

**PRE-FINALIZATION SERVICES  
COMPETENCIES**

- 201-05-003 Understands the potential disruptive effects of placement of a child on resource family functioning, stability, and vulnerability to crisis
- 201-05-011 Understands how poor agency programming, unavailability of services, and lack of emotional support for resource families can undermine placement stability
- 201-05-012 Understands the dynamics and evolving stages of placement disruption
- 201-05-018 Knows strategies to help resource families cope with placement-induced changes and instability between the parents, with siblings, and in family dynamics
- 201-05-022 Can intervene at the first indicators of placement stress to help stabilize resource families and prevent placement disruption
- 117-05-001 Knows parenting practices that support the development of positive and secure attachments in children
- 117-05-007 Knows casework strategies to help parents and caregivers develop or strengthen attachments with children in their care
- 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.
- 118-04-001 Knows the importance of supportive services to foster and kinship caregivers to strengthen and sustain placements

**Please respond to the following questions while waiting for the training to begin...**

**1. What is one of my strengths in dealing with adoptive families following placement of a child in their home?**

**2. What is one of my greatest challenges in dealing with adoptive families following placement of a child in their home?**

# Attachment: Helping Parents Encourage the Development of Attachment

Parenting Strategies that Build and Strengthen Attachment  
adapted from Dr. Vera Fahlberg

## **The Arousal-Relaxation Cycle**

The Arousal-Relaxation Cycle is based on our understanding that trust, security and attachment are strengthened when a consistent adult caregiver repeatedly meets a child's needs. For example, a child becomes hungry and cries, reflecting a state of tension and arousal. The caregiver responds by meeting the infant's needs, feeding and comforting the infant. The child receives comfort, which relieves tension and promotes contentment. The parent feels secure, and happy that he/she has provided empathic care for the child. The good feelings are mutually reinforcing and reciprocal. This cycle is a healthy parent/child relationship and is repeated multiple times each day.

The adoptive parent's job, guided by the worker, is to learn to identify the needs of their new youngster and to meet those needs in a consistent, nurturing response. The challenge for new parents of maltreated children is that these children may express their emotional needs with problematic behavior. Parents must recognize that these tantrums, nightmares, oppositional behaviors, refusal to do what is asked, feigning illness, and other outwardly negative behaviors are often expressions of anger, fear, sadness and loneliness. They must learn ways to meet the child's emotional needs, while still being able to control their negative and harmful behaviors.

In addition to these behaviors, severely neglected or abused youth may have attachment problems, and may be aloof, or appear not to care about or for the adoptive parent. This can be very disturbing to adoptive parents. We will discuss how to address attachment problems later.

## **Positive Interaction Cycle**

While the arousal-Relaxation Cycle is dependent on the child's expression of need, in the Positive-Interaction Cycle, the parent initiates affirming emotional and social exchanges with the child. The cycle begins when the parent engages the child in a positive interaction. The child enjoys the

interaction and reacts in an affirming manner. Both the child and parents feel a sense of self worth and are motivated to continue to interact. This type of interaction greatly augments the attachment process.

Many adoptive parents believe wrongly that the child should “take the first step” in forming attachments with them. For adopted children, the lack of trust and their ambivalence about new attachments may make this impossible. Adoptive parents must be encouraged to regularly approach the child in a non-threatening, gentle manner to initiate social interactions. Parents must be prepared to continue to engage the child in a meaningful and pleasurable interaction without expecting the child to reciprocate in kind.

### **Claiming Behaviors**

A third means Fahlberg recommends to promote attachment is “claiming.” Claiming is the process of assimilating the child into the family and helping the child feel part of the family. Claiming behaviors also promote the development of entitlement by the parents - the firm belief that they have a right to parent the child as their own. These activities are symbolic in that they communicate acceptance, and integration of the child into family life.

Examples of claiming behaviors are as follows: These activities are symbolic in that they communicate to the child and the world at large that the child is a member of the family.

- ♥ Having the family picture taken with the child and send that picture to family members the child regularly visits.
- ♥ Adding the child's name to the mailbox; allowing the child to sign greeting cards;
- ♥ Sending out announcements to family and friends when the child joins the family;
- ♥ Including the child's lifebook with other family albums
- ♥ Teaching the child old family traditions, incorporate traditions the child remembers from his earlier life into adoptive family traditions, involve the child in developing new family traditions.
- ♥ Planting a tree or flower bulbs in the yard, with the child, to celebrate the adoption and symbolize the “planting” of the child in a permanent family. Enlist the child to tend the new plants as they put down roots and flourish
- ♥ Having the child help plan future vacations, activities, holidays, etc. to communicate to the child that s/he is a permanent part of the family's future.

### ENCOURAGING ATTACHMENT: A GROUP EXERCISE \*

*Sharon, age eight, will be moving from her foster home to an adoptive family within the next few weeks. She will be the youngest in a two-parent family, with three daughters ranging in age from 12 to 17. The father is a clergyman; the mother, a teacher. Sharon's past history reveals considerable emotional and physical deprivation, rejection, and physical abuse. She has been in and out of foster care since she was four years old. Sharon has had seven moves, including two returns to her birth parents' care.*

*Behavioral problems noted in her current foster home include enuresis, both at night and during the day. A medical work-up was negative. Sharon has many fears, including fear of the dark, sirens, and new situations. She is prone to nightmares. Sharon becomes very upset when family members tease each other or rough house. She is described as a demanding and manipulative child.*

