

Competencies

- 201-04-005 Understands the agency's role in facilitating information exchange among birth families, resource families, and service providers, and understands the ethical and legal considerations involved
- 201-05-001 Knows the pre-placement activities and information exchange necessary to prepare resource families to receive children into their care
- 201-05-002 Understands the common issues, concerns and fears of resource families when anticipating placement of a child into their home
- 201-05-013 Understands how grief and loss experienced by resource families when children leave their homes can affect their ability to support reunification or other permanency plans
- 201-05-019 Can provide resource families, at the time of placement, with complete and essential information about a child's maltreatment history, special needs, habits, daily routines, likes, dislikes, and fears
- 118-02-006 Understands how children of different ages experience separation and placement and the implications for placement planning
- 118-02-007 Understands the concept of transitioning and the importance of structuring and staging placement activities to prevent crisis
- 118-02-012 Knows the necessary steps to fully prepare children, their families and foster/relative caregivers for placement
- 118-02-014 Knows how to use crisis intervention methods during placements to reduce stress experienced by children and families and to strengthen their coping abilities
- 118-04-007 Understands the impact of grief and loss on caregiving families when children are returned home or adopted

Children's Reactions to Loss: Common Behavior Patterns of the Grieving Process

SHOCK/DENIAL

General Description of Stage:

- *The person appears compliant and disconnected from the event, as if the loss were of little significance. The person may be stunned, robot-like, "shell shocked."*
- *The person may deny the event and/or feelings accompanying the event. There is little emotional expression.*

Behavioral Expressions in Separated Children:

- *The child often seems indifferent in affect in behavior.*
- *The child may not show an emotional reaction to the move.*
- *The child may appear to make a good adjustment for a period of time, often referred to as the "honeymoon period."*
- *The child may go through the motions of normal activity, but shows little commitment or conviction.*
- *The child may be unusually quiet, compliant, eager to please. In retrospect, the child's behavior may appear passive and emotionally detached or numbed.*
- *The child may deny the loss, and may make statements such as, "I'm not staying here. Mommy will get me soon."*

Diagnostic Implications:

- *Caseworkers, resource parents, and birth parents may misinterpret the child's compliant and unemotional behavior, believing the child "did fine...it was an easy move." When a child is thought to have handled a move without distress, later behavioral signs are often not recognized as separation trauma and part of the grieving process.*
- *Children who have not developed strong attachments to their parents or caregivers may not display an emotional reaction to the move at all.*

- The absence of an emotional response by children in placement beyond the short time period of the “shock” phase should be of considerable concern to the caseworker and foster parent, as it may indicate an underlying emotional disturbance.

ANGER OR PROTEST

General Description of Stage:

- The loss can no longer be denied. The first emotional response is anger.
- Anger may be directionless or directed at a person or object thought to be responsible for the loss.
- Guilt, blaming others, and recriminations are common.

Behavioral Expressions in Separated Children

The child may:

- Be oppositional and hyper-sensitive.
- Display tantrum behaviors and emotional, angry outbursts.
- Withdraw, sulk or pout, and may refuse to participate in social activities.
- Be crabby and grouchy, hard to satisfy.
- Exhibit aggressive, rough behavior with other children.
- Break toys or objects, lie, steal, and exhibit other antisocial behaviors.
- Refuse to comply with requests.
- Make comparisons between her own home and the foster home, and her own home is preferred.
- Display sleeping or eating disturbances, and may not talk.

Diagnostic Implications

- The child’s oppositional behavior may be disruptive to the foster caregivers.
- Confrontations between the caregivers and the child may lead to a struggle for control.
- The child may be inappropriately diagnosed as “severely behaviorally handicapped,” or “emotionally disturbed,” or may be punished for misbehavior.

- Caretakers can be more supportive and helpful in redirecting the child's feelings if the behavior can be properly identified as part of the grief process.

BARGAINING

General Description of Stage:

- Behavior during this stage is often an attempt to regain control and to prevent the finality of the loss.
- The person may resolve to do better from now on.
- The person may try to "bargain" with whomever is thought to have the power to change the situation.
- The child may believe that a certain way of behaving or thinking will serve to prevent the finality of the loss.

Behavioral Expressions in Separated Children:

- The child may be eager to please and will make promises to be good.
- The child may try to undo what she feels she has done to precipitate the placement.
- The child may believe that behaving or thinking in a certain way will bring about reconciliation. These behaviors may become ritualized, which may be the child's attempt to formalize her "good behavior" and assure its consistency.
- The child may try to negotiate agreements with the foster caregiver or the caseworker, and may offer to do certain things in exchange for a promise that he will be allowed to return home.
- The child may appear moralistic in his beliefs and behavior; these behaviors often are a defense against failure in upholding his end of the "bargain."

Diagnostic Implications:

- The child's behaviors represent a desperate attempt to control the environment and to defend against feelings of emotional turmoil.
- In reality, there is little chance of the child's behaviors producing the desired results or reunification.
- The worker who understands this stage can provide needed support when the child realizes the ineffectiveness of the bargaining strategy and begins to experience the full emotional impact of the loss.

