address	Type of Placement
Oct. 25 - Oct. 31	Mr. and Mrs. Williams	Emergency Foster
Oct. 31 - April 31	Christine Harris	Birth Mother
April 31 - May 17	Mr. and Mrs. Thompson	Foster Parents
May 17 - July 20	Mrs. Butler	Foster Parent
July 20 - present	Mr. and Mrs. Williams	Foster Parents

DATES OF CONTACT

Dates	With whom (incl. Role/position)	Type (HV, TC, OV)
--------------	--	--------------------------

PROGRESS TOWARD ADOPTION

Recruitment Activities (if necessary)

The foster parents have indicated an interest in adopting Isaiah and his brother, Michael; therefore, no recruitment is necessary.

Progress Toward Adoption

A petition for termination of parental rights has been filed.

Barriers to Adoption/Action Steps to Overcome Barriers

There are no barriers to the adoption.

Projected Date for Adoption

It is anticipated that the adoption will be finalized within six to eight months.

(continued on next page)



**NONIDENTIFYING INFORMATION
(THIS MATERIAL MUST BE SHARED)**

Child's First Name Isaiah

Date/Time of Birth March 9 (currently 15 years old)

Place of Birth Detroit Medical Center

City, County, State Detroit, Wayne County, MI

Gender Male

Is Ward a Member of or Eligible for Membership in a Tribe? Yes No

(See CFF 742)

EVENTS LEADING TO PERMANENT WARDSHIP

On October 25, Isaiah's younger sister, Elizabeth, was discovered by a Detroit police officer on the corner of a busy intersection a block from her apartment. She was wearing inappropriate clothing—jeans and a long-sleeved tee shirt and sandals; the weather that day was in the mid-40s. Elizabeth was carrying a small-change purse with approximately \$3. She indicated she was very hungry; therefore, she took some money in order to get some food from McDonald's.

A call was made to Protective Services, and Elizabeth directed the officer to her apartment. Upon arrival, the officer discovered two other children, Michael and Isaiah, in the apartment unsupervised. They did not know where their mother was, nor were they able to reach her on the telephone.

The state of the apartment, a two-bedroom, was messy, with a lack of food for the children. A paternal grandmother was located; but she was able to take Elizabeth. The boys were placed in emergency foster care.

The birth mother indicated that she thought she had left the children in the care of her neighbor, who was on vacation at the time.

On October 31, Isaiah and Michael were returned to their mother. Elizabeth remained with her paternal grandmother. This case was closed.

The following April 30, Isaiah and Michael were found to be unsupervised once again; and an accidental fire was started in the kitchen. At the time of the fire, Elizabeth was living with her paternal grandmother. It was the decision of the agency that continuing her placement with her grandmother was in the best interest of the child.

After 12 months, a petition was filed for termination of the parental rights of both the birth mother and birth father.

This petition was granted on July 31, and Isaiah is legally free for adoption.

(continued on next page)



BIRTH PARENT'S HISTORY

Mother: (Include a physical description of birth mother.) The birth mother, age 33, was born in Pontiac MI. At age 8 she was placed in foster care because her mother died of liver failure due to Hepatitis B. The birth mother had several placements in foster care before she received a permanent foster care placement. It was in this placement that the birth mother met a lifelong friend who helps her with the children when she needs it. The birth mother graduated from high school and attended college, where she acquired an associate's degree. It was at this time that she was diagnosed as bipolar. She took medication to control her disease while functioning as an administrative assistant. At the age of 21, she became pregnant with her first child. Three years later she married the birth father. At the age of 26, she gave birth to her second child. During that time the birth mother began to develop problems with her medication and switched to a new medication. She became slightly unstable, but continued to stay employed and to care for her family. When she became pregnant with Elizabeth, at the age of 29, she began to have problems controlling her disease and began using her medication on an irregular basis. After the birth of Elizabeth, the birth mother was inconsistent with taking her medication and self-medicated with alcohol. It was also determined that the birth mother occasionally was using illegal narcotics.

The treatment plan for the birth mother included group counseling, substance abuse treatment services, random drug tests and parenting classes. Two case review hearings were scheduled for the 6-month and 9-month time marks. At the 9-month time mark, the planning to prepare for a permanency hearing began.

Although the birth mother has a number of issues in her life that impede her ability to care for her children, it is obvious that she loves them. The birth mother was inconsistent with following her treatment plan attempting to reunify her with her children. She would show up for a few months during which she seemed engaged and actively working towards bringing her children home, but then she would disappear suddenly. The birth mother also was not following the goals of attending classes to address her drug- and alcohol-problem. Many times, she either skipped her drug testing or did not pass.

When the birth mother was engaged with her children, she played games with them, joked and teased with them, and talked about good times they had as a family. Oftentimes, she would apologize for her behavior and tell the kids that she was trying and wanted them to come and live with her.

The birth mother has a variety of different moods, mostly as a result of her bipolar disease. Prior to her diagnosis she indicated that she always had been a hard worker, devoted to her job and family; and she described herself as easygoing in most situations. She feels that her time spent in foster care, although she found a lifelong friend in a foster sister, was a difficult time but that it made her a stronger person because she survived it.

The birth mother does indicate that she has some anger issues stemming from her childhood. She feels angry towards her mother and the foster care system for abandoning her in a time of need. She is angry with her mother because the mother left her at such a young age, forcing her to grow up in foster care. She does not trust the child welfare system because she grew up in the system and knows what it is all about.

(continued on next page)



Father: The birth father is the oldest of three children. His mother is living and his father died at age 58 of a heart attack. The birth father has two younger brothers, one with a developmental disability and another brother serving overseas in the Navy. The birth father completed his high school education by earning his GED. After being employed at a grocery store for three years, he enrolled in college. He did not finish college and became employed as a security guard at a local factory. He was an active and engaged father with his two older children, but was not there for the birth of Elizabeth. The birth father occasionally abused alcohol. At the time of Elizabeth's birth, he was serving a short, prison sentence for possession of narcotics. When Elizabeth was four months old, he was in violation of his parole and in was arrested again for possession of narcotics with the intent to sell. He is currently sentenced to 20-25 years in prison.

There was not much information about the birth father's involvement in the lives of his children. While they were young, the birth father was the provider for the family. Unfortunately, he earned the majority of his income through selling drugs. Prior to his legal problems, when he was in the home, the birth father had a relationship with his two older children.

His family describes him as an outgoing, easily excited and friendly person. The birth father had a number of friends and was constantly busy. He is a very social person who likes to be in the spotlight. He has a great sense of humor and can charm almost anyone.

There is no history of mental illness in the birth father's family, only the diagnoses of his younger brother with Asperger's syndrome and his elderly aunt with Alzheimer's disease. His father died of a heart attack, and his mother was diagnosed with Type II diabetes.

CHILD'S HISTORY

Isaiah was the first child for Christine Harris; the pregnancy and delivery were both normal. As a developing infant and toddler, Isaiah was consistently within an appropriate range for his age. There were no significant injuries or illnesses that impacted Isaiah. Because Isaiah is the oldest of his siblings, and due to the transient behavior of his birth parents, he many times serves as the primary caregiver for his siblings. Because Elizabeth no longer resides in the home, most of Isaiah's attention is devoted to supervising Michael. Isaiah has watched the decline of his mother and her struggle to cope with her disease; as a result, has increased his involvement providing for the family. The peak of his parental role began to occur when his father was sent to prison and Michael had to rely mainly on Isaiah.

At about this same time, Isaiah had a few incidents with the police for shoplifting, truancy and fighting. Isaiah is on probation for shoplifting; a parole officer with whom he meets on a monthly basis monitors him.

PLACEMENT HISTORY

Birth Home:

Isaiah lived with his mother, younger brother and sister in a small apartment. He was removed after a fire in the apartment.

(continued on next page)



Placement One:

Isaiah was placed in a foster home with another boy, 13; and within approximately three weeks, it became apparent that the boys could not get along. The foster parents indicated verbal and physical altercations, on a regular basis, between the two boys. They requested that Isaiah be moved to another placement. At this placement, it was also discovered that Isaiah has a propensity to wind up missing. After a fight with his foster brother, Isaiah returned to his old neighbor; he had left the foster home without permission. Isaiah indicated that he was unhappy being kept apart from his siblings, especially his younger brother. He repeatedly requested having Michael, or himself, change placements so they could be together.

Placement Two:

Isaiah was placed in a teen foster home for two months, but the foster parents asked for him to be removed. It was discovered that he was having a relationship with a foster sister while in the home. The foster parents did not approve of the foster children dating each other and asked to have Isaiah removed. While in this foster home, when he felt threatened, Isaiah continued to run back to his old neighborhood to stay with a friend of the family.

Placement Three:

Isaiah was placed in a foster/adoptive home and shortly thereafter, his brother joined him. Initially he was compliant with the house rules; but his acting-out behavior has begun to escalate. Isaiah attempts to provoke his foster parents by name calling, plus acting out in front of friends and family. He does not give back emotionally to his foster parents. This behavior is new to the foster parents and can be tied to Isaiah feeling threatened because he has become comfortable in his placement.

CHILD'S CURRENT LEVEL OF EMOTIONAL, PHYSICAL, AND EDUCATIONAL AND DEVELOPMENTAL FUNCTIONING**Educational Functioning:**

Cognitively, Isaiah has tested at levels similar to his peers; but his grades do not reflect his ability. The school has identified Isaiah has having an attendance problem and has warned if he does not improve his grades, he will jeopardize his involvement on the JV high-school football team. Isaiah should be in the 10th grade, but his credits place him in the 9th grade.

Emotionally, Isaiah is sullen, withdrawn and angry. Because he has provoked teachers many times at school, he has acquired a lengthy disciplinary cord. When he is interacting with his siblings in the foster home, it can be seen that Isaiah is a "parentified child." He takes a dominant role in caring for his siblings; this causes friction between Isaiah and his foster mother and foster father. Isaiah often tells his brother that they do not have to listen to their foster parents because those are not their real parents. Isaiah maintains control over his siblings, and they obey him.

Isaiah is unable to express his emotions. Occasionally, he does show his true feelings and emotions; but most often, he hides them from his foster families and caseworkers.

(continued on next page)



Physical Functioning:

Isaiah is at an appropriate height and weight for his age. He has a slender, athletic build. He is an active child who participates on the JV football team. According to his most recent medical records, Isaiah has not had a chronic or serious medical conditions. He is up to date with his immunizations.

CURRENT IMPORTANT RELATIONSHIPS AND ATTACHMENTS

Isaiah has a strong attachment to his birth family, mainly to his siblings. Additionally he has relied heavily on his mother's friend to be a source of support and a resource when he is in need.

CHILD'S ATTITUDE, PREPARATION, AND READINESS FOR ADOPTION

Isaiah vociferously opposes adoption and believes that he would be better off providing for his siblings. He will discuss the option of independent living and would like to have a place of his own. His goal is to earn money in order to provide for his family.

INFORMATION ABOUT ALL KNOWN SIBLINGS (First Name Only)

Michael, age 10, is placed in a foster home with Isaiah. Their younger sister, Elizabeth, resides with their paternal grandmother.

BEST INTERESTS CRITERIA**SPECIAL PHYSICAL, EMOTIONAL, AND EDUCATIONAL NEEDS**

It would be useful for Isaiah to attend therapy sessions to help him deal with his grief and loss.