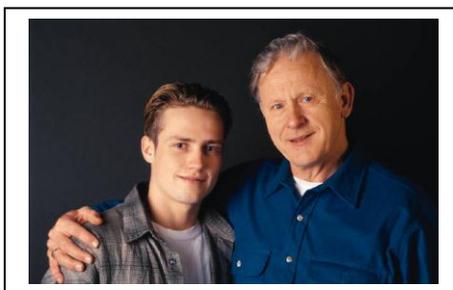
*Although there is no known history of sexual abuse, Sharon demonstrates sexually provocative behavior. She raises her dress in front of men and boys and asks them openly if they want to go to bed with her. Sharon has difficulty telling the truth. Sometimes she lies about her misbehaviors. Other times she tells meaningless lies, such as saying that peas are her favorite vegetable when, in fact, she does not like them at all. She frequently brings home small objects (i.e., pencils, hair clips, etc.) from school saying either that she "found" them or that "a friend gave them to me."*

*Although academically at grade level, Sharon has many gaps in her basic fund of knowledge. She exhibits problems with logical thinking and basic cause and effect. She does not always complete her school work and may "forget" to turn in work she has completed. She is reading above grade level but has difficulty in math. Play skills are poor and she has difficulty keeping friends.*

*Sharon is physically attractive and demonstrates excellent self-care skills. She shows appropriate affect for the most part and is outgoing and affectionate. Sometimes she is inappropriately affectionate with strangers. However, she is able to talk openly about feelings and tells of many ways that she and her present foster family have fun together.*

**In this exercise, we are asking you only to focus on building attachments. Using three columns: one for the arousal/relaxation cycle; one for the positive interaction cycle; and one for claiming behaviors, list as many ways as you can think of that Sharon's adoptive family might help her develop attachments to them.**

*\*This exercise was taken from and used by permission of the publisher from *A Child's Journey Through Placement* by Vera Fahlberg, MD (Copyright, 1991) Perspective Press. The entire 432 page book is useful to parents, professionals, and advocates working with children who experience multiple moves or out-of-home care during their growing up years. It is available through the publisher, Perspective Press, PO Box 90318, Indianapolis, Ind. 46290. Cost is \$20.00.*



## Normal Phases of the Pre-Finalization Phase

⇒ **Dating/ Getting acquainted** - This phase generally occurs during pre-placement visitation. All parties are on their “best behavior” and are engaged in learning more about each other. Children and families rarely experience “love at first sight,” and the “getting acquainted” phase allows them an opportunity to begin the attachment process. At this point, however, there is no real attachment. The parents and child are often engaged in activities such as going to the movies, eating out or playing miniature golf. It is recommended to adoptive parents that they provide some “reality” for the child during this phase by maintaining a schedule, expecting children to have manners and setting some limits. Consequently, when the child does move in with the family, there will already be some guidelines and expectations in place.

⇒ **The Honeymoon** - This phase is characterized by excitement and great optimism. Everyone is eager for the adoption to occur. There is great anticipation and expectation for the newly forming family. The child is on her best behavior, and all family members get along well. Often the adoptive parents feel that the caseworkers’ warnings and cautions were unwarranted, or they believe themselves to be one of the lucky families who will have minimal problems. *In reality, the child at this phase is emotionally detached from the family, and is likely to be superficial in her relationships.* The child gains considerable gratification from being the center of attention. The parents frequently overlook inappropriate behavior, and they minimize the importance of problems.

*Typical characteristics of a family in the honeymoon stage may be:*

- Belief that the worker was overly negative in preparing them for placement;
- Over-indulging child with too many gifts, trips, special foods, setting no limits;
- Children in family enjoy the novelty of new siblings and interact without arguments, competition, etc.

*Child behaviors during The Honeymoon may be:*

- Child is compliant and eager to please adults;
- Child may be emotionally numb from the shock of the move.

*As adoption specialists work with a family prior to the placement of a child, they can prepare parents for the "honeymoon" stage by:*

- Training the adoptive parents about the stages of family development;
- Using the "prediction path" to inform parents of child's adjustment patterns during previous separations;
- Helping the adoptive parents assess their expectations and assure that the expectations are realistic.

The worker's role during this stage of adjustment:

- Worker encourages entitlement of the new parents whenever possible;
- Worker continues to provide education regarding typical patterns of adjustment;
- Worker encourages positive interactions cycle during honeymoon.

⇒ **Ambivalence** - *The Honeymoon phase is followed by the Ambivalence phase. The child's behavior is no longer compliant. Rather, the child begins to resist the parent's authority; begins to test the parent's ability to define limits, and tests the parents' commitment. The child often struggles with feelings of distrust, divided loyalty, resurrected grief, and fear of attachment. The child concurrently desires closeness with the adoptive family, yet fears being rejected and/or abandoned. The child also struggles with feelings of disloyalty to the biological parents and former caregivers if she attaches to the adoptive family. Consequently, the child may intermittently display both attachment behaviors (clinging, whining, neediness) and disengagement behaviors (aggression, hostility, behavioral acting out, and/or direct rejection of family members.)*

Under the circumstances, it is not surprising that *the family also experiences ambivalence*. As the child's testing behavior escalates, the parents may question their decision to adopt, or may question whether the agency gave them the "right" child. Each of the adoptive parents may have different perspectives of the adoption yet are not communicating their fears and concerns to the other parent. Extended

family members may withdraw their support. Siblings may feel resentful or threatened, and their behavior may regress. The parents may fear discussing their ambivalence with the worker, or even with each other, as this may exacerbate their feelings of disappointment and failure. ***If the family and child are unable to navigate through the Ambivalence Phase, it is likely that the adoption will disrupt.***

All family members must understand that ambivalence is a normal and expected part of the adjustment process. Feelings must be aired and validated. The worker can remind parents of similar periods of ambivalence early in their marriage, or after the birth of a child, and ask them how they dealt with it then. The family must learn to understand and accept the child's experience and to provide support, while maintaining appropriate discipline and behavior management. Often, understanding the nature of their own ambivalence minimizes the parents' disappointment, and enables them to maintain a commitment to the child and the adoption. The child's ambivalence may most effectively be addressed and resolved by the foster parent, or another attachment figure with whom the child feels most secure.