DEPRESSION

General Description of Stage:

- *This stage is characterized by expressions of despair and futility, listlessness, with or without extraordinary episodes of fear and panic, withdrawal, and a generalized lack of interest in people, surroundings, or activities. The individual often cannot be comforted.*

Behavioral Expressions in Separated Children:

- *The child appears to have lost hope and is experiencing the full impact of the loss.*
- *Social and emotional withdrawal and failure to respond to other people are common.*
- *The child may be touchy, "out of sorts," may cry with little provocation.*
- *The child may display signs of anxiety, and be easily frightened.*
- *The child may be easily frustrated and overwhelmed by minor events and stresses.*
- *The child may be listless, without energy.*
- *Activities are mechanical, without direction, investment, or apparent interest.*
- *The child may be distractible, have a short attention span and be unable to concentrate.*
- *Regressive behaviors are common, such as thumb sucking, toilet accidents, baby talk.*
- *Generalized emotional distress may be exhibited in both emotional and physical symptoms, particularly in young children. These include whimpering, crying, rocking, head hanging, refusal to eat, excessive sleeping, digestive disorders, and susceptibility to colds, flu, and other illness.*

Diagnostic Implications:

- *This is a critical period in the child's relationship with the parent. Once the child has completed the grieving, it will be extremely difficult to re-establish the parent/child relationship.*
- *There may be a lapse of time between the separation and the onset of depression.*
- *Foster caregivers may feel frustrated and helpless by their inability to comfort or to help the child.*

- The worker who recognizes the child's depression as part of the grief process will be more able to provide support, or to increase visitation to prevent the child from emotionally detaching from the parent.

RESOLUTION

General Description of the Stage:

- Symptoms of depression and distress abate. The person begins to respond to people around him in a more normal manner.
- The person begins to invest emotional energy in the present or in planning the future and less in thinking about the past.
- The final stage of grieving ends when the person returns to an active life in the present.

Behavioral Expressions in Separated Children:

- The child begins to develop stronger attachments in the new home and tries to establish a place for herself in the family structure.
- The child may begin to identify herself as part of the new family and will demonstrate stronger emotional attachments to family members.
- The intensity of emotional distress decreases and the child can once again experience pleasure in normal childhood play and activities.
- Goal-directed activities reoccur. The child's play and activities become more focused and playful. The child is better able to concentrate.
- Emotional reactions to stressful situations diminish as the child becomes more secure in the new environment.

Diagnostic Implications:

- Behaviors suggesting resolution are generally positive signs, if the case plan includes permanent separation of the child from his family. However, it is inappropriate and harmful for the child to resolve the loss of his family if the plan includes reunification.

The Implications of Separation and Placement on a Child's Development

INFANCY: (Birth to 18 months)

Cognitive Development

- The infant has **not developed object permanence**
- Infants have **short attention span and memory**
- They **do not understand change**: they only feel it
- **Changes and unfamiliar sensory experiences frighten them**
- They have little or no language ability and **cannot communicate** except by crying

Emotional Development

- Infants are emotionally **dependent upon others** to meet their basic needs
- Infants generally form strong attachments to their primary caretaker and often **cannot be comforted by others when distressed – cries and whines, has difficulties with sleeping and eating**
- After 5-6 months, the infant **displays anxiety in the presence of the unknown**
- Emotional stability depends upon continuity, and **stability in the environment** and the continued presence of the primary caregiver

Social Development

- Infants have **few ways to communicate** their needs. If adults do not recognize their distress, their needs may remain unmet
- **Social attachments are limited** to immediate caretakers and family members
- Infants do not easily engage in relationships with unfamiliar persons

Ways to Lessen Placement Trauma

- *Involve old attachment figures in the placement process*
- *Minimize changes in schedule, food, caregiving style, light and sound levels*
- *Minimize other sensory changes: (ie) launder bedding in same detergent*
- *Send toys, pacifiers, blankets, etc. that are familiar and comforting*

PRESCHOOL: (2 TO 5 YEARS)

Cognitive Development

- *Child has **limited vocabulary**, does not understand complex words or concepts*
- *Child does not have a well-developed **understanding of time***
- *Child has difficulty understanding **cause and effect** and how events relate.*
- *Child may display **magical thinking** and fantasy to explain events*
- *Child displays **egocentric thinking**: The world is as he views it. He doesn't understand others' perspectives*
- *The child **may not generalize** experiences from one situation to another*

Emotional Development

- *The child is still **dependent on adults** to meet his emotional and physical needs. The loss of adult support leaves him feeling alone, vulnerable and anxious*
- *Development of **autonomy** and a need for self-assertion and control make it extremely difficult for a child this age to have things "**done to him**," by others*

Social Development

- *The child is beginning to relate to peers in cooperative and interactive play*
- *The child relates to adults in playful ways and is capable of forming attachments with adults other than parents*

- “Good” and “bad” acts are defined by their immediate, personal consequences. Children who are bad are punished: children who are good are rewarded

Ways to Lessen Placement Trauma

- Educate parents on behavioral indicators such as regression in toilet training, crying, whining, sleeping and eating difficulties, control battles, clinging
- Involve old attachment figures in placement process
- Encourage post-placement contact with earlier figures
- Send audiotapes of stories read by earlier attachment figures
- Use life book
- Use developmentally appropriate transition rituals

SCHOOL AGE: (6-9)

Cognitive Development

- The child has developed **concrete operations** and better understands cause and effect
- The child has **limited perspective taking ability**. She is beginning to understand that things happen to her **which are not her fault**
- The world is experienced in **concrete** terms. The child is most comfortable if her environment is structured and **she understands the rules**
- The child has a better perspective regarding **time**; can differentiate days and weeks, but cannot fully comprehend months or years

Emotional Development

- **Self-esteem** is strongly affected by how well she **does** things in her daily activities, including academic performance and play activities
- She is **anxious when she does not have structure** and when she does not understand the “rules” or expectations of a new situation
- The child’s **primary identification is with her family** and her self-esteem is tied to people’s perception of her family’s worth

Social Development

- The child **can form significant attachment** to adults and to peers
- The child derives security from belonging to a **same-sex social group**
- The child is **fiercely loyal and exclusive in her relationships.**
- The child recognizes that **being a foster child is somehow “different”** from the other children
- Her value system has developed to include “right” and “wrong” and she **experiences guilt** when she has done something wrong

Ways to Lessen Placement Trauma

- Encourage post-placement contact with earlier attachment figures
- Lower expectations for school performance
- Use life book
- Use developmentally appropriate transition rituals

PRE-ADOLESCENCE: (10-12)