PLACEMENT WITH OR WITHOUT SIBLINGS

Preference indicates a placement to accommodate all three siblings, if possible.

PLACEMENT WITH RELATIVES

The only relative placement available is with the paternal grandmother. Additionally, the grandmother cares for a son who is 28 and has Asperger's. He is high-functioning and helps to provide for the family by working at the Meijer store near their house. He helps to care for Elizabeth and plays an important role in the family as an uncle. Even with his help, the paternal grandmother feels overwhelmed raising a young child.

The grandmother suffers from Type II diabetes and regulates her condition with diet, exercise and medication. Although her disease is under control, she does suffer occasionally from complications from the condition.

(continued on next page)



MAINTAINING CONTINUITY OF CURRENT RELATIONSHIPS

It is vital that Isaiah be allowed to maintain contact and a relationship with his birth family, including his siblings.

RELIGIOUS PREFERENCE

Isaiah was not raised with a specific religion and does not indicate a religious preference.

CHILD’S WISHES REGARDING ADOPTION AND CHARACTERISTICS OF POTENTIAL ADOPTIVE FAMILY

Isaiah would like to be the provider for his siblings, and he does not entertain the topic of adoption.

OTHER FACTORS SPECIFIC TO THIS CHILD

N/A

RECOMMENDATION REGARDING ADOPTIVE PLACEMENT

Isaiah needs to be in a one- or two-parent home in which the family possibly could adopt his two siblings. Additionally, the adoptive family should be able to understand the dominant role that Isaiah plays in relation to his siblings. The family also needs to have an understanding of bipolar disorder because of the family history. Isaiah should be placed in a stable home that will provide him with the opportunity to create secure attachments to adults and will allow him to act in an age-appropriate manner.

Worker **Date**

Supervisor **Date**

(continued on next page)

CHILD ADOPTION ASSESSMENT
Identifying Information
NOT TO BE RELEASED

⇒ **NOTE:** Information intentionally incomplete or inconsistent to promote the learning process.

Name Michael Harris
Date of Birth August 28 (currently 10 years old)
Social Security Number 320-86-6874
Permanent Custody Date/County Oakland County
Date Referred for Adoption January 12
Court File Number
Worker Kate Woodbridge
FIA Case Number
Recipient ID Number
Report Date May 4

FAMILY INFORMATION

Birth Family Harris
Adoptive Family Williams

Mother

Name Christine Harris
Date of Birth February 29 (currently 35 years old)
Social Security Number 259-69-4587
Last Known Address 16250 Northland, Southfield, MI 48075
Race Caucasian
Religion Catholic
Employment Status Administrative Assistant
Marital Status Married
Education Associate's Degree, Baker College
Income/Employment \$19,750/yr

Father

Name Malcolm Harris
Date of Birth July 13 (currently 35 years old, soon to be 36)
Social Security Number 329-85-1587
Last Known Address Jackson State Prison
Race African American
Religion Baptist
Employment Status N/A
Marital Status Married
Education High School, Some College
Income/Employment N/A

(continued on next page)



Siblings

Name Elizabeth and Isaiah Harris

Date of Birth September 17 (currently 6 years old) and March 9 (currently 15 years old)

Social Security Number 324-69-3589 and 321-86-6458

Legal Status Minor

Name of Person Living With / Relationship (identify foster home) Elizabeth Harris resides with Ernestine Harris; and Isaiah is placed with Mr. and Mrs. Williams, Foster Parents

Last Known Address 5896 S. Main, Detroit, MI 48195

PLACEMENT HISTORY

Date of Placement	Name/Address	Type of Placement
Oct. 25 - Oct. 31	Mr. and Mrs. Williams	Emergency Foster
Oct. 31 - April 30	Christine Harris	Birth Mother
April 30 - Sept. 30	Mr. and Mrs. Hamilton	Foster Parents
Sept. 30 - present	Mr. and Mrs. Williams	Foster Parents

DATES OF CONTACT

Dates	With whom (incl. Role/position)	Type (HV, TC, OV)
--------------	--	--------------------------

PROGRESS TOWARD ADOPTION

Recruitment Activities (if necessary)

The foster parents have indicated an interest in adopting Michael and his brother, Isaiah; therefore, no recruitment is necessary.

Progress Toward Adoption

A petition for termination of parental rights has been filed.

Barriers to Adoption/Action Steps to Overcome Barriers

There are no barriers to the adoption.

Projected Date for Adoption

It is anticipated that the adoption will be finalized within six to eight months.

(continued on next page)

**NONIDENTIFYING INFORMATION
(THIS MATERIAL MUST BE SHARED)**

Child's First Name Michael

Date/Time of Birth August 28 (currently 10 years old)

Place of Birth Detroit Medical Center

City, County, State Detroit, Wayne County, MI

Gender Male

Is Ward a Member of or Eligible for Membership in a Tribe? Yes No

(See CFF 742)

EVENTS LEADING TO PERMANENT WARDSHIP

On October 25, Isaiah's younger sister, Elizabeth, was discovered by a Detroit police officer on the corner of a busy intersection a block from her apartment. She was wearing inappropriate clothing—jeans and a long-sleeved tee shirt and sandals; the weather that day was in the mid-40s. Elizabeth was carrying a small-change purse with approximately \$3. She indicated she was very hungry; therefore, she took some money in order to get some food from McDonald's.

A call was made to Protective Services, and Elizabeth directed the officer to her apartment. Upon arrival, the officer discovered two other children, Michael and Isaiah, in the apartment unsupervised. They did not know where their mother was, nor were they able to reach her on the telephone.

The state of the apartment, a two-bedroom, was messy, with a lack of food for the children. A paternal grandmother was located; but she was able to take Elizabeth. The boys were placed in emergency foster care.

The birth mother indicated that she thought she had left the children in the care of her neighbor, who was on vacation at the time.

On October 31, Isaiah and Michael were returned to their mother. Elizabeth remained with her paternal grandmother. This case was closed.

The following April 30, Isaiah and Michael were found to be unsupervised once again; and an accidental fire was started in the kitchen. At the time of the fire, Elizabeth was living with her paternal grandmother. It was the decision of the agency that continuing her placement with her grandmother was in the best interest of the child.

After 12 months, a petition was filed for termination of the parental rights of both the birth mother and birth father.

This petition was granted on July 31, and Isaiah is legally free for adoption.

(continued on next page)



BIRTH PARENT'S HISTORY

Mother: (Include a physical description of birth mother.) The birth mother, age 33, was born in Pontiac MI. At age 8 she was placed in foster care because her mother died of liver failure due to Hepatitis B. The birth mother had several placements in foster care before she received a permanent foster care placement. It was in this placement that the birth mother met a lifelong friend who helps her with the children when she needs it. The birth mother graduated from high school and attended college, where she acquired an associate's degree. It was at this time that she was diagnosed as bipolar. She took medication to control her disease while functioning as an administrative assistant. At the age of 21, she became pregnant with her first child. Three years later she married the birth father. At the age of 26, she gave birth to her second child. During that time the birth mother began to develop problems with her medication and switched to a new medication. She became slightly unstable, but continued to stay employed and to care for her family. When she became pregnant with Elizabeth, at the age of 29, she began to have problems controlling her disease and began using her medication on an irregular basis. After the birth of Elizabeth, the birth mother was inconsistent with taking her medication and self-medicated with alcohol. It was also determined that the birth mother occasionally was using illegal narcotics.

The treatment plan for the birth mother included group counseling, substance abuse treatment services, random drug tests and parenting classes. Two case review hearings were scheduled for the 6-month and 9-month time marks. At the 9-month time mark, the planning to prepare for a permanency hearing began.

Although the birth mother has a number of issues in her life that impede her ability to care for her children, it is obvious that she loves them. The birth mother was inconsistent with following her treatment plan attempting to reunify her with her children. She would show up for a few months during which she seemed engaged and actively working towards bringing her children home, but then she would disappear suddenly. The birth mother also was not following the goals of attending classes to address her drug- and alcohol-problem. Many times, she either skipped her drug testing or did not pass.

When the birth mother was engaged with her children, she played games with them, joked and teased with them, and talked about good times they had as a family. Oftentimes, she would apologize for her behavior and tell the kids that she was trying and wanted them to come and live with her.

The birth mother has a variety of different moods, mostly as a result of her bipolar disease. Prior to her diagnosis she indicated that she always had been a hard worker, devoted to her job and family; and she described herself as easygoing in most situations. She feels that her time spent in foster care, although she found a lifelong friend in a foster sister, was a difficult time but that it made her a stronger person because she survived it.

The birth mother does indicate that she has some anger issues stemming from her childhood. She feels angry towards her mother and the foster care system for abandoning her in a time of need. She is angry with her mother because the mother left her at such a young age, forcing her to grow up in foster care. She does not trust the child welfare system because she grew up in the system and knows what it is all about.

(continued on next page)



Father: The birth father is the oldest of three children. His mother is living and his father died at age 58 of a heart attack. The birth father has two younger brothers, one with a developmental disability and another brother serving overseas in the Navy. The birth father completed his high school education by earning his GED. After being employed at a grocery store for three years, he enrolled in college. He did not finish college and became employed as a security guard at a local factory. He was an active and engaged father with his two older children, but was not there for the birth of Elizabeth. The birth father occasionally abused alcohol. At the time of Elizabeth's birth, he was serving a short, prison sentence for possession of narcotics. When Elizabeth was four months old, he was in violation of his parole and in was arrested again for possession of narcotics with the intent to sell. He is currently sentenced to 20-25 years in prison.

There was not much information about the birth father's involvement in the lives of his children. While they were young, the birth father was the provider for the family. Unfortunately, he earned the majority of his income through selling drugs. Prior to his legal problems, when he was in the home, the birth father had a relationship with his two older children.

His family describes him as an outgoing, easily excited and friendly person. The birth father had a number of friends and was constantly busy. He is a very social person who likes to be in the spotlight. He has a great sense of humor and can charm almost anyone.

There is no history of mental illness in the birth father's family, only the diagnoses of his younger brother with Asperger's syndrome and his elderly aunt with Alzheimer's disease. His father died of a heart attack, and his mother was diagnosed with Type II diabetes.

CHILD'S HISTORY

Isaiah was the first child for Christine Harris; the pregnancy and delivery were both normal. As a developing infant and toddler, Isaiah was consistently within an appropriate range for his age. There were no significant injuries or illnesses that impacted Isaiah. Because Isaiah is the oldest of his siblings, and due to the transient behavior of his birth parents, he many times serves as the primary caregiver for his siblings. Because Elizabeth no longer resides in the home, most of Isaiah's attention is devoted to supervising Michael. Isaiah has watched the decline of his mother and her struggle to cope with her disease; as a result, has increased his involvement providing for the family. The peak of his parental role began to occur when his father was sent to prison and Michael had to rely mainly on Isaiah.

At about this same time, Isaiah had a few incidents with the police for shoplifting, truancy and fighting. Isaiah is on probation for shoplifting; a parole officer with whom he meets on a monthly basis monitors him.

PLACEMENT HISTORY

Birth Home:

Michael lived with his mother, younger brother and sister in a small apartment. He was removed after a fire in the apartment.

(continued on next page)

Placement One:

Initially, Michael and his brother were placed in temporary foster care.

Placement Two:

The agency attempted to work with the birth mother by offering in-home services. The children remained in the care of the birth mother for six months.

