



Assessor Training

Post-Training
Skill-Building
Assignment #3

Post Finalization Adoption Services

LEARNING OBJECTIVES

FROM THE FIELD

Joyce MacGuire Pavao stresses that post adoption services are like “long-term brief therapy.” Families need help intermittently over the long term of the adoptee’s journey from childhood into young adulthood. For example, the Allen family needs help every year in September as John faces the “adoption triggers” of his birthday and adoption anniversary.

Completing this assignment will help you:

- Identify post-adoption issues that may be destabilizing the family;
- Develop a service plan to assist families deal with destabilizing issues;
- Include appropriate community resources in the service plan.

INSTRUCTIONS (USE THE ATTACHED WORKSHEET TO RECORD YOUR WORK)

1. Meet with your agency’s post adoption resource worker to determine what services are available for post-adoptive families in or near your county.
2. Read the attached case studies and select one case for this assignment.
3. Identify the adoption issues that are destabilizing the family in this case.
4. Develop a service plan *specific to your community* for the family in your case scenario. What therapist, what agency, and what respite provider would you refer to?
5. Identify gaps in services available in your region to support the adoptive family and discuss with your supervisor ways to fill these gaps and meet the needs of post-adoptive families.
6. Provide feedback on the assignment by completing an online survey at: <http://www.surveymonkey.com/s.asp?u=365843881460>

Case # 1: Domestic Private Adoption

Mr. and Mrs. B., an infertile couple in their mid-forties, adopted Molly as a newborn infant. Molly's birth parents were graduate students at a major university and voluntarily decided they could not assume responsibility for parenting her while continuing their rigorous education. The birth parents worked with a private domestic adoption agency, signed a voluntary surrender, and decided they did not want to have an open relationship with the adoptive family.

Molly was told as a pre-schooler she was adopted, but her parents did not give her any additional information about her birth history. They rarely discussed adoption after Molly was three or four years old.

Now age 14, Molly is involved with a 26-year-old transient man who is alcoholic. He physically abuses Molly. Her parents have been powerless in stopping contact between this violent adult and their daughter. Molly sneaks out of the house or cuts school to meet this man. The more her parents try to end the relationship, the more committed to the relationship Molly becomes.

Molly has had numerous fantasies about her birth parents, developing dramatic reasons why they were unable to parent her. She believes her birth parents were "low-life" individuals who displayed problems with substance abuse and had a chaotic life style. Molly even believes she was removed by the child protection authorities during her infancy due to domestic violence within her birth family.

Molly's physical appearance and demeanor are very different from her adoptive parents. Her family is upper middle class and suburban; Molly presents herself as a tough-looking, unkempt teen. All family members report significant conflict and continuous power struggles.

The adoptive parents appear fearful of taking a firm stand with Molly's discipline. They feel out of control and have expressed interest in terminating her adoption. Mr. and Mrs. B. feel they have failed as parents and have commented, "If we had our OWN child, we wouldn't have these problems. She would be more like us."

Case #2: International Adoption

Sabrina is a 15-year-old girl who was adopted from Korea. Prior to her adoption, she was found near an orphanage on the streets of Seoul; authorities assigned her a birthday, assuming she was around 18 months of age, and a name. After several months in a Korean foster home, Sabrina joined her adoptive family in the U.S.

The adoptive parents, Mr. and Mrs. R., have two birth children, both older than Sabrina. The parents were motivated to adopt because they wanted to help a child in need of a family.

The two older children both attended parochial schools in a diverse urban neighborhood. They have graduated from high school and are living as independent adults. Mr. and Mrs. R., now more financially comfortable, have decided to move to a suburban community so that Sabrina will have access to “better schools.” They plan to send Sabrina to the public high school.

Sabrina is very angry about the pending transition to a new community. She has not experienced any moves since she first joined the adoptive family as a toddler. She is angry that the suburban school has little racial and cultural diversity; Sabrina fears she will not be accepted by her new peers.

