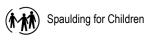


POST ADOPTION SERVICES

- Post Adoption Services Constellation
- Challenges in Post Adoption Services
- $\ensuremath{\bullet}$ Planning for the Adjustment to Adoption
 - Managing Crises
 - Adoption Disruption/Dissolution





Module: Post Adoption Services

Trainer's Preparation

Module Contents and Training Process

• This module discusses the post adoption services most requested by children/youth and adoptive parents. Additionally, crisis management, challenges in post adoption services, and adoption disruption or dissolution are discussed.

Preparing to Train

- Gather information on the State's current Post Adoption Program, including:
 - Obtain and review AFCARS data for trends in adoption. Latest data is available at www.acf.dhhs.gov/data and statistics.
 - Current services that are being provided.
 - Position and role of staff delivering services such as, adoption worker, permanency worker, ongoing worker, private agency, or contract worker.
 - State's view of current gaps in service delivery.
 - State specific information pertinent to Participant Handouts.
- Review and become totally comfortable with the content and delivery methods required for this module.
- Review additional resource and reference materials in the Trainer's Guide.
- Determine the amount of time allotted to the training. This module is designed to be trained in 7 hours. This time can be shortened or lengthened based on depth of coverage.





Required materials/equipment and room setup for this module:

- Participant's Handouts with State-specific policies.
- The basic materials needed for the training session are:
 - Trainer's Guide
 - Participant's Handouts
 - Pre-test and Post test
 - Evaluation forms
 - Wall Screen/laptop and LCD projector
 - PowerPoint presentation
 - Easel and easel paper
 - DVD/TV monitor
 - Pens/pencils, markers, erasers
 - Extension cords
 - Name tents
 - Post-it pads/index cards
 - Parking Lot poster/easel paper labeled "Parking Lot"
 - Masking tape
 - Sign-in sheets
 - Paper clips
 - Paper or styrofoam cups
- An ideal participant size for this module is 20-25 participants. The ideal room set-up is round tables that accommodate 4-6 participants. Since Team Activities are common, this size and room set-up helps to set the informal, interactive tone for the training. Further, it reduces the amount of time required to get participants in teams.

General Training Tips:

In addition, the following pointers are applicable to all trainings:

Before the training day

- Talk with co-trainers about how to train as a team. Set ground rules for working together, and delineate roles.
- Arrange for the training room and room setup.
- Arrange for the needed equipment and training supplies.
- Ensure that there are copies of the participant handouts for each participant.





Read and review the Trainer's Guide

• The Introduction: Objectives, Competencies, and Content for each module and provide specific preparation instructions for the module.

Review the content for each training session

• Trainers should use the white space in the **Trainer's Guide** for summary bullets that will keep them on track and ensure that the content is covered in the time allotted.

Trainers may find it helpful to underscore or highlight concepts and key points to emphasize, adding personal comments and anecdotes as appropriate.

• Watch the DVD's.

Practice with the DVD equipment to be used

- **Prior to each session, test the equipment.** Check the monitor and laptop/LCD to be sure you know how to connect and operate the equipment. Ensure that electrical outlets and power cords are packaged along with 2 extension cords. Play portions of the actual DVD that will be used, to make sure it is good working order. If possible, walk around the training room to view and hear the DVD from several of the positions that the participants will occupy. Adjust the picture (color, contrast, brightness, etc.) and volume accordingly.
- After checking the DVD, be sure to reset it to the beginning or to cue it to the appropriate place.
- Immediately prior to the session, play the beginning of the DVD again to double check that it is the correct one. Be sure to reset.
- If you are using a PowerPoint Presentation, make sure you know how to work the laptop and LCD and that you have an appropriate screen or projection surface in the training room. Test to ensure that everything is in working order before the training starts.

During the training

• Validate participants responses by rephrasing, reinforcing or repeating later in training, by smiling, making eye contact, nodding, gesturing in a nonjudgmental way. Never say, "Yes but"





- Take some risks in sharing information about your relevant personal experiences and feelings. Model that it is all right to do this. Make the group more comfortable and willing to take risks.
- Keep the training experiences lively. Do not read from the curriculum!
- Make clear transitions between segments of each session by bringing each segment to closure and introducing new segments by tying in concepts and ideas from previous materials. Use participants comments as transitions whenever possible.
- Be conscious of time. Each subject need not be exhausted before you move on. Move the group along without making participants feel rushed.
- Start and end each session on time. Never keep participants for more than the time allotted for each module.

After the training

- Send the pre-tests and post tests to Public Research and Evaluation Services (PRES).
- Review participant evaluations, note where you succeeded and where you did not do so well. Modify your future preparations and presentations based on this feed-back.
- Debrief with your co-trainer.
- Provide information to National Resource Center for Adoption on areas/issues that need further research or refinement.