Placement Three:

After the fire at the apartment, Michael was placed in a foster home with another boy. The foster mother described Michael as emotionally draining. She was unable to deal with his behavior; especially difficult for her was attempting to control his temper. Additionally, the foster family indicated that one of their close family members was diagnosed with a chronic illness. The foster family felt that they no longer would be able to devote the necessary attention to Michael; so, they requested his removal.

Placement Four:

Michael was moved to a foster home with his brother Isaiah.

CHILD'S CURRENT LEVEL OF EMOTIONAL, PHYSICAL, AND EDUCATIONAL AND DEVELOPMENTAL FUNCTIONING**Emotional Functioning:**

Although he does express some feelings, Michael internalizes things and blames himself for actions over which he has no control. While in their current placement, his older brother discovered that Michael hurts himself, by picking at his skin, as a way to control his feelings. Michael has a number of scars and cuts on his forearms and thighs.

Michael attends weekly therapy sessions at the agency. It is suspected that he suffers from a mild case of depression. Emotionally, Michael is overanxious and insecure. He has a fear of being alone; follows closely by his brother's side. Michael has regular nightmares with separation- and loss- themes.

Michael is described as a painfully shy child with limited social skills. It is difficult for him to understand personal boundaries. He often clings to his foster mother or brother. His foster parents indicate that Michael does not leave them alone and is a whiny child.

Physical Functioning:

Physically, Michael is slightly underweight for his age and height; this is likely due to decreased appetite. He is of average height for his age, and he has brown hair and eyes. He is African American and Caucasian. A review of Michael's medical records shows that he has not had any serious medical conditions, and his immunizations are up to date.

Educational Functioning:

Cognitively, Michael used to perform well in school; but recently his performance in the classroom has declined. He often lies about completing his homework by saying that he completed the task; but then he does not have anything to turn in because he actually did not do the assignment. This is partly due to his frequent avoidance of school.

(continued on next page)



CURRENT IMPORTANT RELATIONSHIPS AND ATTACHMENTS

The most important relationship for Michael is with his brother, Isaiah. Michael views Isaiah as a primary caregiver and is extremely dependent on Isaiah to provide for him and to meet his needs. Michael maintains a relationship with his birth mother, but he has trouble expressing any negative thoughts about her. It is apparent that the birth mother attempts to provide for Michael; but many times, is not able. Michael views all female mother figures as similar to his birth mother—dependable nor reliable. Therefore, he has difficulty attaching to and developing a healthy relationship with his foster mother. At times, he can be clingy and follow his foster parents around. Other times, he gets angry and lashes out at them. This behavior is seen most frequently with the foster mother.

Michael also maintains a good relationship with his mother's lifelong friend, whom the birth mother met as a teen in foster care. This friend served as a resource for Michael when his mother and father were not around. Additionally, Michael has a good bond with his paternal grandmother and his uncle. He also indicates that his sister is an important part of his life.

CHILD'S ATTITUDE, PREPARATION, AND READINESS FOR ADOPTION

Michael indicates that he loves his mother but is angry with her for leaving her children alone all the time. When discussing adoption as an option, Michael has indicated mixed feelings. He feels responsible for the apartment fire that forced him and Isaiah into foster care. Michael also believes that his mother is capable of caring for the family. Although he has a somewhat unstable relationship with his foster mother, Michael indicates that he is happy and somewhat secure in his current foster home.

In Michael's therapy sessions, the option and significance of adoption have been explored. Michael has been given the task of recording his thoughts and feelings in a journal. This helps him to become reflective about how he is feeling about his current situation.

Michael indicates that he really likes his foster parents but is afraid to tell that to his brother. He does not want to disappoint Isaiah. Michael feels that he is wrong to want to stay in his current placement.

INFORMATION ABOUT ALL KNOWN SIBLINGS (First Name Only)

Isaiah, age 15, is placed in a foster home with Michael. Their younger sister, Elizabeth, resides with their paternal grandmother.

(continued on next page)



BEST INTERESTS CRITERIA SPECIAL PHYSICAL, EMOTIONAL, AND EDUCATIONAL NEEDS

Michael will need continued therapy to monitor his depression and to help him recognize his feelings. It is possible that Michael will need remedial assistance while in school; currently he is behind the learning curve of other children in his class. His educational needs should be monitored in order to help him to succeed in the classroom.

PLACEMENT WITH OR WITHOUT SIBLINGS

Preference indicates a placement to accommodate all three siblings, if possible .

PLACEMENT WITH RELATIVES

The only relative placement available is with the paternal grandmother. She already cares for a son, who is 28 and has Asperger's syndrome. He is high-functioning and helps provide for the family by working at the Meijer store near their house. He helps to care for Elizabeth and plays an important role in the family as an uncle. Even with his help, the paternal grandmother feels overwhelmed raising a young child.

The grandmother suffers from Type II diabetes and regulates her condition with diet, exercise and medication. Although her disease is under control, she does suffer occasionally from complications from the condition.

MAINTAINING CONTINUITY OF CURRENT RELATIONSHIPS

It is important for Michael to have contact with his paternal relatives and with his mother's friend, who is also birth family's neighbor. Most importantly, Michael should maintain his current relationship with his siblings.

RELIGIOUS PREFERENCE

Michael was not raised with a specific religion, but he does have a sense of spirituality. There is no religious preference as indicated by the child.

CHILD'S WISHES REGARDING ADOPTION AND CHARACTERISTICS OF POTENTIAL ADOPTIVE FAMILY

Michael seems to have difficulty discussing the option of adoption and the characteristics of potential adoptive families. He generally avoids the topic or ignores questions directed to him about adoption.

(continued on next page)



OTHER FACTORS SPECIFIC TO THIS CHILD

N/A

RECOMMENDATION REGARDING ADOPTIVE PLACEMENT

The adoptive home for Michael should be a one- or two-parent family who would consider the possibility of adopting Michael and his siblings. Additionally, this family should have knowledge of bipolar disease, because of the family history. The family needs to understand and to control Michael's cutting behavior and to know how to provide a loving and stable environment for a child.

Worker **Date**

Supervisor **Date**

CHILD ADOPTION ASSESSMENT
Identifying Information
NOT TO BE RELEASED

→ NOTE: Information intentionally incomplete or inconsistent to promote the learning process.

Name Elizabeth Harris
Date of Birth September 17 (currently 6 years old)
Social Security Number 324-69-3589
Permanent Custody Date/County Oakland County
Date Referred for Adoption January 12
Court File Number
Worker Kate Woodbridge
FIA Case Number
Recipient ID Number
Report Date May 4

FAMILY INFORMATION

Birth Family Harris
Adoptive Family

Mother

Name Christine Harris
Date of Birth February 29 (currently 35 years old)
Social Security Number 259.69.4587
Last Known Address 16250 Northland, Southfield, MI 48075
Race Caucasian
Religion Catholic
Employment Status Administrative Assistant
Marital Status Married
Education Associate's Degree, Baker College
Income/Employment \$19,750/yr

Father

Name Malcolm Harris
Date of Birth July 13 (currently 35 years old, soon to be 36)
Social Security Number 329-85-1587
Last Known Address Jackson State Prison
Race African American
Religion Baptist
Employment Status N/A
Marital Status Married
Education High School, Some College
Income/Employment N/A

(continued on next page)



Siblings

Name Michael and Isaiah Harris

Date of Birth August 28 (currently 10 years old) and March 9 (currently 15 years old)

Social Security Number 320-86-6874 and 321-86-6458

Legal Status Minor

Name of Person Living With/Relationship (identify foster home) Mr. and Mrs. Williams, Foster Parents

Last Known Address 5896 S. Main, Detroit, MI 48195

PLACEMENT HISTORY

Date of Placement	Name/Address	Type of Placement
Oct. 25 - Oct. 31	Mrs. Ernestine Harris	Paternal Grandmother
Oct. 31 - April 30	Christine Harris	Birth Mother
April 30 - present	Mrs. Ernestine Harris	Paternal Grandmother

DATES OF CONTACT

Dates	With whom (incl. Role/position)	Type (HV, TC, OV)
--------------	--	--------------------------

PROGRESS TOWARD ADOPTION

Recruitment Activities (if necessary)

The paternal grandmother and the foster parents of Elizabeth’s siblings are two potential families looking to adopt her; therefore, it is not necessary to recruit a family.

Progress Toward Adoption

The birth mother has not followed through with her treatment plan, and a petition to file for termination of parental rights has been filed.

Barriers to Adoption/Action Steps to Overcome Barriers

There are currently no barriers to the adoption of Elizabeth.

Projected Date for Adoption

This adoption should be completed in six months.

(continued on next page)

**NONIDENTIFYING INFORMATION
(THIS MATERIAL MUST BE SHARED)**

Child's First Name Elizabeth

Date/Time of Birth September 17, 12:18 pm (currently 6 years old)

Place of Birth Detroit Medical Center

City, County, State Detroit, Wayne County, MI

Gender Female

Is Ward a Member of or Eligible for Membership in a Tribe? Yes No

(See CFF 742)

EVENTS LEADING TO PERMANENT WARDSHIP

On October 25, Elizabeth, was discovered by a Detroit police officer on the corner of a busy intersection a block from her apartment. She was wearing inappropriate clothing—jeans and a long-sleeved tee shirt and sandals; the weather that day was in the mid-40s. Elizabeth was carrying a small-change purse with approximately \$3. She indicated she was very hungry; therefore, she took some money in order to get some food from McDonald's.

A call was made to Protective Services, and Elizabeth directed the officer to her apartment. Upon arrival, the officer discovered two other children, Michael and Isaiah, in the apartment unsupervised. They did not know where their mother was, nor were they able to reach her on the telephone.

The state of the apartment, a two-bedroom, was messy, with a lack of food for the children. A paternal grandmother was located; but she was able to take Elizabeth. The boys were placed in emergency foster care.

The birth mother indicated that she thought she had left the children in the care of her neighbor, who was on vacation at the time.

On October 31, Isaiah and Michael were returned to their mother. Elizabeth remained with her paternal grandmother. This case was closed.

The following April 30, Isaiah and Michael were found to be unsupervised once again; and an accidental fire was started in the kitchen. At the time of the fire, Elizabeth was living with her paternal grandmother. It was the decision of the agency that continuing her placement with her grandmother was in the best interest of the child.

After 12 months, a petition was filed for termination of the parental rights of both the birth mother and birth father.

This petition was granted on July 31, and Isaiah is legally free for adoption.

(continued on next page)



BIRTH PARENT'S HISTORY

Mother: (Include a physical description of birth mother.) The birth mother, age 33, was born in Pontiac MI. At age 8 she was placed in foster care because her mother died of liver failure due to Hepatitis B. The birth mother had several placements in foster care before she received a permanent foster care placement. It was in this placement that the birth mother met a lifelong friend who helps her with the children when she needs it. The birth mother graduated from high school and attended college, where she acquired an associate's degree. It was at this time that she was diagnosed as bipolar. She took medication to control her disease while functioning as an administrative assistant. At the age of 21, she became pregnant with her first child. Three years later she married the birth father. At the age of 26, she gave birth to her second child. During that time the birth mother began to develop problems with her medication and switched to a new medication. She became slightly unstable, but continued to stay employed and to care for her family. When she became pregnant with Elizabeth, at the age of 29, she began to have problems controlling her disease and began using her medication on an irregular basis. After the birth of Elizabeth, the birth mother was inconsistent with taking her medication and self-medicated with alcohol. It was also determined that the birth mother occasionally was using illegal narcotics.