*The role of the adoption worker during this phase is to "shepherd" the family through this process.* Often, workers deny the family is experiencing ambivalence as they are hoping for a smooth, problem-free transition. However, the family (and the worker!) must come to understand that ambivalence is a normal feeling when an individual is confronted by a new situation such as marriage, new job, new home, moving to a new city.

*Characteristics/behaviors of families in the Ambivalence Phase:*

- Family begins to report behavioral problems with the child;
- The parents excitement and enthusiasm begins to wane;
- Parents may show evidence of marital strain;
- Parent makes comments such as, "I'm not sure we are the right family for..."

*Characteristics/ behaviors the child may exhibit during the Ambivalence Phase:*

- Child acts out in an attempt to return to earlier placement, birth parent or to test the commitment of the adoptive family;
- Child engages in conflicts with children who were already in the family;
- Child tells worker he is being mistreated.

*The Ambivalence Phase is likely to impact all members of the adoptive family including other children residing in the home. For example:*

- Other children are disappointed in the quality of the relationship with their new sibling;
- Children are angry and jealous about the time and energy devoted to the new family member;
- Other children try to sabotage the placement by "framing" the new sibling or by constantly complaining to the parents about behaviors of that child;
- Other children are angry that the new sibling is not sufficiently "grateful" to the parents or are upset about disrespectful treatment of their parents.

*What resources or supports can help a family through this stage?*

- Mentor relationships with more experienced adoptive families (aka "Buddy Families")
- Reassurance that this is normal, helping the family to remember other situations in which they experienced ambivalence (i.e., new home, new job) and identifying the skills that helped them cope in the past;
- Use of the Prediction Path to see an "end" to the testing behavior and empowering the parent with specific strategies to manage behaviors;
- Time away from parenting to focus energy on the marital relationship, however respite care should not punish the child! Use of extended adoptive family members is helpful;
- Support, education from the adoption worker;
- Use of a diary or log to track the family's progress;
- Training/Education classes that assist in managing the child's behavior;
- Books, videos and websites with useful information;
- Attending an adoptive parent support group;
- Family therapy to assist the family in communicating. Individual therapy may need to take a hiatus as forming the family relationships is paramount at this time;
- Some agencies have Adoption Adjustment Groups that are both educational and supportive;
- Blessings for the child from earlier attachment figures to move on and attach to a new family.

Families will utilize the resources and supports that are valued by their culture. Some families may not go to a support group because they believe that "what goes on in my family, stays in my family". A "buddy family" may be more acceptable to them. Attending therapy at a mental health clinic may be out of the question for some families but talking with their child's school counselor may be an alternative.

⇒ **Reciprocal Interactions** - When adoptive families are able to cope with their ambivalence in a constructive manner, they generally progress to the "Reciprocal Interaction Phase." They are learning to accommodate their feelings and responses with the needs and feelings of their child. During this period, family members begin to develop feelings of closeness. The adoptive parents feel less threatened and tend to manage the child's misbehavior with less resentment. They also recognize and come to appreciate the child's individuality. Unless the child has serious attachment problems, he typically begins to trust family members, begins to believe he is going to stay, and works to establish a place for himself within the family unit. It is evident that affectionate bonds are being formed through the reciprocal "give and take" among all the family members. *The family begins to have more good days than bad.* They are anxious to share small accomplishments with the child and now have a sense of hope that the adoption will succeed.

*Signs that the family has successfully moved to the Reciprocal Interaction Phase:*

- Family reports feelings of "success" in managing the difficult behaviors of the earlier stage;
- Parents begin to ask questions about the process and timing of legalization;
- Parents demonstrate more comfort in making parenting decisions regarding the needs of the child.
- Parents share examples of pleasurable moments with the child

*Examples of child's behavior during the Reciprocal Interaction Phase:*

- Child talks of a future with this adoptive family;
- Child engages in less testing/conflict with other family members;

*Examples of behaviors of the other permanent children in the home:*

- Other children have developed a more realistic and accepting view of the new family structure;
- Conflict between children continues, but at a manageable level;
- Adjustments to changes in birth order, when necessary, are made.

*Resources that might prove most helpful to guide a family in this stage:*

- Encourage the adoptive parents to use the positive interaction cycle;
- Reinforce commitment and successes of parents in making adjustments;
- Refer family to adoptive parent support organizations.

⇒ **Bond Solidification** - During the "Bond Solidification" Phase, all family members feel increased satisfaction with family relationships. Attachments between the family and the child have been strengthened. The family has re-established its equilibrium; and has re-stabilized. A new family system emerges that has accommodated the child's needs, abilities, likes and dislikes. The family plans a future that includes the adopted child. The child now sees himself as part of the family, and has begun to incorporate adoptive family traits into his identity.

*Changes that can be observed in the adoptive parents as they re-establish their "new" equilibrium:*

- Parents demonstrate much more entitlement, are less reliant on the caseworker, foster parents, mentor adoptive parents for support and guidance;
- Parents are eager to legalize the adoption;
- New parents often talk of creating or updating a will to include the newly adopted child.
- Parents refer to themselves as "parents" and call the child "our son (daughter)."

*Examples of the child's behavior in the Bond Solidification Phase:*

- Child might express interest in choosing a middle name that "connects" him to the adoptive family;
- Child is clear about referring to adoptive parents when he speaks of "my parents."

*Role of the worker in promoting successful legalization of the adoption:*

- Worker asks parents if they feel comfortable with the idea of legalization;
- Worker asks parents what needs to occur to help them feel more comfortable with legalization.