Agenda

Welcome and Overview Post Adoption Services Constellation Challenges in Post Adoption Services Break Planning for the Adjustment to Adoption Lunch Managing Crises Adoption Disruption/Dissolution Wrap-up/Post Test/Adjourn









Post Adoption Services

Objectives:

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

Competencies: Participants will be able to:

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

Content Outline

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





Welcome and Overview

Trainer's Points

Trainer's Points

- □ Welcome to the Post Adoption Services training. My name is . . . *(introduce self and give some background information).*
- □ Today's training focuses on post adoption services constellation, challenges in post adoption services, planning for adjustment to adoption, managing crises, and adoption disruption/dissolution.
- \Box The objectives and competencies for this module are

Objectives

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

Competencies

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





- □ This training is scheduled for 6.5 hours. We will take a break at approximately (give time) and break for lunch at approximately (give time).
- □ Before we begin, let's take care of a few housekeeping details. The rest rooms are located
- □ Please turn off all cell phones or put them on vibrate. Take emergency calls outside the training room so as not to disrupt others.
- □ Your questions will be answered when asked or deferred to a later point in the training. If deferred, they will be written in the Parking Lot posted on the wall here to ensure that they are answered. If, during the course of the training, you have a question that you do not choose to ask aloud, feel free to write it on a post-it note and place it in the Parking Lot. If the trainer or someone in the group cannot respond to a question, the trainer will try to obtain an answer by the end of the training day or will forward the answer to all attendees after the training.
- □ Each of you has a packet of Participant's Handouts. These Handouts contain information to be discussed today as well as additional information for your review after the training.
- □ This training is designed to engage you in the training process through the use of team activities, large group discussions and individual exercises.

Pre-Test

Trainer's Points

- \Box The agency requires a pre- and post test.
- □ You will have 10 minutes to complete the test. We will collect them at your table.
- □ Thank you in advance for your cooperation.
- Pre-tests and post tests to be sent to Public Research and Evaluation Services (PRES), the national evaluator for the National Resource Center for Adoptions. PRES will compile and return the results to you and the designated State official.





Trainer's

Points

Participant Introductions

(Select one of the options.)

Trainer's Points

Trainer's Points

□ Now let's take time to get to know one another. (*Select one of the options.*)

Option 1: Walkabout

- ✓ Write the following questions on easel paper:
 - What strengths do you bring to this training?
 - What do you want to learn in this training?
 - What is the greatest challenge in placing children from the child welfare system with adoptive families?
- ✓ As participants arrive, ask each to walk about and answer the questions.
- ✓ After answering the questions, participants find a space and complete the nameplate.
- ✓ When you get to this section, ask participants to share their names and places of employment.
- ✓ Review the answers to the Walkabout. Summarize and comment on the similarities and differences in the answers, how the strengths of the participants support the training and if the challenges will be addressed.

Option 2: Group Introductions

- \Box Please share with us your responses to these four questions:
 - Who are you?
 - Where do you work?
 - What tasks do you perform?
 - What are your expectations for the training?
- □ I will write the expectations for the training on easel paper and post them. If there are expectations outside the scope of what we can accomplish today, I will tell you. We will check back during the course of the day to determine if we are meeting your expectations.





Option 3: Personal Introductions

- □ Find someone you don't know.
- □ You have 2 minutes to identify:
 - two things not apparent that you have in common besides your job or workplace.
 - an adoption success you had in the last year.
- ✓ Ask volunteers to share some commonalities and successes.
- ✓ Summarize responses.

Intro DVD

Trainer's Points

Trainers Note: If the Intro DVD has already been shown during previous trainings with the same training participants you have the option of deleting this segment.

Next, we are going to look at a video that provides an introduction of the fictitious case study we will be using for the duration of this training. The video provides information on the Harris children and how they entered the child welfare system. We will be learning more about these children as well as the important adults in their lives throughout this training.

DVD Description "The Day Everything Changes" (7:00 min.)

- □ In this brief vignette, we witness the events that led up to 15-year-old Isaiah and 9-year-old Michael Harris entering foster care. When Michael accidentally starts a kitchen fire while cooking, police authorities are unable to locate the boys' mother. After a visit to the hospital to treat Michael's burns, the boys are placed in two separate foster homes, despite their protests. The vignette introduces the boys' paternal grandmother, Ernestine Harris, their younger sister, Elizabeth Harris, and the Harris family's closest friends, "Auntie" Lorita Webster and her son Jesse.
- ✓ As you watch this intro DVD, jot down any information that you feel would be helpful to you in thinking about post adoption services for these children.













Large Group Discussion

- ✓ Ask participants their reactions to the DVD.
- ✓ Ask participants what information they felt would be important when thinking about a forever family for these children write participants comments on easel paper. Summarize them and add additional issues if they have not been identified.
- ✓ Inform participants that throughout the training they will get the opportunity to see more of these children as well as hear from the important adults in their lives.

Transition

• Now let's discuss the Post Adoption services Constellation.







Post Adoption Services Constellation

Trainer's Points

- □ There has been a steady increase in the number of children/youth adopted from the child welfare system over the past 10 years (give trend statistics from AFCARS data).
- □ Previous adoption practice discouraged agency involvement after adoption. However, today, making an adoptive placement often relies on showing families that services are available to them after they adopt. Families want to know that when they are going to adopt children/youth with "special" needs, that the agency or State will support them in meeting the child/youth's needs beyond finalization of the adoption. (Testa, 2004, p. 125).
- □ When planning for post adoption services, it might be helpful to think in terms of three distinct phases that occur following the adoption placement. Each of these phases requires knowledge and skills to provide an effective intervention.
- □ The child/youth's safety, permanence and well-being remains the focus in post adoption services.
- □ Turn to **Participant's Handout 1**, *Phases in Adoption*.
- \checkmark Review the phases.