Further, Sabrina has significant difficulties in her relationships with her older siblings. She is convinced her adoptive parents love her older siblings more than they love her; after all, those siblings were born into the family, while she joined the family through adoption (Sabrina views adoption as “second best”). She sees her planned enrollment in a public school as an indicator that her parents love her less than their older children and are, therefore, unwilling to pay tuition for her to attend the same parochial school they attended. Sabrina also becomes upset if her older siblings are invited for a family dinner, fearing there won’t be enough food for everyone, even though the family has abundant resources. She even wolfs down her own food and attempts to eat food planned for her older siblings; Sabrina becomes enraged if her parents prohibit this behavior.

In addition, Sabrina has extreme issues with control. She frequently engages in power struggles with the adoptive parents and other authority figures. Though she battles for control, she is emotionally dependent on her parents, particularly the mother, and panics if one of her parents has to be away from home for even brief periods of time.

Sabrina appears to be more physically mature than one would expect for a youth of 15. Her wisdom teeth are coming in, and Sabrina’s menstrual cycle started when she was only 11 years old. The family doctor suspects that the social workers at the orphanage who assigned her a birthday may have underestimated her age, possibly due to poor growth related to malnutrition. Sabrina is maturing physically at a faster pace than her peers, and she has some difficulty relating to other teens in her school and community.

Sabrina’s anxiety over the impending move has escalated as the date for the move approaches. She is attempting to prevent the move by threatening suicide.

Case #3: Public Child Welfare Adoption

Steve, age 14, has recently been diagnosed with substance abuse issues and is receiving treatment in a residential program for alcoholic teens. His progress in treatment has been minimal, and Steve is furious with his adoptive parent for “abandoning” him to the treatment program. He has displayed problems with lying, self-mutilation, and anger management while in the residential program.

Steve has been with his single adoptive father, Mr. S., for the past 10 years. He was removed from his physically abusive single mother at age two, and was placed in two different foster homes, each for approximately one year, prior to his adoption. Steve has been adoptively placed with his half-sibling, a brother, who is three years older than he.

Mr. S. is a controlling parent who has maintained rigid control of both sons. His older son, Steve’s brother, is a dependent, compliant youth who tolerates the adoptive father’s structure and somewhat rigid discipline. Steve, on the other hand, is striving for independence and control; he continually chafes under the authoritarian hand of his father.

Steve is extremely angry with his birth mother for abusing him. He talks about wanting to have contact with her so that he can physically harm her for “ruining my life.” He has no information about his birth father.

While extremely bright, Steve has been under-achieving in school for the past two years. He is at the appropriate grade level for a child his age, but his attention on school work has suffered as a result of his alcohol abuse. He has been in trouble at school for lying and truancy.

Mr. S. is frustrated with Steve’s lack of progress in the residential treatment program. He suspects that Steve’s alcoholism may be self-medication for unresolved feelings of loss and rejection from earlier attachment figures. Mr. S. contacted the public children services agency that facilitated the adoption to determine whether there is a post-adoption program that can help Steve address his grief and resulting anger.

Though angry he has been placed in residential treatment, Steve states he never wants to return to his father’s home; he adds that he wishes he had never been adopted. He is distrustful of all adults, particularly parent figures.

Worksheet

POST FINALIZATION ADOPTION SERVICES

The following services are available for post-adoptive families in or near my county:



I selected the following case study:

- Domestic Private Adoption
- International Adoption
- Public Children Services Agency Adoption

I think the following adoption issues are destabilizing this family:

I considered the following services and resources for this family:

- Counseling/Mental Health
- Support Groups
- Education/Training
- Respite
- Special Services
- Advocacy
- Other

The following are gaps in services available in my region to support adoptive families:

My supervisor and I discussed the following ways to fill these gaps and meet the needs of post-adoptive families:

EVALUATION

OCWTP needs your feedback concerning this assignment. Please go to:

<http://www.surveymonkey.com/s.asp?u=365843881460>

to complete a short online survey. Thank you for your help!