Cognitive Development

- Some pre-adolescent children are beginning to think and reason abstractly and to recognize complex causes of events
- The child is able to **understand perspectives other than his own.** Some children have developed insight and may recognize that their parents have problems which contributed to the need for placement
- The child's **time perspective** is more realistic
- The child **can generalize experiences from one setting to another**
- The child understands that rules often change depending upon the situation. The child can more easily adapt his behavior to meet the expectations of different situations

Emotional Development

- **Self-esteem and identity** are still largely tied to the family. Negative comments regarding the family reflect upon him as well

- The child has increased **ability to cope independently** for short periods of time. He still turns to significant adults for approval, support and reassurances when things are difficult
- He may be very **embarrassed and self-conscious by his foster child status**

Social Development

- The child's **social world has expanded** to include many people outside the family
- **Peers** are extremely important. Most peer relationships are of the same-sex
- **Opposite sex friendships** exist, but unless the child has been prematurely introduced to sexuality, these are of no special interest or concern
- The child still **needs trusted adults** for leadership, support, nurturing and approval
- They can begin to **understand that their parents have the capacity to do wrong**

Ways to Lessen Placement Trauma

- Lower expectations for school performance
- Use life book
- Use developmentally appropriate transition rituals
- Help child understand that he or she can love both sets of parents simultaneously, model this behavior

EARLY ADOLESCENCE: (13-14 YEARS)

Cognitive Development

- The teen's emerging ability to think abstractly may make complicated explanations of reasons for placement more plausible
- The teen may have an increased ability to identify her own feelings and to communicate her concerns and distress verbally

Emotional Development

- This is a time of emotional "up's and down's". The teen may experience daily (or hourly) mood swings and fluctuations

- *Physical and hormonal changes including rapid body changes and generate a beginning awareness of sexuality. The teen experiences many new feelings, some of which are conflictual and contradictory*
- *The teen begins to feel a desire to be independent, but is not ready for true independence. Independence is expressed by rejecting parental values and rules and adopting the values of her peers*
- *The teen experiences anxiety when deprived of structure, support and rules*

Social Development

- *The teen may be embarrassed to admit her need for adult approval*
- *The teen is status conscious. Much of the teen's self-esteem is derived from peer group acceptance and from being in the "right" peer group*
- *The teen may feel a need to keep up appearances and may defend her family in public and to adults*
- *The teen is becoming well aware of social roles, and she experiments with different roles and behaviors*
- *Although many children will have developed a moral attitude with clearly defined "right's and wrong's", the values of the peer group often supersede their own*

Ways to Lessen Placement Trauma

- *Allow child freedom to develop his identity*
- *Allow the child emotional "space", willingness to defer attachment until child reaches young adulthood*
- *Use life book*
- *Use developmentally appropriate transition rituals*

MIDDLE ADOLESCENCE: (15 TO 17 YEARS)

Cognitive Development

- *The teen has the cognitive ability **to understand complex reasons** for separation, placement and family behavior*
- *The ability to **be self-aware and insightful** may be of help in coping with the situation and his conflicting feelings about it*

- The teen is more able to think hypothetically. He can use this ability to plan for the future and **to consider potential outcomes of different strategies**

Emotional Development

- The child is developing **greater self-reliance**. He is more able to independently make or contribute to making many decisions about his life and activities
- The development of positive **self-esteem** is as dependent upon acceptance by peers of the opposite sex as it is in being accepted by same sex peers
- **Identity** is being formulated. Many behaviors and ways of dealing with situations are tried and adopted or discarded in an attempt to determine what feels right for him

Social Development

- **Opposite sex** relationships are as important as same sex relationships. Individual relationships are becoming more important
- The teen is **very interested in adults as role models**
- The child is beginning to **focus on future planning and emancipation**
- Toward the end of middle adolescence, many children may begin to question previously held beliefs and ideas regarding “right” and “wrong” and they may be less influenced by peer attitudes. **An emergence of independent ethical thinking may be evident**

Ways to Lessen Placement Trauma

- Continue to allow child freedom to develop his identity
- Allow the child emotional “space”, willingness to defer attachment until child reaches young adulthood
- Use life book
- Use developmentally appropriate transition rituals

Special Needs Placement Situation Case Study

Tommy is a husky, eight-year-old African American boy who is about to be placed for adoption. He came into care at age two, due to his young mother's substance abuse and erratic lifestyle. His father's whereabouts are unknown. Tommy was underweight, anemic and developmentally delayed at placement. He was initially placed in a foster home with his four-month-old sister. She was adopted by age one and lives out of state with her adoptive family. There is no contact between the siblings. Following his sister's adoption, Tommy was moved to another foster home where he lived for nearly a year. When the foster father had a heart attack, Tommy, age four, moved to an emergency home for a few weeks until he was placed with Shirley and Bill Lampson, a Caucasian couple in their mid-60's.

The Lampsons' children are grown and have left the family farm. However, they all live within a 10-mile radius. The Lampsons have worked hard with Tommy, and he is currently age-appropriate in development and doing well in school. He is very attached to "Grandma and Grandpa" and enjoys playing with all of their grandchildren, who visit frequently.

Cheryl and Raymond Henderson are the adoptive family selected for Tommy. They are an African American couple in their early 30's. They have no other children and have been looking forward to adopting for the past several years. The Hendersons have been visiting with Tommy for the past two months and have had two weekend visits. They are looking forward to placement of their new son.

Pat, the social worker, has been Tommy's worker for the past two and a half years. Pat has worked closely with the Lampsons and is particularly close to Tommy. The worker is very proud of her casework and success with this child.

Role Sheet...Tommy, Age Eight

You are Tommy. You are eight years old. The Lampsons are the only real family you have ever known, and you are very attached to them. You know that you are a special member of the family, and you get lots of hugs and kisses from them. You feel safe and secure in their home. All of your "cousins" are great fun and you like to play with them and have sleepovers.