The treatment plan for the birth mother included group counseling, substance abuse treatment services, random drug tests and parenting classes. Two case review hearings were scheduled for the 6-month and 9-month time marks. At the 9-month time mark, the planning to prepare for a permanency hearing began.

Although the birth mother has a number of issues in her life that impede her ability to care for her children, it is obvious that she loves them. The birth mother was inconsistent with following her treatment plan attempting to reunify her with her children. She would show up for a few months during which she seemed engaged and actively working towards bringing her children home, but then she would disappear suddenly. The birth mother also was not following the goals of attending classes to address her drug- and alcohol-problem. Many times, she either skipped her drug testing or did not pass.

When the birth mother was engaged with her children, she played games with them, joked and teased with them, and talked about good times they had as a family. Oftentimes, she would apologize for her behavior and tell the kids that she was trying and wanted them to come and live with her.

The birth mother has a variety of different moods, mostly as a result of her bipolar disease. Prior to her diagnosis she indicated that she always had been a hard worker, devoted to her job and family; and she described herself as easygoing in most situations. She feels that her time spent in foster care, although she found a lifelong friend in a foster sister, was a difficult time but that it made her a stronger person because she survived it.

The birth mother does indicate that she has some anger issues stemming from her childhood. She feels angry towards her mother and the foster care system for abandoning her in a time of need. She is angry with her mother because the mother left her at such a young age, forcing her to grow up in foster care. She does not trust the child welfare system because she grew up in the system and knows what it is all about.

(continued on next page)

Father: The birth father is the oldest of three children. His mother is living and his father died at age 58 of a heart attack. The birth father has two younger brothers, one with a developmental disability and another brother serving overseas in the Navy. The birth father completed his high school education by earning his GED. After being employed at a grocery store for three years, he enrolled in college. He did not finish college and became employed as a security guard at a local factory. He was an active and engaged father with his two older children, but was not there for the birth of Elizabeth. The birth father occasionally abused alcohol. At the time of Elizabeth's birth, he was serving a short, prison sentence for possession of narcotics. When Elizabeth was four months old, he was in violation of his parole and in was arrested again for possession of narcotics with the intent to sell. He is currently sentenced to 20-25 years in prison.

There was not much information about the birth father's involvement in the lives of his children. While they were young, the birth father was the provider for the family. Unfortunately, he earned the majority of his income through selling drugs. Prior to his legal problems, when he was in the home, the birth father had a relationship with his two older children.

His family describes him as an outgoing, easily excited and friendly person. The birth father had a number of friends and was constantly busy. He is a very social person who likes to be in the spotlight. He has a great sense of humor and can charm almost anyone.

There is no history of mental illness in the birth father's family, only the diagnoses of his younger brother with Asperger's syndrome and his elderly aunt with Alzheimer's disease. His father died of a heart attack, and his mother was diagnosed with Type II diabetes.

CHILD'S HISTORY

Elizabeth is the youngest of three children. Elizabeth was born at Detroit Medical Center and the pregnancy and delivery were normal. At the time of her pregnancy the birth mother was taking lithium and occasional antidepressants to control her bipolar disease. Neither of the birth parents was the primary caregiver for Elizabeth; much of the responsibility fell to either the paternal grandmother or to Elizabeth's older brother.

The birth mother indicated feelings similar to postpartum depression after giving birth to Elizabeth. She did not breast-feed, nor did she spend extensive periods of time with Elizabeth when she was an infant. Oftentimes, the only physical contact between mother and child occurred when absolutely necessary. This would be when the child needed to be fed, changed and bathed. When Elizabeth was at home, she spent long periods of time in her crib, playpen or baby carrier. The birth mother described feelings of ambivalence towards Elizabeth as an infant and toddler. It seems that there is not a secure bond between mother and child.

The birth mother described Elizabeth as a fussy infant who was not easily soothed. Because the birth father was not in the home, the sole responsibility for the family was on the birth mother. She relied heavily on her eldest child to help care for the children.

Elizabeth was not easily engaged, and the birth mother indicated feelings of rejection. She was frustrated with Elizabeth because the child did not seem to want her mother's affection. Her paternal grandmother describes Elizabeth as a rambunctious child who is always getting into things. It takes all of her attention to maintain Elizabeth.

(continued on next page)



PLACEMENT HISTORY

Birth Home:

Elizabeth lived with her mother and two brothers. It was found that the birth mother had feelings associated with postpartum depression, was diagnosed with bipolar disorder, self-medicated with alcohol and used narcotics. Elizabeth was removed from her mother's care and placed with her paternal grandmother.

Current Placement:

Elizabeth resides with her paternal grandmother and her uncle.

CHILD'S CURRENT LEVEL OF EMOTIONAL, PHYSICAL, AND EDUCATIONAL AND DEVELOPMENTAL FUNCTIONING

Physical Functioning:

Elizabeth was discovered to be slightly underweight for her age range; but since permanent placement with the paternal grandmother, she has reached an appropriate weight for her range. She is a 6-year-old African American/Caucasian female with dark hair and eyes. She has an incomplete medical record, and it is unknown whether she has received all necessary immunizations. There is no history of serious medical conditions or chronic illness on record for Elizabeth. She was born at a healthy weight and has been on target with all physical milestones. Upon observation, Elizabeth is described as a healthy, attractive child with a bright smile.

Emotional Functioning:

As a result of her birth mother's feelings of postpartum depression, bi-polar disorder, and substance abuse problems, Elizabeth has not been able to form a secure bond with her mother. The lack of interaction with an adult caregiver has impacted her emotional development. She often does not make eye contact with adults. Elizabeth does not seek out physical contact or comfort from adults. She has trouble identifying her own emotions. Either she does not react with an appropriate emotion, such as laughing at being tickled; or she shows no emotion. There have been times when she has been observed interacting with her siblings, and she seems livelier during those times. It is apparent that she feels most comfortable and safe in the presence of her siblings.

Additionally, Elizabeth has a high amount of energy. She is difficult to control. She likes to be in the center of activity and attempts to dominate situations. In order to control Elizabeth's behavior directions need to be repeated continuously.

At times, Elizabeth uses inappropriate language for a child of her age. She does not seem to understand proper, social etiquette and blurts out anything on her mind.

Although Elizabeth regularly uses the bathroom, she has been known to soil her clothes. Additionally, on three separate occasions she was discovered by her grandmother trying to hide the fact that she had a bowel movement in her clothes. On one of those incidents Elizabeth also was found using her feces to draw a picture of a sun on a newly painted wall. It is unknown whether

(continued on next page)

Elizabeth was sexually abused. At times in her birth home, due to her mother's drug problem, there was a number of strange men in and out of the house. According to reports from a physician she has no medical condition; but it could not be determined whether any abuse had taken place. Elizabeth has not vocalized any incidents of sexual abuse, and her birth mother denies any sexual abuse of the child.

It was discovered that the paternal grandmother had been allowing the birth mother to have unsupervised visits with Elizabeth at the birth home. It was undetermined whether any inappropriate behavior occurred during those visits.

Educational Functioning:

Cognitively, Elizabeth has tested average and above average compared with those in her class. While interacting with her peers, Elizabeth is very dominant. If she does not get her way with her peers, she does not hesitate to lash out physically or verbally. Elizabeth does not appear to feel remorseful about hurting her peers.

Elizabeth does have difficulty sitting still in classroom settings and does not follow directions.

CURRENT IMPORTANT RELATIONSHIPS AND ATTACHMENTS

Elizabeth has begun to develop a relationship with her paternal grandmother and her uncle. Additionally, she maintains a strong connection to her siblings. She has begun to allow her grandmother to display affection to her, although she generally does not reciprocate. Her grandmother is learning to cope with and to calm Elizabeth when she becomes unruly. This shows the beginnings of attachment with the paternal grandmother.

CHILD'S ATTITUDE, PREPARATION, AND READINESS FOR ADOPTION

Elizabeth is ambivalent about her adoption and placement with her grandmother, but she does indicate a desire to return to her birth mother. She does not seem to understand the definition of adoption fully. Elizabeth does vocalize feelings of disconnection with her brothers and wishes to continue seeing the boys on a regular basis.

Placement options have been introduced to Elizabeth, such as remaining in her current home or moving to a placement with her brothers. She seems more inclined to having a placement with her brothers but is worried about leaving her grandmother.

To prepare Elizabeth for a transition, her grandmother, brothers and foster family need to be prepared. Elizabeth needs to be informed about the situation. This includes telling her what to expect and reassuring that she will have the support of her birth family. An extensive conversation about adoption, what it means and how it will happen will be a helpful tool for preparing Elizabeth for a transition.

(continued on next page)



INFORMATION ABOUT ALL KNOWN SIBLINGS (First Name Only)

Isaiah, age 15, is placed in a foster home with Elizabeth's other brother, Michael, age 10. The three children meet on a regular basis either at the foster parents' home or at the home of the paternal grandmother.

BEST INTERESTS CRITERIA SPECIAL PHYSICAL, EMOTIONAL, AND EDUCATIONAL NEEDS

Emotional Needs:

Due to Elizabeth's propensity to soil her clothing, her insecure attachments to others and the parental neglect early in her life, it is recommended that she continue to receive therapy.

PLACEMENT WITH OR WITHOUT SIBLINGS

Preference indicates a placement to accommodate all three siblings, if possible .

PLACEMENT WITH RELATIVES

Elizabeth lives with her paternal grandmother, but the grandmother is reluctant to accept legal responsibility for the child and is content with her role as caretaker and grandmother. Moreover, the paternal grandmother does not want to accept the role of legal guardian because she does not want to break the bond between Elizabeth and her biological parents. The grandmother feels that her son and daughter-in-law are the rightful parents of Elizabeth and that she should not accept the role of parent. The formal adoption would signify a role change that she is not ready to accept.

Additionally, she cares for a son, who is 28 and has Asperger's syndrome. He is high functioning and helps to provide for the family by working at the Meijer store near their house. He helps to care for Elizabeth and plays an important role in the family as Uncle Billy. Even with his help, the paternal grandmother indicates that she feels overwhelmed raising a young child.

The paternal grandmother also suffers from Type II diabetes and regulates her condition with diet, exercise and medication. Although her disease is under control, she does suffer occasionally from complications from the condition.

MAINTAINING CONTINUITY OF CURRENT RELATIONSHIPS

It is vital to continue the relationship with Elizabeth's biological family members, such as her grandmother, uncle, and siblings.

(continued on next page)

RELIGIOUS PREFERENCE

Elizabeth was not raised in a specific religion, but she does attend a Baptist church with her grandmother on a semi-regular basis.

CHILD’S WISHES REGARDING ADOPTION AND CHARACTERISTICS OF POTENTIAL ADOPTIVE FAMILY

Elizabeth indicates a preference only for living with her two brothers.

OTHER FACTORS SPECIFIC TO THIS CHILD

N/A

RECOMMENDATION REGARDING ADOPTIVE PLACEMENT

It is in the best interest of the child to be placed in a home with her two brothers. Elizabeth should be placed in a one- or two-parent household with the ability to help her to develop normal and healthy attachments with others. Additionally, the adoptive family should have an understanding of bipolar disorder because of the family history. The family also should also be able to parent a child who may have been sexually abused.