Phases in Post Adoption

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

Initial Adjustment Phase

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

Growth/Time Brings Change Phase

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

Crisis Phase

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





Trainer's Points

- □ There are many services that can be offered to adoptive families and children/youth before and during any of these phases that can ensure safety, help strengthen family integration, help sustain the newly created family unit, and prepare it for and assist it with the crises that will occur over time.
- □ It is important to provide services separately and together for the parents, other family members, and the child/youth who was adopted. Adjustment issues are rarely the sole responsibility or "problem" of the child/youth.
- □ Further, remember that not all adjustment issues are adoption related.
- □ The research on post adoption programs shows that there is little empirical evidence describing the effectiveness of each post adoption service (Gibbs, Siebenaler & Barth, 2001).
- However, through a number of surveys, adoptive parents and agencies have identified the services that they feel are most helpful. These services include:
 - financial assistance through adoption assistance/subsidy
 - Medical Assistance
 - housing
 - educational programming for child/day treatment
 - education and informational service for parents
 - information and referral/adoption resource centers
 - support groups
 - monitoring
 - recreation/special camps
 - respite Care
 - child care
 - case management services
 - advocacy
 - treatment for child and family with therapists knowledgeable about adoption issues
 - crisis intervention
 - adoption search
 - intensive in-home supervision

(MACK, Nov/Dec. 2006; Child Welfare Information Gateway, February 2005.)









Handout 2

- □ Children/youth who have been adopted have identified the need for these services: on-going monitoring, advocacy, continued eligibility for educational supports, contact with siblings and assistance in locating birth family members. (Knipe & Warren, 1999)
- □ These services are funded by governmental contracts, foundation grants, medical assistance and fees.
- □ Turn to **Participant's Handout 2**, *Post Adoption Services Constellation*. This represents the range of desired services.
- \Box Review the services needed and available.
- \Box Now let's look at post adoption services in our State.





Handout 2





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Team Activity

- ✓ Divide the group into teams (3-5 people per team).
- □ Turn to **Participant's Handout 3**, *Post Placement Services: Strengths and Weaknesses in My State.*
- \Box You will have 20 minutes to answer these five questions:
 - What services are provided for each phase in adoption?
 - How are they delivered?
 - What are the strengths?
 - What are the gaps?
 - What are possible strategies for improving the services available?
- □ Post your responses on the easel paper. Select a spokesperson to report.





You will have 20 minutes to answer these five questions:	Crisis Phase					
	Growth/Time					
	Initial Adjustment Phase					
	Questions	What services are provided or available for each of the phases in adoption?	How are services delivered?	What are the strengths, for example, what do we do well?	What are the gaps?	What are possible strategies for improving the services available?
		1.	2.	3.	4.	5.

Post Placement Services: Strengths and Weaknesses in My State



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Directions

- ✓ Reconvene and debrief.
- ✓ Focus on similarities and differences in service needed and provided at the different phases.
- ✓ Discuss child/youth safety as paramount concern in all post adoption services.
- ✓ Highlight availability of the service in the general service delivery system; for example, early intervention programming for children adopted or not adopted, special education services, recreational and leisure services.
- ✓ Refer participants to Participant's Handout 4. This Handout includes two articles: Postadoption Services: A Bulletin for Professionals and Survey Examines Postadoption Services Among Private Agencies.
- □ The articles summarize major issues in post adoption services. Participants are encouraged to read them later.
- Post adoption services is a growing area of interest for researchers and practitioners. The Child Welfare Information Gateway is an excellent resource for the most current information on this topic. It can be accessed on the web at www.childwelfare.gov.







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

Postadoption Services: A Bulletin for Professionals

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

This bulletin will address:

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

Who Benefits From Postadoption Services?

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

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

Children and Adults Who Were Adopted

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

- Children who suffered early abuse and neglect may benefit from various postadoption therapies to help them come to terms with their experiences and present circumstances.
- Children and adults adopted as infants may seek postadoption services when they look for informatio9n about or search for their birth relatives.

U.S. Department of Health and Human Services Administration for Children and Families Administration on Children, Youth and Families Children's Bureau





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

Adoptive Families

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

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

How Can Postadoption Services Help?

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

Recruitment of Adoptive Families

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

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

Prevention of Adoption Dissolution¹

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



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

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

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

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

For more about adoption dissolution, see the Child Welfare Information Gateway publication *Disruption and Dissolution*, available online at www.childwelfare. gov/pubs/s_disrup.cfm.

What Postadoptive Services Do Families Need?

In the absence of an evidence-based model for postadoption services, programs frequently turn to adoption professionals and to adoptive parents themselves to determine adoptive families' needs. In surveys and focus groups, adoptive families have consistently reported that they need a range of adoption-competent services. Families report that these services need to be individualized by type, level, and intensity, depending on the family composition, the children's ages and any unique needs, and whether those needs can be met by existing services. Families often make extensive use of services from other public and private sources within their communities before seeking a specialized postadoption services program (Barth, Gibbs, & Siebenaler, 2001; Festinger, 2001).

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

Educational and Informational Services

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





2002). (For more information on this topic, see the see the Child Welfare Information Gateway publication *Disruption and Dissolution*, available online at www.childwelfare.gov/pubs/s_disrup.cfm.

Clinical Services

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

Material Services

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

Support Networks

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



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

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

What Postadoption Services Do States Offer?