You've been visiting with Cheryl and Ray. They are nice friends, but you're not sure why you have to be adopted.

From your perspective:

1. How should your new family be explained to you? Who should do it? What will your perception of this move be?
2. Who should decide when you are ready to be placed?
3. Who should help you get ready (such as pack, move belongings) for the move?
4. Do you want to plan a welcome party? Who should attend?
5. Who should drive you to your new home?
6. Who should help you move in and unpack?
7. How are you likely to feel the first night in your home? Who should help you get settled and feel at home?
8. What are the cultural issues in this case?
9. How soon should you see or talk to your foster family? Why?
10. Who should answer your questions about your new family?

Role Sheet...Shirley and Bill Lampson, Foster Parents

You have been Tommy's foster parents for over four years. You have worked hard to help him feel secure and to trust you. You are very attached to this little guy. You are very proud of the progress this child has made in your care. He is a joy to have in your home. You seriously considered adopting him but realized that you would be in your 70's when he was a teenager. It was a very hard decision, but you believe it is for the best.

You have met the adoptive family once. They seem nice, but you have never been around African American people and are unsure how to interact. You want to tell them all of Tommy's habits, routines, likes, and dislikes, but you don't want to appear pushy.

You desperately want to have ongoing contact with Tommy and hope to visit and baby-sit often. You hope that Tommy can be included in some of your family's activities, as your grandchildren are also very attached to him.

From your perspective:

1. How should Tommy's new family be explained to him? Who should do it? What will your perception of this move be?
2. Who should decide when Tommy is ready to be placed?
3. Who should help Tommy get ready (such as pack, move belongings) for the move?
4. Do you want to plan a good-bye party? Who should attend?
5. Who should drive Tommy to his new home?
6. Who should help Tommy move in and unpack?
7. How is Tommy likely to feel the first night in their home? Who should help him get settled and feel at home?
8. What are the cultural issues in this case?
9. How soon would you like to see or talk to Tommy? Why?
10. Who should answer Tommy's questions about his new family?

Role Sheet...Cheryl and Raymond Henderson, Adoptive Parents

You are Tommy's new family. You fell in love with Tommy the first time you saw his picture. Both of you noticed and were pleased with the resemblance between Tommy and Raymond. You are very anxious to have Tommy placed in your home as soon as possible. In fact, you were ready to have him move in after the first visit! You are worried that the foster parents will change their mind and want to adopt him.

You have told your family about him and want them to meet your new son. Both of you are planning time off from work to help Tommy adjust and to travel to visit relatives. You believe that Tommy will come to love your family and will fit in perfectly!

From your perspective:

1. How should Tommy's new family be explained to him? Who should do it? What will your perception of this move be?
2. Who should decide when Tommy is ready to be placed?
3. Who should help Tommy get ready (such as pack, move belongings) for the move?
4. Do you want to plan a welcome party? Who should attend?
5. Who should drive Tommy to his new home?
6. Who should help Tommy move in and unpack?
7. How is Tommy likely to feel the first night in your home? Who should help him get settled and feel at home?
8. What are the cultural issues in this case?
9. How soon should Tommy see or talk to his foster family? Why?
10. Who should answer Tommy's questions about his new family?

Role Sheet...Pat, The Social Worker

You have been Tommy's social worker for the last two and a half years. You have worked closely with Tommy's foster family and have provided them with support and numerous referrals to community resources. You offered casework counseling to them when they made the decision not to adopt Tommy. It was a difficult decision for the foster parents, but you respect the Lampons for being so unselfish.

Of all your cases, Tommy's is a picture of success. You have enjoyed contributing to his progress and even attended his sixth birthday party. You like the Hendersons and believe that they will be excellent parents for Tommy. You want to do everything you can to make this placement go smoothly.

From your perspective:

1. How should Tommy's new family be explained to him? Who should do it? What will your perception of this move be?
2. Who should decide when Tommy is ready to be placed?
3. Who should help Tommy get ready (such as pack, move belongings) for the move?
4. Do you want to suggest a good-bye or welcome party? Who should attend?
5. Who should drive Tommy to his new home?
6. Who should help Tommy move in and unpack?
7. How is Tommy likely to feel the first night in his new home? Who should help him get settled and feel at home?
8. What are the cultural issues in this case?
9. How soon should the foster family see or talk to Tommy? Why is this important?
10. Who should answer Tommy's questions about his new family?

STRATEGIES TO MINIMIZE PLACEMENT-INDUCED CRISIS AND POST-PLACEMENT STRESS FOR CHILDREN

Minimize Stress: Decrease anxiety and depression

- *Break the placement down into easily manageable parts:*
 - a) *Use carefully planned pre-placement visits that introduce the child to the family and new home a little at a time;*
 - b) *Child should have pre-placement visits during different times of the day to experience different aspects of adoptive family life such as meals, naps, school, whole family at home, mother only at home, etc.*
 - c) *Meet new family members one or two at a time, not the whole extended family;*
 - d) *Keep initial visits to new home short, with respite periods in between in a familiar environment; this gives child “breathing space” to recoup emotional energy.*
 - e) *Conduct initial visits in familiar surroundings such as the child’s foster home.*

- *Limit the number and scope of changes the child experiences; maintain as much continuity as possible so the child knows what to expect:*
 - f) *Prevent unnecessary losses. Do not expect the child to forget about his history or his old relationships. Question whether or not old relationships must be severed when a child moves into an adoptive situation.*
 - g) *Allow child to keep his own familiar belongings with him--clothes, toys, toothbrush, pillow, other bedding, etc. They can be replaced later.*
 - h) *Maintain the child’s schedule and familiar child care practices as much as possible. (This is most critical with infants; it is very important with children of all ages.)*
 - i) *Cultural continuity--Maintaining cultural continuity can prevent unnecessary changes. Include parent’s expectations for child’s behavior, child care practices, hygiene practices, methods of discipline, life style, etc. If the child is placed cross culturally, adoptive*

parents should learn as much as possible about the child's birth or foster family culture and integrate many of their practices. This also promotes a multi-cultural adoption for the child and communicates that his own culture is valued.