## Avoiding Placement Pitfalls in New Adoptive Placements of Children with Special Needs



### *To trust or maybe not*

Take time to learn about your child before expanding trust and privileges. Although you have been given a great deal of information on your child, he is still a new addition to your family and is struggling to fit in. Wanting the child to have a more normal life and to not feel like a "foster child" is a loving, supportive notion, but is frequently not helpful for the traumatized child who is new to your home. Many special needs children come from very structured environments, and removing all or most restrictions, trusting him too much, too quickly sets him and you up for disappointment. Instead, structure your child's environment for success and security while minimizing opportunities for misbehavior, to the extent that you are able. In this way, the child can earn your trust gradually. Give yourself time to get to know your child really well and feel comfortable that the child has good personal boundaries and self-protection skills before allowing the child to spend increasing amounts of time outside your supervision. *Rehearsing with the child expected behavior immediately prior to social situations is sometimes helpful.*

### *New stuff, new activities*

You also don't have to give the child everything all at once. Children who haven't had a lot of nice things often don't know how to care for them. This may lead to disappointment and frustration for adoptive parents or siblings who are trying to share a personal treasure with the child. Take it slow, see what kind of toys/activities the child can handle and build on that. Also remember that children may act like they know how to do something that they really don't know how to do. Many traumatized children have some degree of coordination problems that you'll need to assess, so power tools,

mowers and other equipment may present even more of a risk than they might with the typical child.

### **What is old is new again**

With all of the new changes the child is encountering in the process of becoming a member of your family: room, bed, pillow, home, parents, siblings, extended family, pets, house, yard, neighborhood, school, class, teachers, books, desk, routines, culture..., it is not unusual for the child to show some regression to former (younger) fears, anxieties or behaviors. Often, in the past, these behaviors have brought them security. So even if the child has made wonderful progress in her foster home, she may now demonstrate earlier, more troublesome or immature behaviors. Love, commitment and follow through with services will often pull her back from those behaviors quicker than in the past, because she has learned other options and can find them again more quickly. If you have a habit that you have overcome, chances are that you, as an adult, might indulge that habit again when you are under stress. Likewise, stressed children might engage in behavioral habits that they may have tried very hard to overcome.



### **Pills and diagnostic labels**

Diagnosing and treating traumatized children who are growing and changing is often difficult for even the most skilled practitioner. Add to that the notion that practitioners have different perspectives based on their practice and educational experiences. As your child is transferred to a new provider in your area, expect that diagnoses may be added, deleted or changed over time based on changes in symptoms, response to treatment, new research or new knowledge on the part of the family or the practitioner.

If your child takes medication to manage mood, attention or behavior, your child may come to your home over or under-medicated. Children in those circumstances will obviously need adjustments if recommended by a

physician or nurse practitioner. However, again in the spirit of normalizing the child's situation, adoptive parents often are tempted to try and get the child off all medications as soon as possible. Your child is going through a lot of adjustments and dealing with many changes already, so keep that in mind when you are considering this issue.

Supervision of medication is also important. Children, even older teens, should not generally have possession of or take their medication unsupervised. All medications in the home should be locked up.



### **Following up with therapies or counseling**

Usually when a child is placed for adoption there is an existing recommendation for the adoptive family to follow up with counseling/therapy. Initially in placement, particularly during the "Honeymoon Phase", it may not seem like the child or family needs therapy, but when services are needed they can take weeks or months to put in place. It's good to get services started soon after placement, even if they aren't used heavily at first. Remember, there is no shame in needing help. In our experience, families who are open to support and assistance are more likely to be successful than those who try to go it alone.

Finding the time for the extra appointments may sometimes be a challenge, but following through with services is often less time consuming than dealing with a crisis later.

Occupational therapy (OT). Your child may have subtle or not so subtle coordination or sensory integration difficulties as a result of a variety of factors. If OT has been suggested, it may not even make sense to you that there is a need, but be aware that some traumatized children with whom we

have worked have experienced dramatic behavioral improvement when they get good OT from a highly skilled therapist. Following through with suggested services, despite the time it takes, may actually make your life easier. Families who have a good experience with these services are more likely to spot difficulties requiring OT and be more aggressive in pursuing it in the future.

When seeking services for a traumatized child, trauma expertise on the part of the service provider is essential. Don't be afraid to ask questions about experience and techniques. Be cautious of extreme interventions. Talk to your worker if any recommendation concerns you.

The family must be involved in therapy at this point in the process. It is essential that the child and family work on their communication, problem-solving and relationship skills.

**Keep your adoption green by recycling information.**

Re-read your child study on the difficult days and you may think "He's not doing so bad after all". Between the child study and your experiences with your child, you will begin to recognize possible anniversary reactions that will help you and your child plan for the future. Often when children have unusual reactions, something has triggered fear in that child. The stack of laundry that you put in your child's room to be put away, may be interpreted by the child as a sign that you are moving him out.

Some families have found it helpful to keep a log or diary to review the up's and down's and to identify any patterns that may emerge. The diary is also helpful when sharing information with a therapist or counselor. Most importantly, a diary can help you to see that you are making progress....you are becoming a family!

Re-read your pre-service curriculum. When you went through training you were listening with different ears. Once you have some experiences with your child to link it to, you will see likely see more depth in the information than you originally thought. Pre-service handouts are a treasure trove of suggestions and interventions.

Keep going to training and look for resources to read. Ohio adoptive families are entitled and allowed to go to public foster parent or caseworker training (Caseworker trainings---if all the spots are not taken by caseworkers).

Kids recycle, too. Don't give up if an intervention doesn't succeed the first time. It took lots of repetition to develop the behaviors and it will take consistent intervention to change them.



### **Siblings**

Be prepared for some unhappiness in your permanent (birth and/or previously adopted) child(ren). In birth families, an older child may be excited about getting a new brother or sister, only to wish later she could be sent back where she came from. If you have permanent children in your home, we can provide you with information on helping children to become brothers and sisters.

### **Keep in touch.**

If things are getting rough, tell the caseworker right away. The sooner problems are addressed the easier they are to solve. Waiting to call when you are on your last nerve, just makes problems more challenging to tackle. You don't have to feel embarrassed or ashamed because you are stressed. Caseworkers aren't perfect either, but they are determined to help you find solutions to the challenges that you encounter along the way. Stay connected with your worker and build supports with other adoptive families or families with similar experiences.