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

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

- Information and referral (44 States)
- Support services, including groups, mentors, etc. (39 States)
- Educational programs and materials (38 States)

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

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

How Are Postadoption Services Delivered?

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

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



are generally more knowledgeable about postadoption resources, since this is their area of specialty. In addition, families in need of postadoption services are not competing with an active caseload for the attention of busy social workers.

• Multiagency Collaboration. This approach uses existing public and private service providers to provide postadoption services and to train other public and private agency personnel to improve the level of community response to adoptive families and their children. At least three States have created Adoption Resource Centers that provide services and treatment for adoptive families or families considering adoption (Casey Family Services, 2003a).

• Private Agencies Under Contract with the Public Agency. Some States have opted to contract with the private sector to provide all of their postadoption services (Barth, Gibbs, & Siebenaler, 2001; Festinger 2001; King, 2004).

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

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

How Are Postadoption Services Funded?

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

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

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

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





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

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

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

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

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

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

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

Why Evaluate Postadoption Services?

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





Challenges in Evaluating Postadoption Services

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

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

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

Promising Evaluation Strategies

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

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

What Are the Implications for Practice?

In the late 1980s and early 1990s, the National Consortium for Post Legal Adoption Services, a coalition of child welfare agencies and mental health providers in seven States, received a Federal Adoption Opportunities grant to create a "concept model" of postadoption services. The resulting diagram, which can be viewed on the Information Gateway website (www.childwelfare.gov/pubs/conceptmodel.cfm) provides a model of the guiding principles of adoption support and preservation and the

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





characteristics and outcomes of postadoption services.

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

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

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

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



² See the following link on the Child Welfare Information Gateway website to learn more about the "Systems of Care" approach as well how to implements programs using this approach: www.childwelfgare.gov/profess/systems/index.cfm.

What Future Research Is Needed?

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

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

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

Conclusion

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





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Resources

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

www.childwelfare.gov/pubs/reslist/rl_dsp.cfm?svcID=135&rate_chno=AR-0011A (Resource list of related organizations)

Adoption Assistance by State

www.childwelfare.gov/parents/prospective/funding/adopt_assistance/questions.cfm?quest_id=4 (Links to a searchable database of adoption assistance and postadoption information)

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Survey Examines Postadoption Services Among Private Agencies

-By Kelly Mack

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

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

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

Examples of postadoption services noted by the survey respondents include

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

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

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

Postadoption Services Offered by Survey Respondents

Support groups63	Adoption Resource Centers
Crisis Intervention	Flexible Funding for Fami-
Individual Therapy54	
	cial Camps 20
Adoption Search	Intensive In Home Supervi-
Family Therapy48	Supplies and Equipment. 13

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

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

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

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





Transition

- Are there any questions or comments related to the types of post adoption services?
- ♦ In this segment, we explored post placement and your State's role in providing these services to adoptive families. We also discussed the types of services that families request. In the next segment, we will explore the challenges in post adoption services.











Challenges in Post Adoption Services

Trainer's Points

- □ Child welfare practitioners have several vital roles in delivering empowering post adoption services. These roles occur before, during, and after the placement and finalization of the adoption. In general, after the placement, the intensity of services offered by the child welfare practitioner diminishes.
- □ All of these roles—educator, facilitator, crisis intervener, collaborator, and advocate—are aimed at empowering the child/youth and his/her adoptive family to succeed through difficult, yet normal adjustment challenges.

Individual Activity

Turn to Participant's Handout 5, Challenges in Post Adoption Services.

Take 10 minutes to complete the following three sentences:

- My greatest challenge in meeting the post adoption service needs of the children/youth and families was . . .
- To overcome this challenge, I . . .
- The result was ...





Handout 5

Challenges in Post Adoption Services

Take 10 minutes to complete the following sentences:

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

To overcome this challenge, I . . .

The result was . . .









Directions

- Reconvene group and ask for some responses. After a response, ask if anyone else has had a similar challenge and if he/she used a different technique and/or obtained a different result.
- ✓ Summarize the challenges and the techniques used. Make the following point if not made during the discussion:
 - Children/youth, families, practitioners and situations are different. What works for one in a particular situation will not necessarily work in others. All adoption work is "individual." It requires a person in environment assessment and then application of an intervention likely to assist the person and environment in resolving the tensions between and among them.

Transition

- ♦ Are there any questions or comments?
- ♦ In this segment, we discussed post placement roles of the adoption worker and strategies for handling post-placement work. In the next segment, we will discuss some of the common issues for children/youth adopted from the child welfare system and how the child welfare practitioner can help the child/youth and parents proactively plan to address these issues to support child/youth safety, family adjustment, continued growth, and avoid crises.