- j) Transition him into new relationships. Help the child attach to his new family gradually, at a pace with which he/she is comfortable. Encourage activities which promote attachment (i.e., shared activities, caretaking chores, etc.)
- Build new attachments prior to the transition:
 - k) Involve foster or kinship caregiver in pre-placement visits
 - l) Encourage child to maintain contact with friends/playmates from the previous environment
 - m) Arrange post-placement visitation to the foster home, to the former school, etc.
 - n) Keep the child in the same church youth group or Sunday School class, even if it means transporting the child
 - o) Contact between previous caregivers and attachment figures and the adoptive parents can significantly enhance the adjustment of the child and family to adoption. Whenever possible, visitation and exchange of information should be encouraged.
- Provide child a road map of the placement:
 - p) One helpful tool, according to Vera Fahlberg, to help children between the ages of four and nine is "The Moving Day Calendar". This calendar is similar to an Advent Calendar with little doors that can be opened. When opened, they reveal specific information pertinent to that date, such as "Adoptive parents will pick you up for an overnight visit at 4:30", or "Your caseworker will take you to visit your adoptive parents for the afternoon", or "Today is Moving Day!"

Increase the Child's Ability to Cope:

- Create placement activities that are within the child's developmental capacity to master:
 - a) Schedule pre-placement visits of a length the child can tolerate without experiencing significant fatigue or anxiety.

- b) *The caseworker or foster caregiver should be present during the pre-placement visit for young children and should participate in some of the direct care of the child during the visit. Older children also need the support of foster parents during the transition.*
- c) *Maintain familiarity of environment during pre-placement visits.*
- d) *Do not over-stimulate the child or over-fatigue him.*
- e) *Do not expose the child to situations he would find fearful.*
- *Give the child choices that are age-appropriate:*
 - f) *Allow adolescents to participate in long-range placement planning; honor their preferences and suggestions whenever possible.*
 - g) *Ask children to choose what time of day they want to visit; do they want breakfast or lunch; which of their toys would they like to take with them; do they want to drive in the worker's car or the foster mother's; what would they like their adoptive family to make them for lunch.*
- *Involve child in placement planning.*
- *Maintain as many of the child's old support systems as possible:*
 - h) *Encourage the child to call foster caregiver, friends, other people who have traditionally been sources of support and help.*
 - i) *Make sure the child's known and trusted caseworker is easily and often available to him.*
 - j) *Establish a predictable schedule for visiting with important others.*
 - k) *Give child a family welcome book.*
- *Work FIRST to help the child establish a meaningful, supportive system with one person in the adoptive home*
- *Help the child to develop a "cover story" to explain the transition to new and old friends with varying levels of detail depending on the child's wishes to share information.*

Assure the child has an accurate perception of the placement experience:

- *Make sure the child fully understands the reasons for the placement:*
 - a) *Use supportive counseling and encourage discussions using life books, pre-placement preparation, family books about the adoptive family, etc. to fully explore and explain the adoption.*

- *Help the child differentiate adoption from foster care, which is not permanent. Explain the reasons why the child was placed in foster care while a permanent plan was made for him.*
- *Make certain the child understands he is going to live with the adoptive family until he is an adult; while there may be contact with the birth family, the child should understand that s/he will not be raised in the birth home. This ensures that reunion fantasies do not impede attachment in the adoptive home.*
- *Make certain the child does not believe himself at fault for this separation.*
- *Deal with the child's feelings of abandonment, lack of self-worth, etc.*

MOVE CHILDREN WITH RESPECT¹

Why do children need to be moved carefully? **Hasty and insensitive** moves may have the following repercussions:

- Children lose the people to whom they are attached. They decide not to risk other attachments.
- Children learn that people are replaceable.
- Children are afraid all of the time. They believe that their worlds can be changed at any moment.
- Children learn that their feelings don't matter. No one really cares how they feel about leaving the home and people they love. They are not worth much.
- Children decide that adults do not have children's best interests in mind. They will control adults as much as possible.
- Children decide that they need to either be in charge all of the time or just give up.
- Children lose a sense of who they are. Their identity formation is interrupted. They are easily manipulated by others. They struggle to choose life patterns that fit well, careers, and life partners because they do not have enough sense of self to make these choices.

A respectful move shows children that:

- There is some predictability in their worlds. The move takes place for a reason that, with help, they can understand and process
- The people they value also value them. Their new parents care about the pain of moving and will comfort them when they grieve.
- They will not be moved abruptly and without warning. They can relax instead of guarding themselves.
- Adults who know them well will be there and help them grieve. They can receive comfort and help during these and other hard times.
- Their feelings matter. They matter.
- They are important enough that people will arrange their life events around them.
- They do not have to control everything or use learned helplessness as defenses.

¹ Gray, Deborah. 2007. *Nurturing Adoptions Creating Resilience After Neglect and Trauma*. Perspectives Press. Indianapolis, Indiana. pp. 242-243.