Carol Cockrill, RN, MS, LSW  
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2/09

### STRATEGIES TO HELP GRIEVING CHILDREN

- ❖ Tell the child early and often that you understand her sadness at leaving important people. Give her permission to express her feelings of sadness, anger, or grief. Avoid saying such things as: “That was yesterday, and you’re with us now,” “Don’t think about them, we’re your parents now,” or “Don’t worry, you’ll forget them soon.” Give the child permission to grieve. “It’s okay to be sad because you miss them.” “I bet lots of kids who have been adopted feel the same way.”
- ❖ Keep the child's schedule relatively free from constant activity. Adoptive parents often attempt to help their children forget about the past by filling up their children’s schedule. At this time, children do not need constant motion, but rather an environment in which time for sharing and talking is a priority.
- ❖ Keep the lifebook accessible to the child. Adoptive parents should not try to erase the child’s past by putting the lifebook out of sight and out of reach. Revisiting the lifebook is similar to visiting the cemetery following the loss of a loved one. It helps the child move through the grief process.
- ❖ Make arrangements for periodic contacts with foster parents and other important attachment figures. Abrupt separations create trauma and add to the panic and fear attached to loss. Periodic and planned contacts by phone or in person with former foster parents can help a child through the stages of grief.
- ❖ Remember the importance of physical touch. Children feel strength from a parent who sits close to them when they are sharing strong feelings. A touch on the shoulder or a lap to sit on reassures a troubled youngster of secure love and concern. It should be noted that older children need the reassurance and security that comes with sitting on an adult’s lap or a hug as much as do the young children.
- ❖ Do not feel rejected by the child who remembers relationships with lost attachment figures. Grieving children will often mention the happy times with birth parents or foster parents. They may point out that “our foster mom never did it that way,” as they experience feelings of loss regarding the former caregiver. Responding positively to the children as they mention past activities, memories or traditions with former caregivers will send a message to children that they are accepted and loved.

# USING COMMUNITY RESOURCES

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## GUIDING A FAMILY TOWARD SUPPORT AND ASSISTANCE

Agencies may refer adoptive families to community resources for help with post- placement adjustment issues. Community resources should complement the services provided by the caseworker. The caseworker should work with the family to locate and select services that the family is comfortable in using. Through this collaborative selection of services, the worker will:

- Model skills necessary to access services. This will be useful to the family in the future should services be necessary.
- Empower the parents to meet their own family's needs. When case planning and service selection are initiated and conducted by the family with input from the worker, the family members have more entitlement to be the parent.
- Access services within the context of the family's culture and community. The family must feel comfortable and confident with the service provider, and the services must be relevant to them.

### **Types of Resources and Services Needed by Adoptive Families:**

- ◆ Mental Health Services (services must be sensitive to issues of child abuse/neglect, adoption issues for child and for adoptive parents)
- ◆ Educational Resources
- ◆ Parent Support Group (type of groups include: for parents of ADHD children, for parents of children with physical challenges, adolescents in crisis, adoptive parent groups)
- ◆ Respite Care
- ◆ Parent Education
- ◆ Speech and Hearing Problems

## Using Home Visits Effectively

Frequent contact with the adoptive family during the first 90 days of placement is crucial. The initial three months are critical as the family moves from the honeymoon phase into the stage of ambivalence and resistance. Optimally, the worker should meet with the family weekly for a one to two hour visit in the early weeks. When this occurs, family members are more likely to view the worker's involvement as an expected part of the adoption process. They will feel more relaxed, behave more normally, and be more forthright in expressing their feelings and concerns.

Because the goal of the worker is to move the family toward empowerment and entitlement, the weekly visits can be extended to two or three weeks if the worker feels that the adjustment is moving well.

The worker and the family should jointly develop an agenda for each visit. During the home visits, the worker should meet family members both as a group and individually to fully understand their perspectives and feelings. Objectives for the home visits can include:

- \* To develop and strengthen the collaborative relationship between the worker, members of the adoptive family, and the child.
- \* To review the child's adjustment and behavior.
- \* To help the parents assess their responses to the child's behavior, their coping strategies, and effectiveness of those strategies.
- \* To identify and assess areas of potential problems.
- \* To review the child's lifebook and to help the parents acquire skills that will enable them to talk comfortably with their child about his history and adoption issues.
- \* To give the family positive feedback regarding their successes and to provide reassurance.
- \* To reassess the parent's spoken and unspoken expectations for themselves and for the child.