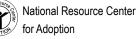
Planning for Post Adoption Services Needs

Trainer's Points

- □ Some theorists and practitioners make a distinction between bonding, attachment and relationship. Some say bonding is a unique process that occurs only between parent(s) and their child/youth in the early months of the child's life. "It refers to the process of formation of a close personal relationship . . . especially frequent or constant association." (Merriam-Webster's Collegiate Dictionary [CD-Rom] 2000). Attachment is the "development of a set of relational skills and feelings." (Gray, 2002, P. 16) Relationship is the result of reinforced or unreinforced interactions that the child/youth has with others that leads to attachment.
- □ This curriculum recognizes these distinctions; but uses "attachment" to refer to the formation of stable emotional connections by the child/youth with the significant people in his/her life. It is a physiological, emotional, cognitive and social phenomenon. Attachments in adoption do not "just happen." They develop as a result of the day-to-day interactions that the child/youth has with the parent and that the parent has with the child/youth—the attachment dance.
- □ This "attachment dance" helps the child/youth learn trust, empathy and conscience which helps the child/youth function within the norms of traditional family relationships.
- □ Given that often we know very little about the bonding and attachment history of the children/youth in the child welfare system, as we work with children/youth through post adoption services, we believe that it is most important to observe the interactions between the child/youth and the parents and based on those observations, design specific interventions to improve interactions, and ultimately develop positive relationships which lead to positive attachments.

□ Turn to **Participant's Handout 6**, *Kids Comments on Adoption*.

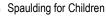
- Older children/youth in focus groups convened by the California Youth Connection shared the following ideas for adoptive parents and child welfare practitioners to help them adjust to adoption. These include:
 - Ability to maintain contact with birth families.
 - Not to be separated from siblings.
 - Adoption should be available to them at any age.





Trainer's Points







- The agency should continue to check to make sure that the adoptive home is meeting the needs of the child.
- Continued eligibility for vocational/college financial assistance that would have been available to them if they had remained in foster care.





Kids Comments on Adoption

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

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- Adoption should be available to them at any age.
- The agency should continue to check to make sure that the adoptive home is meeting the needs of the child.
- Continued eligibility for vocational/college financial assistance that would have been available to them if they had remained in foster care.

Knipe & Warren, 1999, pg. 15







Handout

Handout 7

Trainer's Points

- □ Turn to your **Participant's Handout**, **Handout** 7, *What Kids Wish Their Adoptive Parents Knew*.
- □ Eldridge compiled the following list from clinical records of things children/youth who were adopted wished their adoptive parents knew (Eldridge, 1999. *Twenty Things Adopted Kids Wish Their Adoptive Parents Knew*, New York: Dell Publishing Co.):
 - "I need help in grieving my loss. Just because I don't talk about my birth family doesn't mean I am not thinking about them."
 - "I may appear more "Whole" than I really am. I need your help to uncover the parts of myself that I have kept hidden so I can integrate all the elements of my identity."
 - "I am afraid you will abandon me."
 - "I need to gain a sense of personal power."
 - "Please don't say I look or act just like you. I need you to acknowledge and celebrate our differences."
 - "Let me be my own person; but don't let me cut myself off from you."
 - "Please respect my privacy regarding adoption and don't tell other people without my consent."
 - "When I act out my fears in obnoxious ways, please hang in there with me, and respond wisely."





What Kids Wish Their Adoptive Parents Knew

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

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

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







Trainer's Points

- □ "Healthy emotional development unfolds in a supportive, interactive loving environment with a consistent caregiver who meets the child's needs." (Gray, 2002, p. 189)
- □ The management of one's behavior is closely related to selfdetermination. Older children are more prone to understand that behaviors have consequences.
- □ The child welfare system experience complicates behavior and coping strategies. Children/youth in the child welfare system generally have experienced multiple caregivers. Each caregiver has different expectation, rules and consequences for the same behavior. The older child is generally expected to modify his/her behavior in response to the requirements of the different caregivers.
- □ For some, this constant need to adapt to the expectations of others does not make sense because he/she "is not here to stay." Thus, wanting to speed up the "moving on," he/she uses behaviors he/she has used in the past to get that result. This is a standard defense mechanism—be in control and don't let others hurt me.
- □ Children/youth, who feel a lack of control, recognition, and/or appreciation might find ways to sabotage their relationships with others *and themselves* in their determination to get control.
- Based on past socialization and learned behavior experiences, children/youth in the child welfare system might develop a system of coping with their lack of control of what happens to them by developing relationship patterns that keep them emotionally distant and isolated even when they appear to be engaged.
- □ Many utilize aggressive or acting out behavioral responses to maintain distance, to prove that they are not wanted and to have some control. For example, obnoxious and defiant behaviors, running away, offensive behavior such as, theft or intentional damage to other's possessions, or intentional violation of the rules.
- □ These behaviors need to be unlearned when children/youth are placed with adoptive families. The children/youth need to be shown that these behaviors are not necessary for him/her to "belong" and have some autonomy in the adoptive home.





- □ The experiences and behaviors he/she brings to the adoptive family need to be acknowledged, accepted, allowed, and adapted over time. For the older child, the best behavior management approach is the willingness of the adoptive family to understand what the youth's frustration is, what he/she wants to happen, and then to show him/her ways to successfully achieve those results. In other words, like selfesteem builders, behavior management benefits from an attentive, caring adult who can see offensive patterns without internalizing them and help the youth to develop different coping mechanisms. In turn, self-esteem is enhanced, behavior improves, and a much healthier cycle of reinforcement is produced.
- □ Children/youth adopted from the child welfare system have typically had some relationship with their birth parents, siblings and kinship network. These relationships lead them to experience what they perceive as conflicting feelings at adoption. These conflicts can include:
 - Loyalty to their birth families along with love and a desire for connections with their adoptive parent(s).
 - Happiness to have new opportunities and safety along with discomfort, fear of the unknown and changes that come with new parents.
 - Sadness due to grief and loss of many past people and things along with joy in new experiences and new things.
- □ This conflict can lead children/youth to use behaviors that cause tension in the family.
- Many children/youth from the child welfare system have poor communication skills. They use silence or anger to shield themselves from harm. They need supportive adult guidance to properly express feelings.
- □ Children/youth need permission from the adoptive family to talk openly about things in the family or community that bother them. They need to know that the parents will try to help them resolve these concerns. This helps the child/youth and family to attach since the child/youth receives the message that it is normal to have feelings about all they are and have experienced, that adults can help them make better decisions, and that the adoptive family is willing to accept them as they are while showing them ways to become more secure with themselves in the family and in the community.