**STRATEGIES TO MINIMIZE PLACEMENT-INDUCED CRISIS
AND POST-PLACEMENT STRESS FOR ADOPTIVE FAMILIES**

Minimize Stress: Decrease anxiety and depression

- *Establish a cooperative relationship between foster parents, the adoptive parents, therapist, caseworker, and other professionals involved with the child.*
- *Use pre-placement planning to assist the family in assessing their suitability as an adoptive placement for a particular child or sibling group.*

Increase the Family's Ability to Cope:

- *Train adoptive parents regarding adoption issues and typical behaviors expected of children experiencing placement.*
- *Encourage the family's participation in adoptive family associations and support groups and/or use a "buddy" or mentor adoptive family to support the adoptive family during the transition.*
- *Allow adoptive family an opportunity to express ambivalence regarding the adoption of this particular child.*

Assure the family has an accurate perception of the placement experience:

- *Provide the adoptive family with a complete and accurate history of the child. See "Information Sharing Checklist," Handout #8.*
- *Share basic information about the child's daily habits and routines, school behaviors, likes and dislikes, fears and anxieties, dietary needs and preferences, disciplinary issues and strategies, religious practices, rituals and traditions, and culturally-specific caregiving practices.*
- *Develop a pre-placement visitation plan that defines when and where visits will take place, finalizing transportation arrangements, identifying possible activities to engage the child during visits, and outlining when overnight and weekend visits will begin. Share the plan in writing with both the adoptive and foster families.*
- *Be clear with both the foster and adoptive families the nature of post-adoption contacts with earlier caregivers; ensure that the adoptive family is comfortable with these understandings.*

- *Develop Prediction Path with the adoptive family regarding expectations for the child's short-term and long-term behaviors, coping, and adjustment.*

STRATEGIES TO MINIMIZE PLACEMENT-INDUCED CRISIS AND POST PLACEMENT STRESS FOR FOSTER FAMILIES

Minimize Stress: Decrease anxiety and depression

- *Foster parents or other previous caregivers should be recognized as part of the professional team planning permanency for the child.*
- *Foster parents should be included, whenever possible, in the selection of the adoptive family. Those individuals who have cared for the child will be able to provide critical information regarding the needs of the child and the families or types of families most likely to be successful in parenting this particular child.*
- *Foster parents should be updating the life book of the child, incorporating as many pictures and concrete mementos as possible.*
- *Foster parents can provide information helpful to developing a pre-placement visitation plan that will take into account the child's developmental level, schedule, likes and interests, fears and anxieties. The first visit for infants and pre-school age children should take place, whenever possible, on the child's "safe turf", the foster home. Adoptive parents can gradually assume a caregiving role while the child feels secure in the foster home.*
- *Foster parents can give the child a "permission" message or "blessing" to attach to the permanent family. Participation in the planning for adoption, as well as the placement process, will send a message to the foster parent that he is a valuable and respected member of the team, and the foster parent is more able to convey permission to the child, implicitly through participation in the placement and explicitly through conversation with the child about adoption. Foster parents can be more positive about adoptive parents when there has been interaction between the caregivers and when the adoptive parents are not nebulous or "imaginary" figures for the foster parents.*
- *Establish a cooperative relationship between foster parents, the adoptive parents, therapist, caseworker, and other professionals involved with the child.*

Increase the Family's Ability to Cope:

- *Express appreciation to the foster family for their involvement in permanency planning for the child.*
- *Provide casework support and a "buddy" foster parent to support the foster family during the placement and separation.*

Assure the family has an accurate perception of the placement experience:

- *Foster parents should be encouraged to continue contact, again whenever possible, to provide support to the child following the adoptive placement. Contact can be provided on a continuum of letters and birthday cards, telephone calls, visits to the foster home, and visits in the adoptive home. Foster and adoptive parents should be trained regarding the importance of post-adoption contact with previous caregivers, and they should have a clear understanding of the specific arrangements made for each child. All parties involved should be comfortable with arrangements for ongoing contact.*
- *Develop a pre-placement visitation plan that defines when and where visits will take place, finalizing transportation arrangements, identifying possible activities to engage the child during visits, and outlining when overnight and weekend visits will begin. Share the plan in writing with both the adoptive and foster families.*

INFORMATION SHARING CHECKLIST

Child's First Name: _____

Foster Family Name: _____

Adoptive Family Name: _____

Social Worker: _____

Date of Meeting: _____

Comments on the following: **Information Not Available**
Some Information Missing
Information Available
Information Shared (Date)

CHILD'S HISTORY

Birth Family Profile	
Child's Characteristics	
Medical History	
Developmental History	
Educational History	
Neglect History	
Abuse History	
Sexual Victimization	
Placement History	

Comments on the following: **Information Not Available**
Some Information Missing
Information Available
Information Shared (Date)

CHILD'S SPECIAL NEEDS

<i>Physical/Mental Disability</i>	
<i>Learning Disability</i>	
<i>Emotional/Behavioral Problems</i>	
<i>Other</i>	

SUBSIDY INFORMATION SHARED

<i>Types Available</i>	
<i>Nonrecurring Costs</i>	
<i>Eligibility Requirements</i>	
<i>Amount Available</i>	

OTHER SERVICES

<i>Post-Placement Services</i>	
<i>Post-Finalization Services</i>	
<i>Openness Consultation</i>	
<i>Other</i>	

Effective Placement Activities to Prevent Trauma



Below are the three goals of effective placement planning. In your small groups identify methods and activities you would develop to accomplish these goals. To increase the practicality of this exercise, have one group member present an impending pre-placement case. The group can join in, effectively designing pre-placement activity.

Goal One: Minimize stress and decrease anxiety

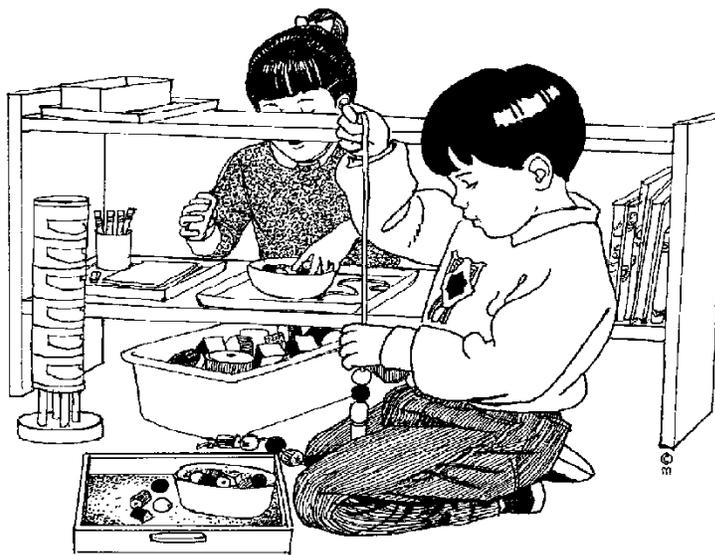
Goal Two: Increase the foster family's ability to cope

Goal Three: Assure that the foster family has an accurate perception of the placement.