### Assessor Tasks for Pre-Finalization Visits

Phase of Placement	Observations to make	Info to share with family	Info to gather from family	Services family may need at this point
<b>At Placement (0-60 days after placement)</b>	<ul style="list-style-type: none"> <li>•Home safety for specific child</li> <li>•Parent/child interactions</li> <li>•Interaction of new child w/ other family members</li> <li>•Comfort level of family with caregiving</li> <li>•Integration of child into family</li> <li>•Child or family needs additional preparation work?</li> </ul>	<ul style="list-style-type: none"> <li>•Child-specific info</li> <li>•Training available to meet child's needs</li> <li>•Services available to meet child's needs</li> <li>•School/IEP info</li> <li>•Child's Prediction Path</li> </ul>	<ul style="list-style-type: none"> <li>•How is this child "fitting" into the family?</li> <li>•What needs do parents or child have?</li> <li>•What info do parents need?</li> <li>•How has caregiving impacted the family?</li> </ul>	<ul style="list-style-type: none"> <li>•Training</li> <li>•Contact with other FP/AP/KP</li> <li>•Policy/Procedural information</li> <li>•Additional home visits</li> <li>•Medical/dental resources</li> </ul>
<b>Early Placement (60-120 days)</b>	<ul style="list-style-type: none"> <li>•Discipline &amp; limit-setting</li> <li>•Safety compliance (inside and outside home)</li> <li>•Household routine</li> <li>•Parent/child interactions</li> <li>•Interaction of children with each other</li> <li>•Impact of adoption on marital relationship</li> <li>•Parental expectations</li> <li>•Stress level of household</li> <li>•Are <u>all</u> children's needs being met?</li> <li>•Comfort level of child</li> <li>•Grief manifestations of parents or child</li> <li>•Expectations of adoptive parents—realistic/appropriate?</li> <li>•Child experiencing reunion fantasies?</li> <li>•Divided loyalties?</li> </ul>	<ul style="list-style-type: none"> <li>•Update on case plan</li> <li>•Visitation plan</li> <li>•Update on child's service provision</li> <li>•Any new info about child or birth family</li> <li>•Training opportunities</li> <li>•Services available to meet child's needs</li> <li>•Any agency policy changes</li> <li>•Foster/Adoptive Parent Assoc. info.</li> <li>•Special events at agency/in community for adoptive families</li> <li>•Info on ambivalence</li> </ul>	<ul style="list-style-type: none"> <li>•Any concerns about the children in placement?</li> <li>•How are the children performing in school?</li> <li>•What difficulties are parents experiencing?</li> <li>•Share a success parents had!</li> <li>•Has child or parents had contact with the child(ren)'s previous caregivers?</li> <li>•Have there been any changes to family's circumstances?</li> <li>•Are services meeting the child(ren)'s needs?</li> <li>•Any payment issues?</li> <li>•Respite needs</li> </ul>	<ul style="list-style-type: none"> <li>•Training</li> <li>•Contact with other adoptive families</li> <li>•Policy/Procedural information</li> <li>•Child-specific info</li> <li>•Respite care</li> <li>•Services to meet child(ren)'s needs</li> <li>•Facilitate BP/FP contact</li> <li>•Lifebook information and supplies</li> <li>•Referral to "buddy family"</li> </ul>

Phase of Placement	Observations to make	Info to share with family	Info to gather from family	Services family may need at this point
<b>Mid Placement (120 days- finalization)</b>	<ul style="list-style-type: none"> <li>•Stress of family members</li> <li>•Level of attachment demonstrated by child and family</li> <li>•Level of integration of child into family</li> <li>•Discipline &amp; limit-setting</li> <li>•Expectations of child</li> <li>•Expectations of parents</li> <li>•Safety compliance</li> <li>•Parent/child interaction</li> <li>•Interaction of child and other family members</li> <li>•Family routines</li> </ul>	<ul style="list-style-type: none"> <li>•Importance of lifebook, transition letter, pictures to child</li> <li>•Books/materials about adoption</li> <li>•Planned date for finalization hearing</li> <li>•How to talk with child about his history</li> </ul>	<ul style="list-style-type: none"> <li>•What are family's needs?</li> <li>•Do parents need a break?</li> <li>•How the child is doing</li> <li>•Has subsidy been worked out?</li> <li>•Youth's progress in school</li> <li>•Youth's social life</li> <li>•House rules/compliance</li> <li>•Issues or concerns</li> <li>•Extended family's feelings and acceptance</li> </ul>	<ul style="list-style-type: none"> <li>•Contact with other adoptive families</li> <li>•Training on grief and separation</li> <li>•Lifebook training and supplies</li> <li>•Family counseling</li> <li>•Info about adoptive parent support groups</li> <li>•Training on adoption issues/attachment</li> <li>•Attachment therapy</li> <li>•Referral for services to address specific needs</li> </ul>
<b>At Finalization (Last few visits prior to finalization and through case closure)</b>	<ul style="list-style-type: none"> <li>•Emotional status of all family members</li> <li>•Interaction of family members</li> <li>•Level of attachment among family members</li> <li>•Readiness for finalization</li> <li>•Boundaries/limits set by parents</li> <li>•Quality of relationships among family members</li> </ul>	<ul style="list-style-type: none"> <li>•Court process</li> <li>•Change of status as caregiver if FP</li> <li>•Info on post-finalization services</li> <li>•Any additional info about the child</li> <li>•Suggestions for rites of passage or adoption ceremonies</li> <li>•Case closure process</li> <li>•Role of agency after case closure</li> </ul>	<ul style="list-style-type: none"> <li>•What are parents doing to prepare the child for finalization?</li> <li>•Is there anything else agency can do to support family?</li> <li>•Has family planned a rite of passage?</li> <li>•What have parents done to prepare selves and other family members for the finalization?</li> <li>•Name change for child</li> </ul>	<ul style="list-style-type: none"> <li>•Info about parent support groups</li> <li>•Info on community resources family may need in the future.</li> <li>•Resources for rites of passage/adoption ceremonies</li> <li>•Agency's or community's post-finalization services</li> </ul>

# WHEN A FAMILY IS IN CRISIS

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## PROVIDING INTERVENTION SERVICES

There are predictable and typical stresses for adoptive families. Most adoptive parents experience some level of discomfort when talking with the child about the adoption and about his biological family. Many older children experience a difficult adjustment during the period just prior to finalization. Adopted children may react strongly to difficult life events, such as losses or separations, moving, life transitions such as a new school, or normal developmental stages such as adolescence, puberty/sexuality, etc. In addition, some adoptive families are challenged by the child's special physical, emotional, or psychological needs.