Trainer's

Points



- □ Children/youth who have experienced abuse or neglect might need help with the following:
 - Forming relationships and secure attachments.
 - Learning how to interact in his/her adoptive family without fear of rejection. For example, how does this family work? What might I do that will have them "send me back"?
 - Learning how to cope with stress of adjusting to a new family and not "losing" the birth family.
 - Learning how to ask for help without feeling helpless, deficient or fearful.
 - Grieving past traumas in relationships with adults.
 - Differentiating past impermanency from present "adoption is permanent."
 - Learning that change is normal and adults can help him/her deal with the challenges that come before the changes.
- □ The developmental issues of the adoptee can best be understood when there is also an understanding of his/her need to resolve issues concerning birth parents and adoptive families.
- □ Adoptive parents must recognize the existence of another family who is strongly connected to their child(ren) and must determine ways to create a comfortable balance between these two families. The adoptive parents must consider the following:
 - They need to address the differences between giving birth to children/youth and adopting them and to understand the ways that these differences will impact the development of their family system.
 - They need to carefully consider and understand the impact of other family connections and how they can play a positive role in helping their child/youth integrate in their new family.
 - The need to preserve ties with the child/youth's birth parent, siblings, and extended family and past relationships.
- □ Adoptees need to reconcile being "chosen" and being "abandoned" and/or "given away." Adoptive parents and adoptees must understand that adoptees:
 - Might struggle with a need for basic genetic information and with identity issues throughout the life span of an adoptee. Good adoption support and preservation practice reinforces this as a normal process that will be experienced by everyone who has undergone separation and loss.





- □ In short, adoptees have "grief work" to do and it is done in stops and starts, not completely, at any time.
- □ Turn to Participant's Handout 8, Universal Adjustment Issues for Adoptees.
- \checkmark Go over the adjustment issues.
- ✓ As you go over each, ask "Can someone share an example from your practice to illustrate this issue?"







Universal Adjustment Issues for Adoptees

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

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

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

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

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

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

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

Middle childhood is also the time when children have a "family romance fantasy."

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

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





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

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

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

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

• Search is given further consideration during this developmental stage.

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

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

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

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





Planning for the Adjustment to Adoption: Isaiah and the Williams







Handout 9



Trainer's Points

Now let's look at how we can document and assess interactions between the child/youth and the adoptive parents before the adoption to assist them with the adjustment to adoption.

DVD Description "Post Adoption" (18:40 min.)

□ Following the adoption of 16-year-old Isaiah, 10-year-old Michael and 7-year-old Elizabeth Harris, the Williams family faces its first post adoption crisis: Isaiah has left home in defiance of his adoptive mother. The DVD covers the topics of resource planning, crisis intervention, and the family group meetings as tools and techniques for anticipating and managing a crisis.

Individual Activity

- □ Turn to **Participant Handout 9**, *Anticipatory Planning*.
- □ As you watch the DVD, note Isaiah's behaviors and attitudes and Mr. and Mrs. Williams' responses to them. When the DVD is complete, we will discuss these behaviors and responses, identify issues that might develop during post adoption, and develop a plan for addressing post adoption behaviors/attititudes with Isaiah and Mr. and Mrs. Williams.

Directions

- \checkmark Show the DVD.
- ✓ Reconvene the group.
- \checkmark Ask participants what are their reactions to the DVD.





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

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



Large Group Discussion

Note to trainer: Set up easel paper similar to the Anticipatory Planning handout so that you can record responses across the page.

- What behaviors and responses did you identify?
- What are the implications for post adoption services?
- What do you suggest that Isaiah and Mr. and Mrs. Williams do to keep these issues from developing into crises?

Transition

- ♦ Are there any other comments or questions?
- In this segment, we have discussed the normal adjustment issues associated with adoption of children/youth at different ages and what can be done to prepare the child/youth and the parents to address these issues before crises occur.
- In the next segment, we will focus on managing crises because they will occur!