Worker **Date**

Supervisor **Date**

Family Case Profile

Isaiah, age 15, Michael, age 10, and Elizabeth, age 6, are biological siblings who are in foster care. The children currently live in two different homes; the boys have been with their foster parents, Mr. and Mrs. Williams, while Elizabeth has been living with her paternal grandmother.

The birth parents, Malcolm and Christine Harris, are married; but when Elizabeth was born, Malcolm was incarcerated and has been since that time. According to the birth mother, she was able to take care of Isaiah and Michael while controlling her bipolar disorder. After the birth of Elizabeth, she found it increasingly difficult to care for three children without the help of her husband. It was at that time that Christine began self-medicating with drugs and alcohol. Many times, the children were left in the care of a family friend who lives nearby, or with the grandmother.

The family's first incident with Protective Services occurred when Elizabeth, at the time age 4, was found wandering the streets, trying to buy food. The mother was found passed out on the bathroom floor. Elizabeth was placed in the care of her paternal grandmother, while Isaiah and Michael remained with their mother.

Less than a year, later Isaiah and Michael were unsupervised when a kitchen fire started. Michael received third-degree burns on his arm. Unable to locate the mother and not being able to place the children with the paternal grandmother, Protective Services placed Isaiah and Michael were placed into two different foster homes.

Within the following three months, Isaiah moved two more times due to his behavior. He was then placed in the Williams home, where his brother Michael joined him. Throughout this time, Elizabeth has continued to live with her grandmother.

Contact with the birth mother was not consistent, nor was she able to meet the recommendations of her treatment plan. Christine and Malcolm's parental rights were terminated. All three children are available for adoption.

Elizabeth has a difficult time forming healthy attachments and has a tendency to build emotional walls. She is a very active child living, with her diabetic grandmother and developmentally disabled uncle. Although Elizabeth has spent nearly half of her life, almost three years, living with her grandmother and Uncle Billy, she has indicated that she would like to live with her brothers.

At the time of the fire, Michael felt as though the fire and resulting situation were completely his fault. During Michael's first placement, with Mr. and Mrs. Hamilton, Michael formed a bond with another boy, Alexander, who lived in the Hamilton home. It was difficult for Michael to say good-bye when he moved to Mr. and Mrs. Williamses' home. Michael has been living for the past 19 months with Mr. and Mrs. Williams with his brother, Isaiah. Michael is very attached to both Mr. and Mrs. Williams; but he is attached to his brother, also, and always wants to be with Isaiah.

(continued on next page)

Isaiah initially was placed in the Thompson home, but it was requested that he receive a new placement due to his behavior. Isaiah shared a room with a younger boy named Brandon, but there were a number of conflicts between the two. When the altercations between the two turned physical, Isaiah was placed into another foster home. Although Isaiah has been living with Mr. and Mrs. Williams for 22 months, he has said that he does not want to be adopted.



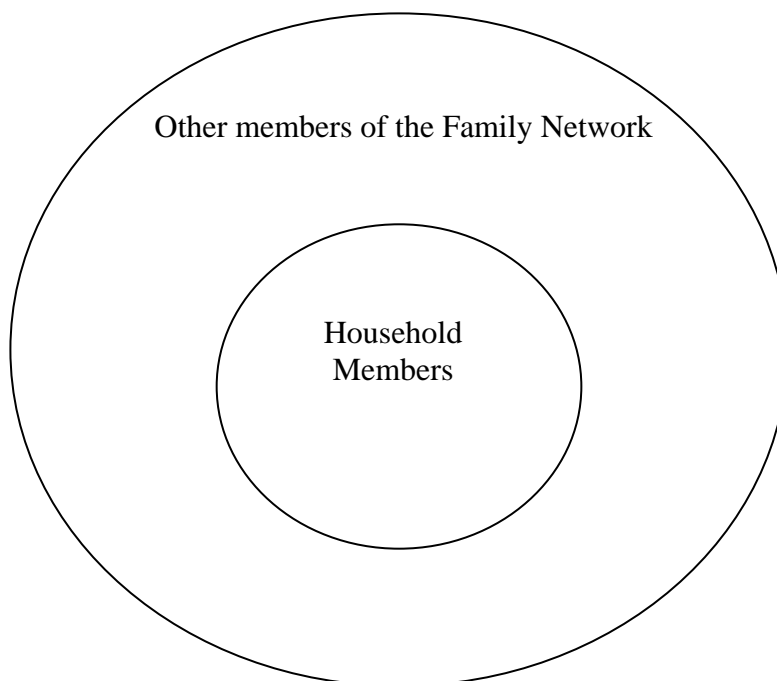
Family Network Diagram

The following questions will help the caseworker gain a basic understanding of the birth family's household arrangements.

- Who helps you to care for the children?
- Who lives in the house?
- Who visits regularly?
- Who stays overnight?
- How many children stay over often ?

Once the household arrangements have been identified, the caseworker can begin to tap the extended family organization and nonblood kin with questions such as:

- How do other family members feel about your desire to adopt?
- To whom do you go for advice?
- Have many people tried to give you their opinions about adopting?
- To whom would you listen?
- To whom would your child or children listen?
- In the past, to whom have you gone when you had something serious to deal with or to discuss?
- Who helps you when you have troubles?
- Have you experienced any recent losses (death, moves, divorces, cutoffs, etc.) within your extended family, nonblood kin, or friendship network?



Adapted from Boyd-Franklin, *Black Families in Therapy: A Multisystems Approach*, 1989.





Assessment and Preparation Activities

These activities will follow the lead of the child/youth; the caseworker can be guided by activities that the child/youth enjoys.

Elizabeth

Life Book: She should work on the Life Book with Grandma Harris or her primary caretaker extending to the significant people and activities in her life.

Eco-Map: This is the same activity mentioned previously. We can use the same activity that we used in CAP.

Grocery Store: Tell Elizabeth to picture what a grocery store looks like on the inside. Tell her about a special grocery store that has mommies, daddies, sisters, brothers and animals inside. At this grocery store, the caseworker encourages her to talk about what kind of family she would pick out for herself (having previously explained that categories she could chose from).

After she has picked out her new family, ask specific questions about the family. Why did she pick the members that she did? What type of person is each member of her family? What does each family member do?

Elizabeth might choose a mom, dad and kitty. She then might ask about a grandma. The caseworker would say, "I can't believe I forgot about grandparents! If you want a grandma, you can go down the aisle with grandparents and pick out the one that you want."

3 Wishes: This activity has the caseworker asking Elizabeth if she could have three wishes, what they would be, then the caseworker asks Elizabeth to draw or to write in a journal what those wishes would look like.

Often, children/youth will combine a number of different wishes into the first one, such as, "I wish the fire did not have to happen; I want to live at home with Mom; I want to have my brothers and Dad there; and I wish to be happy."

In general, the worker would ask open-ended questions while engaged in play with the child. If Elizabeth likes to play jump rope or hopscotch, the worker would do these activities with her while asking the questions. Additionally, if Elizabeth plays with dolls or toys, the caseworker would look for themes in the child's play.

(continued on next page)



Michael

Art Therapy: Ask Michael to draw pictures of friends, family members or life experiences. Tell him that each of the different colors of the markers/crayons represents a different feeling. The caseworker could put a label on each crayon/marker, indicating the feeling that it represents. An example is that the black crayon could represent anger.

After Michael completes his drawing, talk with him about the picture, what it represents and the symbolic nature of the colors.

Caretaker Shuffle: The purpose of this activity is for the caseworker to understand who is important in Michael's life. Lorita Webster has been mentioned previously. His activity can get the caseworker finally to realize that in the past, Lorita has provided extensive support to the Harris children. According to the child welfare system, Michael has not had many out-of-home placements. However, he has stayed with Lorita and paternal grandma a number of times. It is important for the caseworker to realize the impact of these unofficial placements.

3 Wishes: This activity has the caseworker asking Michael if he could have three wishes, what they would be. Then the caseworker asks Michael to draw or to write in his journal what those wishes would look like.

Grocery Store: Tell Michael to picture what a grocery store looks like on the inside. Tell him about a special grocery store that has mommies, daddies, sisters, brothers and animals inside. At this grocery store, encourage him to talk about what kind of family he would pick out for himself (having previously explained the categories he could choose from).

After he has picked out his new family, ask specific questions about the family. Why did he pick the family members that he did? What type of person is each member of his family? What does each family member do?

Isaiah

Book of Songs: Ask Isaiah to write a poetry journal that has raps or songs that he has written.

Video Life Book: Ask him to make a video journal of his experiences in foster care.

Future: The purpose of this activity is to understand how Isaiah views his future. The caseworker would ask Isaiah to answer specific questions about his future, such as five years. For example, the caseworker asks him to write or to draw what his future would look like five years from today.

- Where will you be living?
- Do you have a job?
- Are you in college?
- What is your plan?
- Are you taking the right steps to reach your goals?

(continued on next page)

By working with Isaiah on his goals to get an apartment and to have his brother and sister live with him, the caseworker can help him to understand the steps necessary to reach his goals and to realize that he is sacrificing himself for his siblings. If Isaiah claims to want to become an NFL football player, the caseworker should explore with him the steps that need to be taken to get there. Can Isaiah realistically reach his goals while caring for his siblings? The caseworker needs to explore independent living with Isaiah, if he says that is an option. The caseworker also needs to explore why he is saying, “No,” to adoption.

- If you didn't have to worry about your brother and sister, what would you be doing five years from now?
- What do you think your mom would want you to be doing in five years?
- What will make you proud of yourself?
- What can you be doing now to get where you want to be in five years?
- Who do you want at your graduation/wedding?
- Where would you go for summers when you are on break from college?

Talk about planning for the next year. If Isaiah wants independent living, explain that does not happen until he reaches a certain age. What is he going to do until then? If he is not enrolled in independent living until he is 16 years old, where will he live until then?

Song/Rap: Ask Isaiah to compose a song/rap/poem. The guidelines are that Isaiah use this composition to tell the caseworker about himself. The caseworker says, “Tell me about you, I want to know what is important to you, what you are feeling.”





Family Activities

Feeling Pickup Sticks: Each color represents a feeling, such as green for jealousy. A person picks up a colored stick, then talks about the feeling that it represents and describes a time when he or she was feeling that way, how he or she coped with it, and what they this family member could do differently when experiencing the feeling again.

Jenga: In this variation of the game Jenga, each block has a number. The person drawing a block looks at the number, finds the question corresponding to that block, and then answers the question. Some blocks might say, “Ask a question to someone of your choice.” A person who wants to skip a question, must lose their next turn. Other family members can fill in their own questions during the skipped turn.

Expectations: The parents discuss, and write down on easel paper their expectations for the family. These include rules, chores, school work, jobs, dating, phone use, or any other activities important to the family. Separately the children/youth also comes up with a list. Then, with the family, the caseworker compares the two lists and finds ways to compromise with each group. The worker tells the parents that it is important for the children/youth to have a voice and some control over their situation. The worker can highlight if the family has unrealistically high of expectations for the children/youth by saying, “Wow! Look at all these rules even I as an adult think I would get into trouble at your house.” Or a child/youth might say, “My bed time will be 10 p.m.,” while a parent says, “That is not reasonable, but would you like your bedtime to be 8 or 8:30?” If the child/youth complains at bedtime, then the parent could say, “You said you wanted to go to bed at 8:30. It is now time for bed.”