Many adoptive families are able to handle these challenges by seeking out community services and support. In other families, these events may escalate into clinical crisis, which often threaten the permanency of the adoption. Unfortunately, the adoption worker may be the last person the family contacts for help. When the crisis appears to be unavoidable, the worker should pursue the following steps:

**1) Identify the presenting problem and its source.** Parents in crisis may be angry, emotional, and anxious. Their behavior may seem overly dramatic. They may threaten or blame others. Their behavior may be volatile and erratic. The worker must assess the situation to determine the nature of the problem and how serious it is. The worker must fully explore the events that lead up to the crisis and to identify "the trigger event." Information can be gathered both from family members and from sources outside the family to accurately understand what has happened. It is likely that the underlying problem will be related to one or more of the following issues:

- Parents' Misinterpretation of Normal Child or Adolescent Behavior***
- The Long Term Impact of Abuse and Neglect***

**Adoption Related Issues**

**Cultural Differences**

**2) The worker should be part of the solution, not part of the problem!**

When a crisis call comes into the agency, the worker's typical reaction is to panic. This often results in an over-reaction, which may lead to the child's immediate removal from the home...often unnecessarily. OR the worker may become immobilized and under-react by denying that the problem exists. Workers must avoid becoming caught up in the family's heightened anxiety and emotionalism. The worker must view the crisis as an expression of unmanageable stress and not project blame on the child, family, or the circumstances. The worker must also recognize her own attitude and realize that her response to the family in a calm, direct, matter-of-fact, confident manner could have a direct effect on the outcome.

**3) Develop a short-term plan with the family for immediate relief.**

- The family can be seen on an emergency basis by a mental health professional.
- The child may spend a few days with relatives, former foster parents, or friends. Both the child and family need respite.
- The child may be admitted for an inpatient evaluation if he is demonstrating severe behavioral or psychological problems.
- Family members should agree that they will operate for the next several weeks on a day-to-day basis and that they will not make any permanent or important decisions.

**4) The worker should conduct the assessment information with an objective adoption professional or group of individuals that have been involved with the child and family, such as therapists or other consultants.**

**5) Design an intervention plan.** The goal with all adoptive families in crisis is to strengthen, empower, and preserve the family. Once the origins of the problems have been identified, the family should choose only one to three issues/problems to address. Objectives should be developed for each issue or problem. The objectives should be short-term, observable, and not revolve only around the child.

## **MOST COMMON REASONS FOR ADOPTION DISRUPTION**

Partridge, Susan; Hornby, H.; and McDonald, T. 1986. *Legacies of Loss, Visions of Gain: An Inside Look at the Adoption Disruption*. Human Services Development Institute, Center for Research and Advanced Study. University of Southern Maine.

[Note: These causal factors leading to adoption disruption have been documented. Research has also identified several steps in the escalation of problems commonly experienced by families during adoption. (Partridge et. al, 1986; Goodman 1993). Understanding these dynamics can provide social workers with early warning signs of potential crisis, so that services to stabilize the placement and prevent disruption can be provided. The sequence usually begins after the honeymoon, at the time that ambivalence/ resistance begins to emerge.]

### **\* MISMATCH**

- Presence of negative characteristics in child that the parents cannot tolerate
- Incompatible personalities or life-styles

### **\* INADEQUATE PREPARATION**

- Placement of child with unresolved past losses
- Placement with family that was not prepared to adopt a special needs child

### **\* LACK OF POST-PLACEMENT SERVICES**

- Absence of service
- Inappropriate or insufficient use of service

### **\* LACK OF FAMILY SUPPORTS AND RESOURCES**

- Absence of help from family and friends
- Inability of family to reach out for community support

### **\* UNMATCHED EXPECTATIONS**

- Child does not meet parents' expectations and parents cannot successfully grieve their disappointment

### **\* LACK OF EMPATHY AND INCOMPLETE ATTACHMENTS**

- Parents' inability to interpret meaning of child's behavior
- Child's inability to recognize parents' caring
- Disappointment that builds when bonds do not form

### **\* FAMILY SYSTEM STRAIN AND OVERLOAD**

- Internal and external forces impinge on family, making it impossible for them to cope

**\* INSURMOUNTABLE OBSTACLES**

-Continuation of extreme difficulties presenting early in a high-risk placement

**\* UNPREDICTABLE CIRCUMSTANCES/ EVENTS**

-Unforeseen situations occur (pregnancy, serious illness, death in the family, marital upheaval) which make it impossible for the family to continue with the placement

## Steps of Escalation Leading to Adoption Disruption

- ◇ **The Honeymoon** - Adoptive families typically experience pleasure and excitement at the onset of the adoption (Pinderhughes and Rosenberg 1990). They are positive and hopeful about the family's future. The child may be attempting to adjust to the adoption by being compliant, responsible, or withdrawn, and displays few or no behavior problems. The parents are able to manage the child's behavior. This phase may last several months, or in some cases, years, with no major crisis experienced by the family.
- ◇ **Diminishing Pleasures** - The adoptive parents begin to feel tension in their interactions with the child. They have difficulty tolerating the child's misbehavior. What may have been "cute" during the honeymoon is irritating now. However, the parents are still hopeful that this is "just a phase" and that it will eventually pass, returning the family to the level of comfort they felt during the Honeymoon Phase.

During this stage, the caseworker should be alert to indicators that the family is becoming disappointed in the child. Caseworkers should listen carefully to the adoptive parent's reports of family adjustment. During this phase, adoptive parents often are unable to face their emerging doubts, and either consciously or unconsciously attempt to "cover up" disappointments or minor problems. They may, for example, talk about the child in unrealistically positive, "glowing" terms. If the caseworker can help the adoptive parents identify their issues and concerns, and help the adoptive parents resolve them, then there is a good chance that the problems will not escalate further. Early intervention is critical.

- ◇ **The Adopted Child is Seen as the Problem** - Despite their best efforts, the parents are unable to tolerate the child's behaviors. Every tantrum, angry word, or misbehavior upsets the parents. The child senses the parents' tension. This raises the child's anxiety, and his negative behavior and emotional withdrawal increase. The parents interpret this as a rejection of them by the child, and they may overreact to minor infractions.

Further escalation can be prevented if the caseworker can provide counseling services, or can refer the family to a therapist skilled in adoption issues. The parents need to learn to realistically interpret the misbehavior and understand the child's emotional turmoil; learn to approach this as a family problem, and not identify the child as the "problem." Adoptive parents need guidance to develop behavioral management strategies to stop the misbehavior.