Managing Crises

Trainer's Points

- □ No matter how well prepared a family and child/youth was for the adoption process, it is highly likely that they will need some assistance in order to avoid crisis or to assist with crises as the family continues to grow and change. As we have previously discussed, adoption is a lifelong process for families and children/youth.
- □ Families cannot possibly obtain and/or retain all the information needed for parenting a child. It is especially true when adopting from the child welfare system. Each child/youth is different and has experienced the abuse/neglect and the child welfare system differently. These experiences do have an impact on how the child/youth enters into relationships with adults and how he/she copes with the challenges of family life.
- □ As the family gradually settles from the initial excitement, unacceptable or undesirable behaviors often develop. These behaviors are generally good signs that the child/youth is becoming more comfortable and trusting, and he/she is now ready to show/communicate feelings and needs.
- □ Even though a family might have been trained and prepared initially to deal with crisis and to understand the *core issues* of adoption, they begin to experience challenges and **often wait too long before seeking help**. Due to the nature of the adoption process, families might often feel like they should be able to handle the child/youth and any problems they face. They fear that the agency or previous caseworkers will blame them or pass judgment or that they may even intervene and take the adoptive child/youth back into care.
- □ Many families have had services but have not seen much change because the general therapy/counseling with traditional behavioral modification techniques generally don't work well with children/youth from the child welfare system. These families are resistant to assistance and often feel that things are hopeless because they have "tried everything."
- □ Too often, intervention is focused on "fixing the child." The basic social work concept of "person in environment," where intervention is based on an understanding of the interactions between the individual, the family and the community should be central to any intervention. That means, the child/youth, the parents, siblings, and





others who have an impact on the child/youth's behavior must be coengaged in the intervention process and their roles in precipitating or sustaining the child/youth's behavior assessed and options to modify them provided.

- □ While you might not have "official" responsibility to provide crisis intervention services, frequently it is the placing practitioner who gets the call in a crisis. Your task is to determine the safety risk to the child/youth and family, take appropriate action to minimize the safety risk, stabilize the situation, and connect the family to an appropriate on-going service.
- □ In any crisis, the first step is engaging the **child/youth and parent** in the following:
 - Defining the crisis from each individual's perspective in behaviorally specific terms.
 - Identifying desired short-term and long-term solutions.
 - Developing action steps for what each individual can and will do to achieve those solutions.
- □ Three important and essential elements of crisis management include:
 - 1. **Immediate relief** to help a child/youth and family have a break and regain perspective. How that looks depending on the nature and severity of the crisis as well as the desires of the child/youth and parents.
 - 2. Validation to let a parent or parents know that they are good parents and that they are not expected to be perfect. They may have been very successful with parenting children/youth before, but children/youth who have been abused and/or neglected require some new skills. To let the children/youth know that they are loved and will not be abandoned and will be safe.
 - 3. **Hope** to believe that they can manage and ultimately be successful with time. Parents need to maintain realistic expectations of the child/youth and themselves. Children/youth need to be shown other acceptable ways of expressing their needs and/or conflicts.
- □ The most productive way to manage crisis is to prevent them. If that is not possible, then a crisis plan developed prior to placement and/or before the crisis occurs is effective.





Trainer's

Points







Handout 10

- □ Preparing a crisis plan includes:
 - 1. Assessing how the child/youth's previous behaviors and his/her caregivers' responses to those behaviors might present in the adoptive placement.
 - 2. Discussing the adoptive parents' response to those behaviors, should they present.
 - 3. Providing suggestions to the child/youth and the adoptive parent on other ways to handle the underlying issues that lead to the behaviors that can be a "win-win" for both the child/youth and the parents.

Individual Activity

- □ Turn to **Participant's Handout 10**, *Crisis Intervention in Post Adoption Service*.
- \Box You will have 15 minutes to read the article.
- □ You will be using the information from that article in the Team Activity following the DVD that we will view next.
- \checkmark Allow time to read article. Then ask the following question:
 - Are there any questions or comments on any information in the article?





Crisis Intervention in Post Adoption Services

Child welfare adoption practice has changed significantly since the early 1970s. At that time, foster parents were not permitted to or were discouraged from adopting children whom they had fostered and placing children with blood relatives was viewed as a last resort, not the preferred choice. The latest national data shows that in 86 percent of all adoptions of children from the child welfare system, the adoptive parents are the child's or youth's current foster parent or blood relative. (AFCARS #17, July 2010) This percentage has been relatively constant since the mid-1980s.

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

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

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





Adoption Adjustment Issues Identification and Reaction Planning

There are some predictable adjustment reactions to adoption by the adoptive parents, the adopted child, other children in the family, other family members, and the community and there are some unpredictable reactions. While over the years, the adoption field has identified common adjustment issues, it is important to remember that while these are common, other predictable reactions are individual to the child and the family and should be identified during the preparation and placement process based on an assessment of the child and an assessment of the family. Alternative ways of resolving these issues should be developed by the adoptive parents and the child/youth with the support of the adoption caseworker. These discussions take the form, "If this happens, I will do this." Specific anticipated events should be identified and specific actions or alternative actions should be described. Written summaries should be provided to the family. Further, as the child/youth and family grow together, they should review the issues and approaches and modify them as necessary. (The Contingency Plan is a useful tool for identifying the behavior, possible responses, and identification of outside support or services to help the family address the issue.) Unpredictable reactions can best be addressed by stating that they can be expected and their resolution follows an approach that is no different than how the family would approach any other unpredictable event impacting the family. Again a family strategy for resolving unpredictable challenges should be developed as part of the adoption preparation and placement process.

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

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

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

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





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

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

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

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

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

Crisis Intervention

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

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





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

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

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

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

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

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

(continued on next page)



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

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

The Ultimate Crisis: Adoption Disruptions and Dissolutions

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

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

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

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





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

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

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

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

Summary

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

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





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

Ernestine Moore, MSW, JD June 2007

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







Handout Handout 11



Individual Activity

- □ Turn to **Participant's Handout 11**, and complete the *Crisis Intervention with the Williams Family*.
- □ Reflect back on the DVD and record notes as you complete the individual activity. A large group discussion will follow.