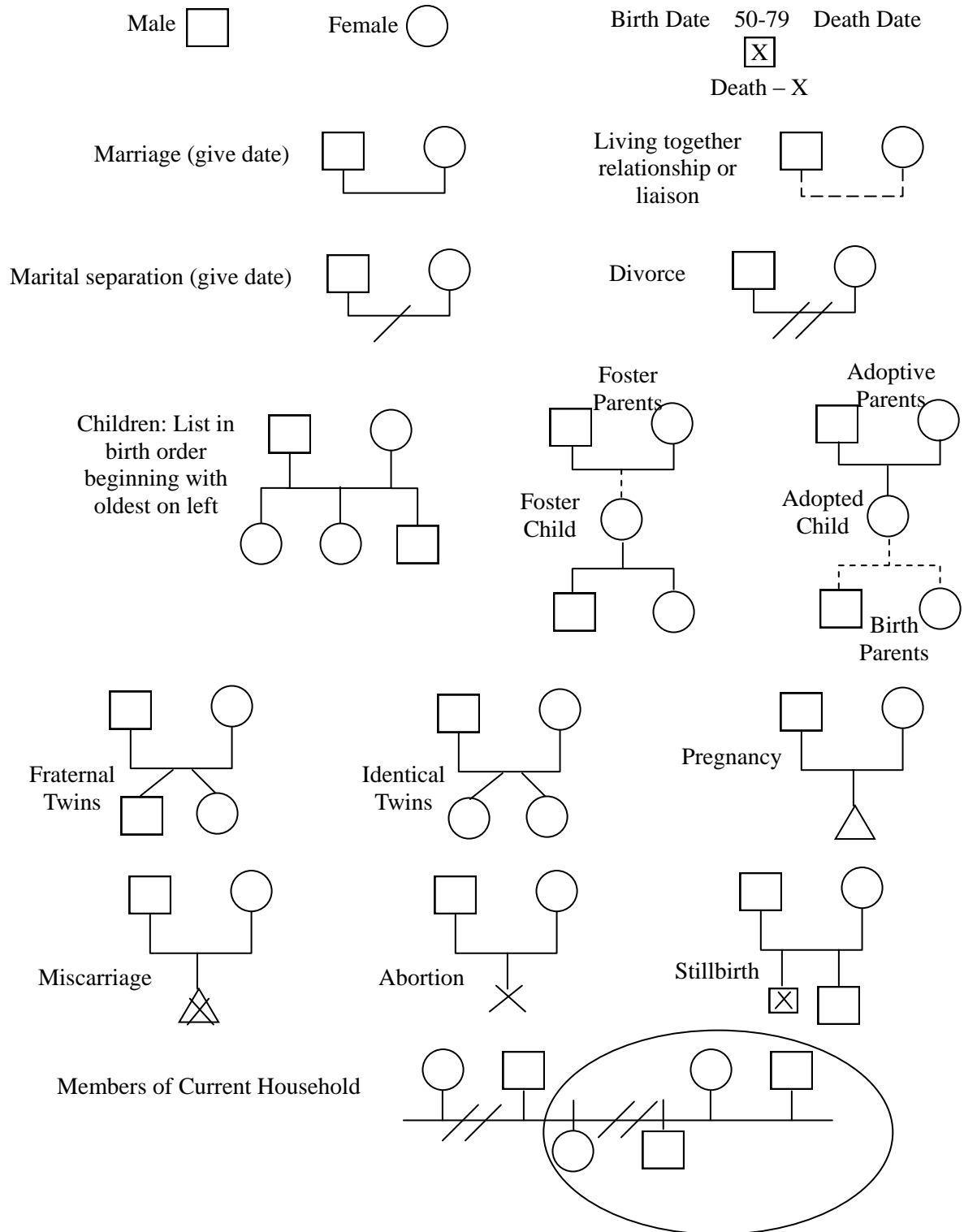
The family also might say things such, “I want Michael to sleep better because he has nightmares” or “I want Michael not to lie.” “I want Michael not to be so clingy,” or “I want Isaiah to understand that he does not need to be a parent.” This can be the introduction to survival behaviors and what they mean to each child/youth. For example, Isaiah knows only how to be a parent; his self-esteem is engineered toward his being a provider for his siblings. If that is taken from him, what does that leave for him? It would be more beneficial to reward his positive behaviors and to serve his need for being a parent: For example, the family could get a pet; and it would be Isaiah’s responsibility to care for the pet.





Genogram Symbols

Symbols to describe basic family membership and structure are used in the **Family Network Diagram**, the **Genogram**, and the **Eco-Map**, all of which are tools emphasized in training.

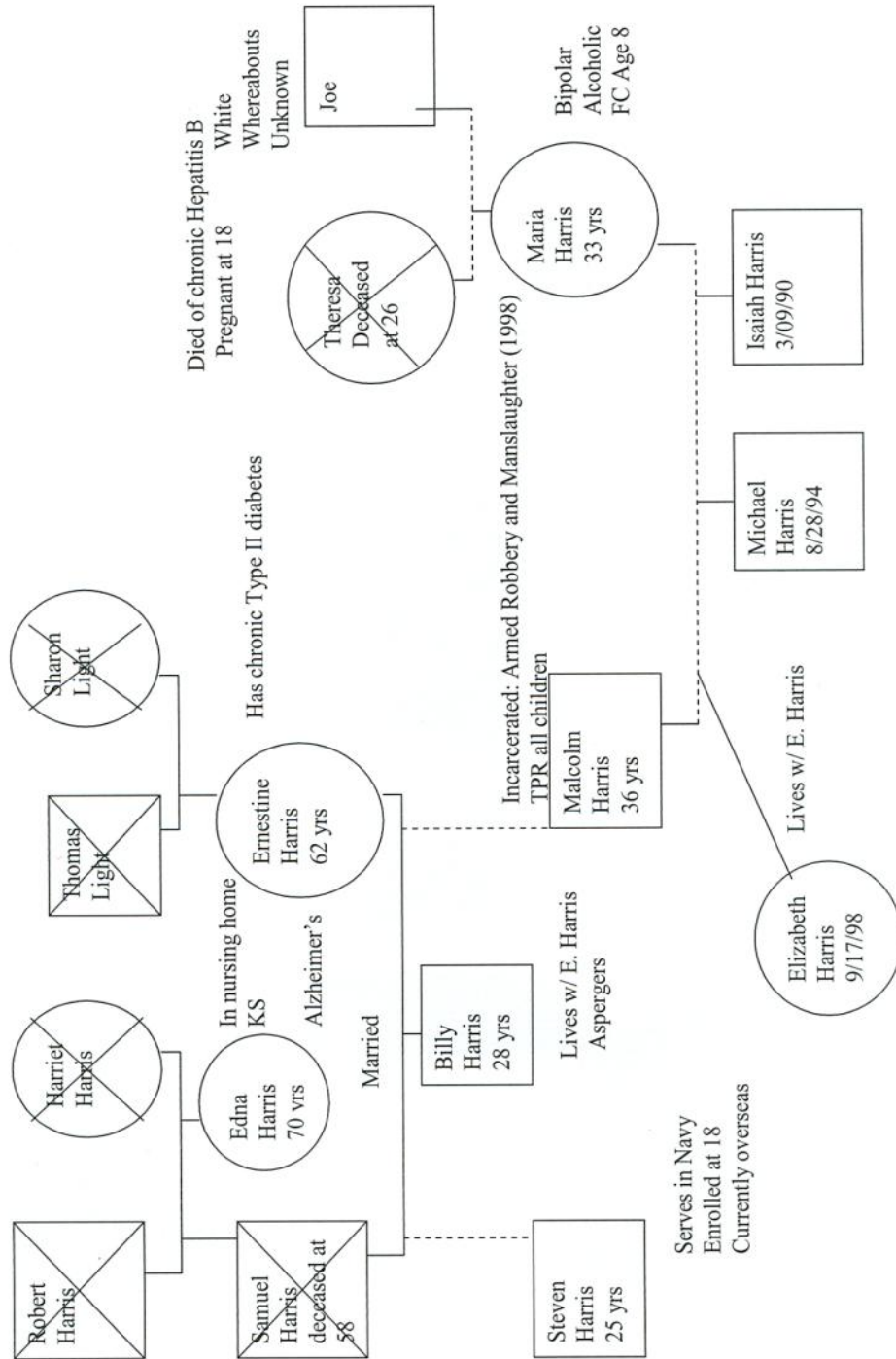


Adapted from Whitfield, Linda, et. al., *Special Needs Adoption Curriculum*, Spaulding for Children.