- ◇ **Going Public** - Eventually, the child's behavior impacts the family's public life. The child may experience school problems, or extended family and friends may witness behavioral outbursts. Prior to this time, the family has likely dealt with the struggle privately. Now the parents turn to others for support and sympathy, and they often air a long list of complaints. Other people may offer advice, may concur with the parents' assessment that the child is the problem, or may unintentionally support the parents' subconscious (or conscious) intent to disrupt. While the adoption, at this point, is quite tenuous, appropriate services and interventions can still help families re-establish stability and avoid disruption.
- ◇ **The Turning Point** - The family continues to deteriorate. The child is involved in a "critical incident" which was long expected and dreaded by the parents. The child may act out sexually, steal, assault a family member, or provoke the parent to lose control. In the family's perception, the child has "crossed the line", and there is no hope of reconciliation. The family begins to fantasize about life without the child.
- ◇ **The Deadline or Ultimatum** - The adoptive parents establish a deadline by which the situation must drastically improve, or the child must leave. Frequently, these demands are unrealistic, such as demanding that a child earn all "A's" on a report card after the child has earned failing grades during most of the school year. In doing so, the parent, either consciously or unconsciously sets the child up to fail. This, in the parent's mind, justifies the disruption.
- ◇ **The Final Crisis** - The final crisis erupts within the family. It may occur because the child did not live up to the parents' ultimatum, or a small incident has become the "straw that broke the camel's back." The entire family is in turmoil. Outside interventions generally prove futile.

- ◇ **The Decision to Disrupt** - The “final crisis” results in the decision to displace the child permanently from the family. In most cases, the family requests (or demands) the child’s immediate removal. However, this may also be initiated by the child, a therapist, or social worker. The worker must act quickly to secure an appropriate placement for the child and must help the child and family members manage the trauma of separation.
  - ◇ **The Aftermath** - Once the child is removed, it would appear that the crisis is over. Yet all parties involved are typically experiencing considerable pain. The child often feels angry, hurt, and rejected. The parents, who generally appear angry, may also be experiencing guilt, feelings of loss, and an overwhelming sense of failure. The social worker may also feel guilty and may believe that the disruption was his or her fault. Or the worker may be angry at the family. Unfortunately, this pain and anger may be denied or avoided (Partridge et.al. 1986). The worker may not want to be in contact with the turmoil. The family often does not reach out for help because of shame and embarrassment. The child’s new caregivers or social worker may not want to broach the topic of the disruption for fear of upsetting the child. Consequently, all must generally cope with the trauma of disruption without support.

## PARENTAL CONSIDERATIONS IN DISRUPTION

(James, Arleta. 2009. *Brothers and Sisters in Adoption*. Perspectives Press)

When adoptive families are struggling with a decision whether to disrupt, it is a chaotic and unstable time. The following questions may assist them in determining if disruption, displacement or dissolution is truly the right decision at this time.

- If my birth child was acting this way, would I move him or her? Why do I view the adoptee differently?
- Have we truly given this child enough time to adequately adjust and integrate into our family?
- Are we certain this isn't a temporary crisis?
- Are we moving the child because he or she isn't meeting our needs?
- Have we fully examined (hopefully with an objective adoption professional) our original and current expectations? Were they and are they realistic?
- Have we truly attempted to attach to this child, even if the child is rejecting?
- Have we sought every possible avenue of formal (therapeutic) and informal (peer) support?
- Have we made efforts to educate ourselves?
- Have we worked to implement a variety of parenting techniques?
- Are we blaming an agency for our troubled adoption, or are we accepting our role in our current situation?
- Have we given consideration to the aftermath—what will happen with each of us after the child leaves? How will the other children in the home be affected?

## CASE SCENARIO

Ms. Marjorie Marks, her 11-year old-daughter Patrice, and her grandmother, Mrs. Stokes, have recently become the new adoptive family of Cindy, age eight. After one month of placement, it was clear that Cindy was struggling with trust issues. She was having a hard time making friends and kept saying that she shouldn't bother trying, she was just going to move again. Cindy had trouble with tantrums both at home and at school.

During the sixth month of placement, Cindy's behavior, which had been steadily improving, deteriorated quickly. She began to wet the bed regularly and had violent temper tantrums. She said that "she did everything wrong". She threatened to run away, and one day she did not come home from school. Patrice said she had looked everywhere, and didn't know where Cindy had gone. Patrice also said that "Cindy isn't any fun anymore...I'm not sure I need a sister!"

After a frantic tour of the neighborhood and a call to the police, the family found Cindy sitting alone in the dark on the school playground. Ms. Marks called Richard Velasquez, the caseworker, and asked him to come out to the home.

Ms. Marks was emotionally still distraught and frantic. She and Richard tried to identify what might have happened to prompt this behavior. Ms. Marks said she wasn't sure she could put up with Cindy running away. Mrs. Stokes said she was unsure of how to help Marjorie or Cindy.

- Which stage of adjustment is the family in?
- Identify the family member(s) and what specific psychological, emotional, and social problems they may best experiencing in relation to the adoption
- Identify intervention strategies to address the issues identified in the assessment. The plan should include specific information (who, what, where).

**CASE SCENARIO WORK SHEET**

Family member(s) affected	What is the issue/problem?	Specify service/resource recommended
<p style="text-align: center;"><b>CINDY (CHILD)</b></p>	<p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p>	<p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p>
<p style="text-align: center;"><b>MARJORIE (MOTHER)</b></p>	<p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p>	<p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p>

Family member(s) affected	What is the issue/problem?	Specify service/resource recommended
<p style="text-align: center;"><b>PATRICE (SISTER)</b></p>	<p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p>	<p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p>
<p style="text-align: center;"><b>MRS. STOKES (GRANDMOTHER)</b></p>	<p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p>	<p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p>