PREPARING A CHILD FOR THE PAST

PREPARING A CHILD FOR THE FUTURE

Guide to Your Child's History



Seven Reasons Why Children Need Their Life History

by Dr. Denise Goodman, ACSW, LISW, PHLD

I don't have any memories of the important people in my past. I wonder if the important people in my past have any memories of me. An adopted teen

A lifebook is a book that records a child's family and placement history. It is a tool that gathers information about a child's growth and development, feelings, ideas and hopes and dreams for the future. It is a vital resource in helping a child to understand the past and prepare for the future.

The Seven Reasons Why:

- 1. Recreates child's life history.** This is important, as many of our children have had very confusing lives. They have been in and out of care and shuffled between family members. Each child's reaction to the separation from the birth family presents its own set of unique individual responses. These painful feelings weave a common thread throughout the lives of older adopted children. For children whose memories of former relationships smolder vaguely in their minds, frequent **themes revisit** during the healing process. They need to have an accurate record of their past, because it will help them look forward to the future without fear.
- 2. Gives a child information about his birth family.** Many foster and adopted children do not have a lot of information about their birth families. What did their parents look like? What talents did they have? What about their extended family? In fact, some kids have no information at all. Each of us has a "genetic road map", which is our parents. This "roadmap" helps us when we begin to develop our identity. We decide what traits we like and we keep them. The traits we do not like, we reject. Youngsters, who have no information, make it up and usually, it is negative. For kids who only have negative information about their parents, that is the only source they have to keep for their identity. Children need both positive and negative details about their birth family.

- 3. Gives reasons for placement.** Frequently, children have the wrong idea about why they have been removed from their homes. Many times, they believe that it was their fault! This leads to feelings of guilt and sometimes, children will try to punish themselves. Therefore, children must have accurate and honest information about why they are in care.
- 4. Provides photos and a pictorial history.** Even when information is given in written form, kids generally want to know what their families look like. In addition, photographs also record family events such as holidays, birthdays and special times. Children need pictures of themselves to trace the changes that have taken place.
- 5. Records child's feelings about their life.** Too often, children are not given an opportunity to talk about their feelings regarding their life and being in out of home care. The lifebook, in some ways, is a diary or log children can use to keep their personal thoughts or feelings.
- 6. Gives the child information about his or her own development.** How many people have baby books? If you are not the first born, you probably don't have one. How would you like a recording of all your important milestones? Your first tooth, your first step, your first word, along with a record of all the other special things you've done. This is another important role that the lifebook plays.
- 7. Is a useful tool when working with children.** Being a way to organize information, the lifebook is a helpful tool for foster parents, adoptive parents, caseworkers, and therapists who must assist children struggling to cope with being away from their parents, siblings, and homes.

History for Infants and Toddlers

Gathering information for the lifebook for an infant or toddler is far more important than one might assume. Children at these ages have no memory of their birth parents, foster parents, or other significant people who cared for them. They often have no pictures of themselves or any significant person to help fill in the gaps. Completing an infant's lifebook while in foster care, whether the child return's home or to adoption is a crucial activity.



INFANTS AND TODDLERS LIFEBOOK (0-2)

What to include	Where To Find It
Birth Information: birth certificate, height, weight, time and date of birth, hospital (picture if possible from brochure or taken by family) names of doctors, special medical information or circumstances of birth, pictures of birth family, and cultural history	Bureau of Vital Statistics, case record and social/medical hospital, WIC clinic, hospital records, birth parents, extended family
Placement Information: reasons for placement, include journal entry, chronological list for each move, good-bye letters from caregivers, names of other children who the child was close to, pictures of their caretakers, their birth and foster homes, bedroom, pets, etc.	Court records, intake worker, birth family, caseworker, previous caretakers
Medical Information: list of medical providers, immunization record, list of childhood diseases, injuries, allergies	Case record, health department, caretakers, pediatrician, WIC clinic
Developmental Information: significant milestones of development	Previous caretakers, care record, medical history
Adoption Information: Finalization, adoption party pictures, special mementos	Adoptive family and adoption caseworker



HISTORY FOR SCHOOL-AGE CHILDREN

Children removed from their home during the early school-age years may have memories of those important people in their lives, but those memories are usually vague and fleeting. Those memories may also be attached to the trauma of abuse, neglect and the experience of removal. The lifebook should be that tool that fills in the memory gaps for these children and also replaces the fantasies that have developed. The school-age child's lifebook should include the birth, developmental, and medical information listed above. It should also include the following:

In addition to the information already cited, include:	Where To Find It
<p>Placement Information: reasons for removal or placement, include journal entry, chronological list for each move, good-bye letters from caregivers, names of other children child was close to, pictures of caretakers, their birth and foster homes, bedroom, pets, church and recreational activities, neighborhood friends, letters from from birth family or other friends, names and addresses of separated siblings,</p>	<p>Court records, intake worker, birth family, caseworker, previous caretakers, school teachers, counselors, adult leaders, ministers,</p>
<p>Educational Information: list all daycare and schools attended with dates, names and addresses and photos, if possible, pictures of classmates, teachers and other important adults, copies of report cards, samples of homework, special projects, pictures and mementos of special events, awards,</p>	<p>School personnel, teachers, yearbooks, school and community newspapers, coaches, school records</p>
<p>Adoption Information: tools used to prepare child for adoption (coloring books), date of finalization, adoption day pictures,</p>	<p>Adoptive family, foster care and adoption caseworker</p>