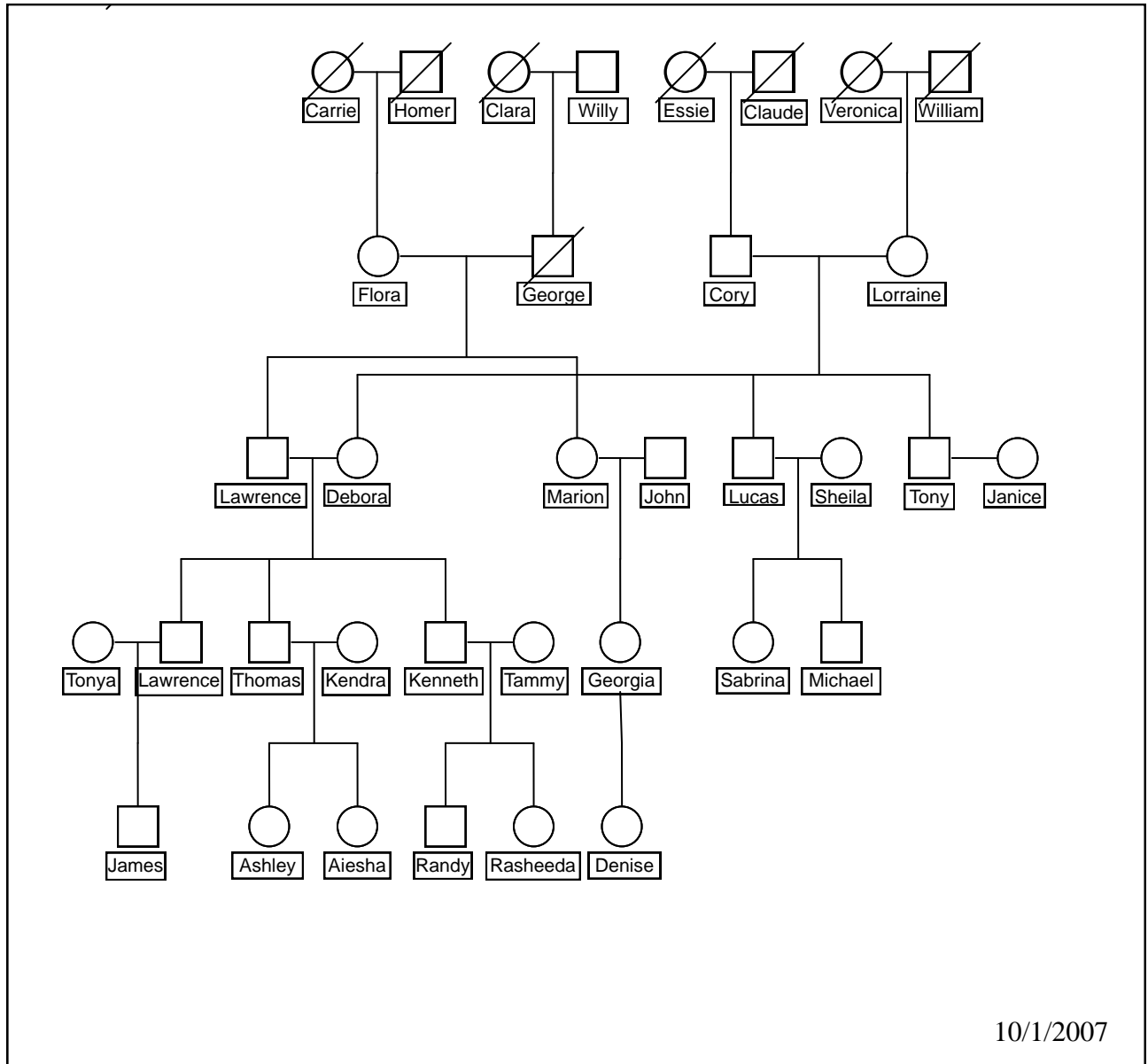


Harris Family Genogram





Williams' Family Genogram



10/1/2007





Child/Youth Assessment and Preparation: References and Other Resources

- Alexander, C. & Curtis (1996). A review of empirical research involving the transracial adoption of African American children. *Journal of Black Psychology*, 22, 223-235.
- American Academy of Pediatrics (1998). Parenting corner Q&A: Developmental milestones. Retrieved May 28, 2007, www.aap.org/publiced/BK0_DevMile_1mos.htm and www.pbs.org/wholechild/abc/cognitive.html
- American Public Human Services Association (2001). *Guide to the interstate compact on the placement of children*. Washington, DC: Author.
- Barth, R.P., Gibbs, D.A., & Siebenaler, K. (2001). *Assessing the Field of Post-Adoption Service: Family Needs, Program Models and Evaluation Issues. Literature Review*. Chapel Hill and Research Triangle Park: University of North Carolina School of Social Work, Jordan Institute for Families, and Research Triangle Institute.
- Bartholet, E. (1999). *Nobody's children: abuse and neglect, foster drift, and the adoption alternative*. Boston, MA: Beacon Press.
- Bass, S., Shields, M.K., & Behrman, R.E. (2004). Children, families and foster care: analysis and recommendations. *Future of Children*, 5-29.
- Bradley, C. & Hawkins-Leon, C.G. (2002). The transracial adoption debate: Counseling and legal implications. *Journal of Counseling and Development*, 80,(4) 433-441.
- Brazelton, T.B. & Greenspan, S.I. (2000). *The irreducible needs of children: What every child must have to grow, learn, and flourish*. New York, NY: Perseus Publishing a division of Harper Collins Publishers.
- Brodzinsky, D.M., Smith, D.W., & Brodzinsky, A.B. (1998). *Children's adjustment to adoption: Developmental and clinical issues*. Thousand Oaks, CA: Sage Publications.
- Brodzinsky, D.M., Patterson, C.J. & Vaziri, M. (2002). Adoption agency perspectives on lesbian and gay prospective parents: A national study. *Adoption Quarterly*, 5(3), 5-23.
- Brooks, D. & Barth, R.P. (1999). Adult transracial and inracial adoptees: Effects of race, gender, adoptive family structure, and placement history on adjustment outcomes. *American Journal of Orthopsychiatry*, 69(2), 87-99.
- Burrow, A.L. & Finley, G.E. (2001). Issues in transracial adoption and foster care. *Adoption Quarterly*, 5, 1-4.
- Burrow, A.L. & Finley, G.E. (2004). Transracial, same-race adoptions, and the need for multiple measures of adolescent adjustment. *American Journal of Orthopsychiatry*, 74(4), 577-583.



- Capello, D.C. (2006). Recruiting Hispanic foster parents: Issues of culture, language, and social policy. *Families in Society: The Journal of Contemporary Social Services*, 87(4).
- Casey Family Programs (2005). Casey foster family assessments. Retrieved from <http://www.fosterfamilyassessments.org>.
- Charles, K. and Nelson, J. (2000). Permanency Planning: Creating Life Long Connections, What does it mean for adolescents. Tulsa, OK: National Resource Center for Youth Development.
- Children's Bureau (2004). Sibling Placement: Research to Practice. *Children's Bureau Express*, 5(2).
- Child Welfare Information Gateway. (1994). *Transracial and transcultural adoption*. Washington, DC.: U.S. Department of Health and Human Services.
- Child Welfare Information Gateway. (2003, March). *Providing background information to adoptive parents: A bulleting for professionals*. Washington, DC: U.S. Department of Health and Human Services.
- Child Welfare Information Gateway. (2005, March). *Helping Your Foster Child Transition to Your Adopted Child*. Washington, DC.: U.S. Department of Health and Human Services.
- Child Welfare Information Gateway. (2006, January). *Access to adoption records*. Washington, DC: U.S. Department of Health and Human Services.
- Child Welfare Information Gateway. (2006, February). *Adoption disruption and dissolution: numbers and trends*. Washington, DC: U.S. Department of Health and Human Services.
- Child Welfare Information Gateway. (2006, February). *Who may adopt, be adopted, or place a child for adoption?* Washington, DC: U.S. Department of Health and Human Services.
- Child Welfare Information Gateway. (2006, August). *Foster and Adoptive Home Assessment 2000-present*. Washington, DC: U.S. Department of Health and Human Services.
- Child Welfare League of America, Inc. (2005). *CWLA Best Practice Guidelines: Kinship Care; best practice guidelines*. Washington DC: Child Welfare League of America, Inc.
- Cline, F. & Fay, J. (1992). *Parenting teens with love and logic: Preparing adolescents for responsible adulthood*. Colorado Springs, CO: Pinon Press.
- Collaboration to AdoptUsKids (2006). *Answering the call: Family pocket guide*. Baltimore, MD: AdoptUsKids.
- Collaboration to AdoptUsKids (2006). *Answering the call: Finding a fit that will last a lifetime: A Guide to connecting adoptive families with waiting children*. Baltimore, MD: AdoptUsKids.
- Collaboration to AdoptUsKids (2006). *Answering the call: National adoption month 2006 toolkit*. Baltimore, MD: AdoptUsKids.

- Collaboration to AdoptUsKids (2006). *Answering the call: Getting more parents for children from your recruitment efforts: Practitioner's guide*. Baltimore, MD: AdoptUsKids.
- Collaboration to AdoptUsKids (2006). *Answering the call: Lasting impressions: A guide for photolisting children*. Baltimore, MD: AdoptUsKids.
- Consortium for Children (2000). *Structured analysis family evaluation (SAFE): An overview*. Sacramento, CA: California Department of Social Services.
- Cooper, L. & Cates, P. (2006). *Too high a price: The case against restricting gay parenting*. New York, NY: American Civil Liberties Foundation.
- Crumbley, J. (1999). *Transracial adoption and foster care: Practice issues for professionals*. Washington, DC: CWLA Press.
- Crumbley, J. & Little, R.L. (1997). *Relatives raising children, an overview of kinship care*. Washington, DC.: CWLA Press.
- Daugherty, S. (2005). *Tools for working with kinship caregivers*. New York: National Resource Center for Family-Centered Practice and Permanency Planning.
- Davies, L. (2003). *Understanding self-esteem*.
- de Haymes, M.V. & Simon, S. (2003). Transracial adoption: Families identify issues and needed support services. *Child Welfare*, 82(2), 251-272.
- Delaney, R.J. (2006). *Fostering changes: Myth, meaning and magic bullets in attachment theory*. OK: Wood 'N' Barnes Publishing.
- Delaney, R.J. (1991). *Negative work model*.
- Donley, K.S. (1988). Disengagement work: Helping children make new attachments. In H.L. Craig-Oldsen, (Ed.), *From foster parent to adoptive parent: A resource guide for workers*. Atlanta, GA: Child Welfare Institute.
- Dunne, L. (2004). *State Approaches to Supporting Kinship Caregivers*. Washington, DC: Voices for America's Children.
- Eldridge, S. (1999). *Twenty things adopted kids wish their adoptive parents knew*. New York: Dell Publishing.
- Evan B. Donaldson Adoption Institute (2004). *What's working for children: A policy study of adoption stability and termination*. Retrieved February 8, 2007, from http://www.adoptioninstitute.org/publications/Disruption_Report.pdf.
- Evan B. Donaldson Adoption Institute (2006, March). *Expanding resources for children: Is adoption by gays and lesbians part of the answer for boys and girls who need homes?* Retrieved February 8, 2007, from <http://www.adoptioninstitute.org/publications>.



- Every Child Matters (2007). Effective communication and engagement with children, young people, their families and careers, *Common Core of skills and knowledge for the children's workforce*. Retrieved December 17, 2007, from www.everychildmatters.gov.uk/deliveringservices/commoncore/communication
- Fahlberg, V., MD, (1979). *Attachment and Separation: Putting the Pieces Together* (pp. 14-17). Michigan Department of Social Services.
- Fahlberg, V., MD, (1991). *A Child's Journey Through Placement*. Indianapolis, IN: Perspectives Press.
- Festinger, T. (2005). Adoption disruption: Rates, correlates and service needs. In G.P. Mallon & P. Hess (Eds), *Child welfare for the 21st century: A handbook of children, youth, and family services – Practices, policies, and programs* (pp 452–468). New York: Columbia University Press.
- Flynn, C., Welch, W., & Paget, K. (2004). *Field-initiated research on successful adolescent adoptions: executive summary*. Columbia: Center for Child and Family Studies.
- Franke, L. (2002). *Keeping children attached through transitions*. Retrieved from http://www.childwelfare.gov/kidscomefirst.info/UT_DCFS_DMH.pdf.
- Freundlich, M. (2000). *The role of race, culture, and national origin in adoption*. Washington, DC: Child Welfare League of America.
- Freundlich, M. & Wright, L. (2003). *Post-permanency services*. Washington, DC: Casey Family Programs.
- Gerstenzang, S. & Freundlich, M. (2006, May). *Finding a fit that will last a lifetime: A guide to connecting adoptive families with waiting children*. Baltimore, MD: The Collaboration to AdoptUsKids.
- Gray, D.D. (2002). *Attaching in adoption: Practical tools for today's parents*. Indianapolis, IN: Perspectives Press, Inc.
- Greenblatt, S.B., Crumbley, J. & Morse, J. (2002) *Assessing adult relatives as preferred caregivers in permanency planning: A competency-based curriculum*. New York: National Resource Center for Foster Care and Permanency Planning.
- Grotevant, H.D. (2000). Openness in adoption: Research with the adoption kinship network. *Adoption Quarterly*, 445-465.
- Groza, V., Houlihan, L., & Wood, Z.B. (2005). Overview of adoption. In Mallon, G.P. & Hess, P.M., (Eds), *Child welfare for the 21st century: A handbook of practices, policies and programs* (pp 432-451). New York: Columbia University Press.
- Groza, V. & Rosenberg, K. (1998). *Clinical and practice issues in adoption: Bridging the gap between adoptees placed as infants and as older children*. Westport, CT: Praeger Publishing.