Large Group Discussion

- ✓ Critique the way this crisis was handled.
- \checkmark Summarize the various approaches.
- ✓ Add any points not discussed from the points below:
 - Accessing adoption competent services and supports are essential in preserving and supporting adoptions.
 - Agencies and organizations are encouraged to maintain up to date and accurate community resource guides either by having an electronic database or even by keeping a binder with ever evolving information. When making referrals, it is best to ensure that your information is up to date and that you have a specific contact name.
 - Your reputation and the reputation of your agency can easily be tarnished by giving out referrals to community services that are not responsive or who might not provide quality and customerfocused services.
 - If you give a family a referral, also determine if the family might need assistance in making the connection. Ideally, empowering families to be as independent as possible will be most beneficial and reinforces the message that they can do it.
 - Be sure to follow up with the family. Find out if they made contact, was the service helpful, and if they need any further assistance.
 - Families need to understand that most, if not all families experience some type of crisis. It is very normal. How families respond and move forward is the key.
 - Continued crisis without relief, validation, and hope or crisis that threatens a parent's sense of safety for themselves or others within the home will likely lead to disruption or dissolution.



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Crisis Intervention with the Williams Family

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

- Mr. and Mrs. Williams failing to seek help earlier.
- Contingency plan not established before adoption .
- Isaiah's continuing conflict with being parented.
- Isaiah's is an adolescent.
- Mr. and Mrs. Williams' parenting styles and expectations.
- Isaiah's ambivalence about adoption.

How did Mrs. Woodbridge respond to the crisis?

- Made a home call immediately.
- Supportive and empowering with Mrs. Williams.
- Gentle confrontation/clarification of Isaiah's allegations regarding Mr. and Mrs. William's attitudes and behaviors towards Christine Harris.

What would you have done differently?

- Not responded immediately.
- *Met with Isaiah individually to discuss his reasons for acting as he did and clarify his interest in commitment to the adoption.*
- *Met with Lorita Webster, Ernestine Harris, Christine Harris, and the Coach to discuss the situation and seek their assistance.*

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

- Adolescent peer group addressing normal adolescent developmental issues.
- Treatment services for Christine Harris to reduce Isaiah's concerns about her.
- Engage Mr. and Mrs. Williams' adult sons as mentors/friends for Isaiah.

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

• Probably not. All the people important to Isaiah support the placement continuing. Isaiah verbalizes interest in conforming to expectations.





Adoption Disruption/Dissolution

Trainer's Points

Trainer's Points

- Disruption happens when an adoptive placement has been ordered but the adoption has not been finalized. That is, the family is still under the supervisory period. Dissolution happens when an adoption has been finalized and then is petitioned to end.
- □ Disruption and dissolution are handled differently in each State and can also vary from court to court. Some judges will not allow an adoption to dissolve after it is finalized without going through the same process as birth parents, which could involve a charge of abandonment or neglect if the family refuses to allow the child/youth to return home.
- □ In this State, judges (will/will not) allow the adoption to dissolve (with/without) going through the same process as birth parents.
- Limited research shows that disruptions are very unlikely in families where children were adopted by their foster parents or relatives. (Berry, 1997, Festinger, 2005)
- □ Furthermore, while the majority of child welfare adoptions succeed, limited research further indicates that approximately 10 to 20 percent disrupt before the adoption is finalized. (Freundlich and Wright, 2003)
- □ Adoption stability is also often associated with an older adoptive parent; as these parents tend to adopt "age-appropriate" older children and create more stable homes for these older children.
- □ Limited research also indicates that placements of older children and children with histories of previous placements and longer stays in the foster care system are more likely to disrupt. (Festinger, 2005, Stolley, 1993)
- □ Again, to avoid disruption or dissolution, many families will need to be able to access adoption competent services, supports and resources throughout the life of the adoption to support and promote the family's well-being.
- □ Ultimately, disruption and dissolution can be highly traumatic for both the child and the family. Adoption workers and other professionals all need to work to help families to obtain the supports and treatment necessary to preserve adoptions where possible and mitigate trauma when disruption or dissolution is necessary.





Large Group Discussion

- ✓ Have the participants turn to **Participant's Handout 12**, *Disruption Cycle*.
- \checkmark Review the six stages of the cycle with the participants.
- □ There are circumstances in which disruption or dissolution might be in the best interests of the child/youth and the family. What might these circumstances include?

Trainer's Points

□ Remember, adoption is a life-long process and the children, youth and families need on-going support.











Disruption/Dissolution Cycle

Comfort Level (Diminishing Pleasure)

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

Child Seen as Problem Source

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

Going Public

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





Ultimatum

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

Disruption

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

Dissolution

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







Transition

Wrap-up and Post Test

- Are there any questions or comments on anything we have discussed today?
- This completes this training.
- Please complete the post test and return it before leaving.





Post Adoption Services: References and Other Resources









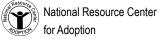
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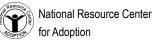
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Web Sites

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- 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 Center for Adoption Law and Policy. Created by The National Center for Adoption Law & Policy at Capital University Law School. The goal is to deliver a single online resource for child welfare and adoption law information. www.adoptionlawsite.org
- National Data Analysis System. Integrates national child welfare data from many sources. http://ndas.cwla.org