HISTORY FOR TEENS

Teens who have spent any amount of time in foster care and enter adoption or independent living have probably lost track of the important details of their lives. They probably do not have many mementos of their past - little or no birth information or pictures. They do not have a record of where they lived and the people with whom they lived, the schools they attended, and the achievements they obtained. Putting a lifebook together for a young teen requires investigative work and perseverance. However, it may be the youngster's only link from a confusing and disjointed past to an uncertain future. The lifebook for the teen should include as much information from birth, medical, and developmental records that can be traced. It should also include the following:

In addition to the information already cited, include:	Where To Find It
Placement Information: chronological listing of places where teen lived, with whom, reasons for moving, pictures of people and places that were important in the development of the teen	Previous caregivers, caseworkers, case record
Educational Information: list schools attended with dates, names and addresses and photos, if possible, pictures of classmates, teachers and other important adults, copies of report cards, samples of homework, special projects, pictures and mementos of special events, awards, achievements and certificates	School personnel, teachers, yearbooks, school and community newspapers, coaches, school records, band/music directors, drama teachers,
Independent Living Information: information and mementos gleaned from teens groups and classes, pictures of other teens in independent living, group leaders, pictures of graduating from group and moving in day into the new apartment	Caseworkers, foster care and independent living caseworkers
Adoption Information: tools used to prepare teen for adoption finalization, and adoption day pictures, any special mementos	Adoptive family and foster care and adoption caseworker



Council on Accreditation Standards for Placement Services²

PA-AS 4: SERVICE PLANNING AND MONITORING

Birth parents, youth, and prospective adoptive parents participate in the development and ongoing review of service plans that are the basis for delivery of services and support.

Interpretation: Service goals should be identified for birth parents, the child, and the prospective adoptive family. Generally, separate plans are developed for each involved party, but in some circumstances it may be appropriate to add the child's goals to one of the other service plans.

Note: The contract signed by prospective adoptive families can be considered a service plan.

NA: The agency only provides Foster Care to Adoption Services.

PA-AS 4.01

The service plan is based on the assessment, and includes:

- a. agreed upon goals, desired outcomes, and timeframes for achieving them;***
- b. services, education, and supports to be provided, and by whom; and***
- c. the service recipient's signature.***

PA-AS 4.02

The worker and a supervisor, or a service or peer team, review each case to assess:

- a. service plan implementation;***
- b. progress toward achieving service goals and desired outcomes; and***
- c. the continuing appropriateness of agreed upon service goals.***

Interpretation: The review should occur weekly for infants and monthly for all other children awaiting adoption. Experienced workers may conduct reviews of their own cases. In such cases, the worker's supervisor reviews a sample of the worker's evaluations as per the requirements of the standard.

PA-AS 4.03

The worker regularly reviews progress toward achievement of goals with birth parents, prospective adoptive families, and youth, and revisions to the goals and plans are signed.

² Council on Accreditation. (2006). *COA Standards for Placement Services*. New York, New York.

PA-AS 8: PLACEMENT

The agency identifies adoptive families who can meet the needs of waiting children and facilitates timely placements.

Note: Foster Care to Adoption programs will implement FC 6 and AS 8.

PA-AS 8.01

A process that examines the child's needs and interests, and the prospective adoptive parents' interpersonal and parenting skills, identifies an adoptive family that:

- a. is most suitable to meet the child's needs; and***
- b. can advance the child's best interests.***

Interpretation: Children who are old enough are encouraged to participate in the decision-making process.

PA-AS 8.02

The child's and prospective family's religious, cultural, racial, linguistic, and ethnic identities are considered when identifying a family, provided such consideration:

- a. does not delay placement of the child for adoption;***
- b. is in the best interest of the child; and***
- c. is consistent with applicable legal requirements.***

Interpretation: Agencies should follow guidelines set forth in the Multi-Ethnic Placement Act.

PA-AS 8.03

The agency takes into account, whenever feasible and appropriate, birth parents' expressed desires regarding the child's placement, and when this consideration can delay placement, the agency:

- a. acts in accordance with applicable law;***
- b. tries to resolve the conflict in the best interest of an expeditious and permanent placement; and***
- c. promptly seeks legal counsel regarding resolution of such differences, if necessary.***

PA-AS 8.04

Prospective adoptive parents are provided with sufficient information and time to make an informed decision about the placement, and assurance that the child is legally available for adoption.

Interpretation: Information includes all available non-identifying child and birth parent information, and information about the general circumstances leading to the decision to place the child for adoption. Prospective adoptive parents should be given sufficient time to comprehend large amounts of information about a child. If the agency develops a process to share information over time with parents, it should carefully consider what information must be shared prior to the decision to adopt. Intentional misrepresentation or concealment and negligent disclosure or withholding of information can put the agency at risk for wrongful adoption lawsuits. Practices that may limit exposure to liability include: informing prospective adoptive parents of limits on information gathering and disclosure, provision of information in writing, and training staff on procedures for collecting and disclosing information. Research Note: Literature suggests that adoptions are more successful when adoptive parents have realistic expectations about the adopted child. This is of particular importance for children with special needs or children at greater risk for disruption.

PA-AS 8.05

When a child is placed prior to termination of parental rights, the agency:

- a. informs the prospective adoptive parents of the substantial risks involved and limitations on confidentiality;***
- b. requires written agreements between the organization and the prospective adoptive parents, stating the mutual intention that the adoption take place, if legal matters are resolved; and***
- c. makes diligent efforts to remove legal and other barriers to the adoption.***

NA: The agency does not place children prior to the termination of parental rights.

PA-AS 8.06

The child is placed as soon as the family and child are prepared, and adoptive parents receive assistance:

- a. with the child's transition to the home;***
- b. obtaining available subsidies and medical insurance for the child;***
- c. obtaining resources for the child's special needs; and***
- d. completing the legal adoption.***