- Hansen, M.E. & Simon. (2004). Transracial placement in adoptions with public agency involvement: What can we learn from the AFCARS data? *Adoption Quarterly*, 8(2), 45–56.
- Harris, H.L. (1997). *Racial identity issues in transracial adoptees*. Unpublished presentation at First Annual Conference on Culture-Centered Human Services, University of Alabama at Birmingham, School of Education, Birmingham, AL.
- Hegar, R.L. & Scannapieco, M. (2005). Kinship care: Preservation of the Extended Family. In Mallon, G.P. & Hess, P.M., (Eds), *Child welfare for the 21st century: A handbook of practices, policies and programs* (pp 518-535). New York: Columbia University Press.
- Henry, D. (2005). The 3-5-7 Model: Preparing Children for Permanency. *Children and Youth Services Review*, 27(2), 197-212.
- HM Government, (nd). Common core for skills and knowledge for the children’s workforce: Every child matters, change for children. Retrieved December 1, 2007, www.everychildmatters.gov.uk/deliveringservices/commoncore/communication
- Indian Child Welfare Act of 1978, P.L. 95-608, 25 U.S.C. Section 1901.
- Jewett, C.L. (1978). *Adopting the older child*. Boston, MA: The Harvard Common Press
- Katz, J. (2005). *Listening to parents: Overcoming barriers to the adoption of children from foster care*. New York, NY: Evan B. Donaldson Adoption Institute.
- Krieder, R.M. (2003). *Adopted children and stepchildren, 2000 in census 2000 special reports*. Washington, DC; U.S. Census Bureau.
- Kubler-Ross, E. (1969). *On death & dying*. New York: Scribner.
- Lee, R.M. (2003). The transracial adoption paradox: History, Research, and Counseling implications of cultural socialization. *The Counseling Psychologist*, 31(6), 711-744.
- Leung, P., Erich, S. & Kanenberg, H. (2005). A comparison of family functioning in gay/lesbian, heterosexual and special needs adoptions. *Children and Youth Services Review*, 27, 1031-1044.
- Levy, T.M. & Orleans, M. (1998). *Attachment, trauma, & healing: Therapy for children and families*.
- Lorkovice, T., Brindo, B., Beatty, K., Jankowshi, K., & Buda, G. (2003). *Coordinating Attachment and Permanency: Final Report Curriculum (including, Birth Family Curriculum; and Foster Family Curriculum*. Washington, DC: Adoption Center at Bellefaire JCB.
- Louisell, M. (2004). *Model programs for youth permanency*. Oakland: California Permanency for Youth Project.
- Lutz, L.L. & Greenblatt, S.B. (2000). *Dual Licensure of Foster and Adoptive Families*. New York, NY: Casey Family Programs.



- Lyons, N. (2006). Natalie's notes - Kinship adoption. *The Roundtable*, 20(1), 2.
- Mack, K. (2006). Survey Examines Postadoption Services Among Private Agencies. Retrieved January 15, 2006, from <http://www.cwla.org>.
- Mallon, G. (2005). *Facilitating permanency for youth: Toolboxes for permanency*. Washington, DC: CWLA Press.
- Mallon, G., Lakin, D., Lyons, N., & Khoury, A. (2006). Achieving Permanency for Adolescents in Foster Care: Chapter 3: Adolescents Conflicting Feelings About Permanency. American Bar Association.
- Maza, P.L. (2002). Inter-state placement: Impact on time to permanency for children in the public foster care system. *Permanency Planning Today*, 2, 10-11.
- Maza, P.L. (2003). The challenge of interstate placement for adoption. *The Roundtable*, 17(2).
- Maza, P.L. (2005, October). *Adoption Data Update*. Presented at the National Association of State Adoption Programs meeting.
- Maza, P.L. (2006). Patterns of relative adoption. *The Roundtable*, 20(1).
- Merz, H. & Hightower, M. (2005). *Knowing who you are: Helping youth in care develop their racial and ethnic identity*. Baltimore, MA: Casey Family Programs.
- Multiethnic Placement Act of 1994, P.L. 103-382 as amended by the Interethnic Placement Provisions of 1996 in the Small Business Job Protection Act of 1996, P.L. 104-188, 42 USC 622 et seq.
- National Adoption Center & Adoption Exchange Association (undated). *Placing children across geographic boundaries: A step-by-step guide for social workers*. Philadelphia, PA: National Adoption Center.
- Oliphant, R.E. (2000). Redefining a statute out of existence: Minnesota's view of when a custody modification hearing can be held. *William Mitchell Law Review*.
- Ortega, S. (2003). *Neighbor to Family: an innovative approach to foster care: amended valuation report*. Tallahassee, FL: Ounce of Prevention Fund of Florida.
- Park, S. & Green, C.E. (2000). Is transracial adoption in the best interest of ethnic minority children? Questions concerning legal and scientific interpretations of a child's best interests. *Adoption Quarterly*, 3(4), 5-35.
- Patton, S. (2000). *Transracial adoption in contemporary America*. New York: University Press.
- Randall, P., Kutzler, P., & Halnon, R. (2004). Administrative and standardized assessment data to measure safety, permanency, and well-being: experience in Philadelphia. *Protecting Children*, 33-40.



- Sanders, R. (2004). *A Family to Family Model Concurrent Kinship and Foster to Adopt Family Plan for Special Needs Children (Two Ways Home) final report*. Retrieved from <http://www.childwelfare.gov/adoption/types/families/kinship.cfm>
- Sargent, K., & O'Brien, K.. (2004). The emotional and behavioral difficulties of looked after children: foster caregivers' perspectives and an indirect model of placement support. *Adoption and Fostering*.
- Shlonsky, A.D., Choi, W.C., Piccus, W., Cardona, P., & Needell, B. (2004). *Kinship Support Services in California: an Evaluation of California's Kinship Support Services Program (KSSP)*. Berkley, CA: Center for Social Services Research.
- Silverman, J.F. & Johnson, P.R. (1986). A longitudinal study of black adoptions: Single parent, transracial, and traditional. *Social Work, 31*, 172-178.
- Slingerland, W.H. (1919). *Child placing in families: A manual for students and social workers*. New York, NY: Russell Sage Foundation.
- Smith, S.L. (2005). *Safeguarding interstate adoptions: The interstate compact on the placement of children*. New York, NY: Evan B. Donaldson Adoption Institute.
- Spaulding for Children (1991). *Special Needs Adoption Curriculum*.
- Spaulding for Children (1996). *Adoption Support and Preservation curriculum*.
- Spaulding for Children (1998). *Child Assessment and Preparation curriculum*.
- Spaulding for Children (1999). *Making the Commitment to Adoption curriculum*.
- Spaulding for Children, (2000). *Family Bound: Family Life Preparation: A Path for Permanence for Adolescents curriculum*.
- Spaulding for Children (2004). *Adoption of children over the age of nine years old: Developing plans for preparation, recruitment, and placement presentation*.
- Spaulding for Children (2004). *Sibling Group Placement PowerPoint presentation*.
- Spaulding for Children (2004). *Survival behaviors helping families cope*.
- Spaulding for Children (2005). Special issues for teens. *Understanding Infant Adoption curriculum*.
- Spaulding for Children (2006). *Preparing and assessing older children for adoption*.
- Steinberg, G. & Hall, B. (2003). *What is transracial adoption?* Warren, NJ: EMK Press.

- Sturgeon, V., Heffernan, M., Badeau, S. & Bell, R. (2003). *Best Practices on Permanency for Older Youth Workshop Reports*, National Youth Permanency Convening. California Permanency for Youth Project. Retrieved December, 2007, from www.cyp.org/Files/Best%20Practices%20on%20Permanency%20for%20Older%20Youth.doc
- Tasker, F.L. (2005). Lesbian mothers, gay fathers, and their children: A review. *Journal of Developmental and Behavioral Pediatrics*, 26(3), 224-240.
- Treacher, A. & Katz, I. (2000). *The dynamics of adoption: Social and personal perspectives*. Philadelphia, PA: Jessica Kingsley Publishers.
- Trenka, J.J., Oparah, J.C., & Shin, S.Y. (2006). *Outsiders within: Writing on transracial adoption*. Cambridge, MA: South End Press.
- U.S. Department of Health & Human Services, Administration for Children & Families (2006, September). *The AFCARS Report. Preliminary FY 2005 Estimates as of September 2006 (13)*. Retrieved from http://www.acf.hhs.gov/programs/cb/stats_research/afcars/tar/report13.htm
- U.S. Department of Health & Human Services (1997, June 5). *ACYF-IM-CB-97-04*.
- U.S. General Accountability Office, (2005). *Better data and evaluation could improve processes and program for adopting children with special needs*. Washington, DC: U.S. Government Accountability Office.
- U.S. Office of Management and Budget, *Standards for Classifications of Federal Data on Race and Ethnicity*. 45 CFR 1355, Appendix A.
- U.S. Office of Management and Budget, OMB Bulletin No. 00-02 (2000, March 9). *Guidance on Aggregation and Allocation of Data on Race for Use in Civil Rights Monitoring and Enforcement*.
- U.S. Census Bureau, Population Division (2000, April 12). *Racial and ethnic classifications used in Census 2000 and beyond*. Special Population Staff. Retrieved from <http://www.census.gov/population/www/socdemo/race/racefactcb.html>.
- U.S. Department of Health and Human Services, *AFCARS Data Elements*, 45 CFR 1355, Appendices A and B.
- U.S. Department of Human Services, Division of Child and Family Services (2006). *Transitions in Foster Care to Adoption: Team Guidelines*. Utah: Salt Lake City.
- Urban Institute (2005). *Foster care adoption in the United States: An analysis of the interest in adoption and a review of state recruitment strategies*. Washington, DC: The Urban Institute.
- University of Minnesota, Center for Advanced Studies in Child Welfare (2000). *Siblings in foster care: Maintaining the ties that bind*. *CASA Practice Notes*, 9.

Wainwright, J., Russell, S.T. & Patterson, C.J. (2004). Psychological adjustment, school outcomes, and romantic relationships of adolescents with same-sex partners. *Child Development* 75(6), 1886-1898.

Weinberg, R.A., Waldman, I., van Dulmen, M.H.M., & Scarr, S. (2004). The Minnesota transracial adoption study: Parent reports of psychological adjustment at late adolescence. *Adoption Quarterly*, 8(2), 27-44.

Wells, S. (2000). *Elements of Best Practice in Family Centered Services*. Urbana: University of Illinois at Urbana-Champaign School of Social Work Children and Family Research Center.

Wolff, J. & Cornez, G.. (1981, May). *How to plan and conduct an effective adoption recruitment campaign*. Washington, DC: Department of Health and Human Services.

Web Sites

AdoptUsKids. The Collaboration to AdoptUsKids is a project of The Children's Bureau, part of the Federal Department of Health and Human Services. In October 2002, The Children's Bureau contracted with The Adoption Exchange Association and its partners (The Collaboration to AdoptUsKids) to devise and implement a national adoptive family recruitment and retention strategy, operate the AdoptUsKids.org web site, encourage and enhance adoptive family support organizations and conduct a variety of adoption research projects. www.AdoptUsKids.org.

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.

Children's Bureau. The Children's Bureau is one of six bureaus within the Administration on Children, Youth and Families, Administration for Children and Families, of the Department of Health and Human Services. As the oldest Federal agency for children has primary responsibility for administering Federal child welfare programs. The Children's Bureau was created by President Taft in 1912 to investigate and report on infant mortality, birth rates, orphanages, juvenile courts, and other social issues of that time. The Children's Bureau works with State and local agencies to develop programs that focus on preventing the abuse of children in troubled families, protecting children from abuse, and finding permanent placements for those who cannot safely return to their homes. It seeks to provide for the safety, permanency and well-being of children through leadership, support for necessary services, and productive partnerships with States, Tribes, and communities.

National Resource Center for 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.

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

