Note Taking Guide

At the end of today’s training, you will be able to gain knowledge and practice in the following areas:

1. Family and Child Assessment
2. Birth Parent Services
3. Post Finalization Adoption Services
4. Adoption Assistance
5. Placement Strategies
6. Pre-Finalization Adoption Services

Family and Child Assessment

• Effective Assessment includes a prescribed set of knowledge and skills needed by an Assessor to complete a thorough and accurate assessment.
• Diversity competence is an ongoing developmental process.
• The terms, “family assessment” and “homestudy” are used interchangeably.
• Information in the family assessment should be documented in SACWIS.
• The ten assessment categories used to conduct a family assessment include:
  o Attitudes and Beliefs Regarding Foster Care and Adoption Issues
  o Motivation and Expectation of Adoption
  o Personal and Emotional Maturity
  o Stability and Quality of Interpersonal Relationships
  o Resilience, Coping Skills, and History of Stress Management
  o Openness of Family System
  o Parenting Skills and Abilities
  o Empathy and Perspective Taking Ability
  o Entitlement
  o Ability for “Hands-on” Parenting
  o Lifelong Commitment
  o Religious Affiliation and/or Spiritual Beliefs
• A large family assessment is a part of the approval process and requires additional considerations when there are five or more birth, kinship, foster, or adopted children in the home.
• Families enter the assessment process functioning at one of three behavioral levels on a continuum of strength, minimal, or caution.
• There are four criminal offenses considered non-rehabilitative that will preclude applicants from adopting or fostering children. They are felony convictions for “Spousal Abuse, Rape, Sexual Assault, and Homicide.”
• Also, in OAC, the following are indicated as precluding an applicant including: Histories of sexually abusive behaviors (e.g. pedophilia, voyeurism, exhibitionism, etc.), current substance abuse severe, and untreated mental health.
• The Fostering Connections to Success and Increasing Adoptions Act of 2008 made provisions that states may waive non-safety licensing standards on a case by case basis to eliminate barriers to placing children safely with relatives in licensed homes.
• Outcomes of the Family Assessment can be “Approved, Deferred, and Denied.”
• The Prediction Path includes the Placement Trail, the Strengths/Needs sheet, and the Prediction Narrative.
• An Assessor must consider the federal and administrative requirements during the matching and selection process.
• The Family Interview Guide is an assessment tool containing sample questions an Assessor might use to gather data about the family during interviews.

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Services for Birth Parents

- Principles of Birth Parent Counseling include Self-Determination, Cultural Sensitivity, Empowerment, Promote Responsible Birth, Parenting, Family Involvement, and Adoption is life-long.
- Core Issues of Birth Parents are Guilt, Shame, Control, Identity, Rejection, Trust, and Loss and Grief.

- Agencies are required to request a final search no sooner than 16 days after the birth of the child, using the JFS 01695 (“Application For Search of the Ohio Putative Father Registry”). Phone number for Putative Father Registry is 1-888-313-3100.
- 5101:2-48-02 – Ohio Putative Father Registry
- 5101: 2-42-09 - Permanent Surrender using document JFS 1666
- There are currently no specific regulations guiding the openness continuum in adoption which allows for each situation to be negotiated.
- Birth parent counseling must be provided 72 hours prior to signing a voluntary consent with the options of parenting, kinship, foster care, and adoption to be discussed.
- Key tasks for the assessor include reviewing birth parent rights, information and education, and continued assessment.
- Transition visits allow for birth parents to give the child involved “permission to become a part of another family.
Post-Finalization Adoption Services

- The majority of adoptive families (95%) expresses satisfaction with adoption and indicates they would form families through adoption if given the opportunity to do it again.
- Some of these risk factors might include exposure to trauma prior to the adoption, histories of child abuse or neglect, prenatal exposure to drugs or alcohol, multiple placements prior to adoption, birth family histories which include domestic violence, mental health problems, or learning difficulties.
- Adoptive Families do take risks in the adoption process.
- “The symbolic existence of an individual in the perception of other family members in a way that influences thoughts, emotions, behavior, identity or unity of remaining family members…” Dr. Deborah Fravel.
- Development in adoption includes the following: 0-3 - practice story and collect information, 3-7 – concrete thinking, parrot story, magical thinking, 8-12 – understand story, concerned with fairness, may go underground, 12-15 – identity concerns, wants control and independence, anger and confusion, 16-18 – intimacy issues, emancipation concerns, considering search, 19+ - establishing independence, ambivalence re: birth family.
- Adoptive parents must be educated to recognize that some triggers may cause adoption issues to explode for adopted children and their families. If trigger events are recognized and anticipated, adoptive parents can sometimes minimize the impact of the event to trigger family chaos.
- When managing inquiries, you should not disclose; name, social security number, address, telephone number, place of employment, and statewide MIS number.
Activity: Factors in Disruption

Child:

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Parent:

__________________________________________

Program:

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System:

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Adoption Assistance

- Adoption assistance negotiation is required by rule 5101:2-4-05. Applying this definition to adoption subsidy negotiation, agencies should have a discussion with the family about their financial barriers to adopt, and then work together towards a mutually acceptable subsidy amount that will meet the child’s needs.
• There is a mandate to distribute the subsidy information with all family inquiries which can be met in the distribution of JFS 01985.

• Adoption Subsidy Programs are: Title IV-E Adoption Assistance, State Adoption Maintenance Subsidy, Nonrecurring Adoption Expenses Subsidy, Post Adoption Special Services Subsidy and Adoption Assistance Connections to 21

• Steps in the negotiation process include exploration, information exchange, clarification and closing and commitment

• Assessors should be familiar with ODJFS rules and ORC and OAC codes regarding subsidy and adoption.

• Assessors can support a family in the negotiation process by providing information and tools such as a financial planning guide.

Placement Strategies

• A “One size fits all” practice strategy is not likely to be successful.

• Children placed for adoption often experience ruptured relationships, new people, routines, rules, and strangers having authority over them.

• Ambiguous Loss is typically felt when a loved one is physically absent but psychologically present (Adoptalk, 2009).
Age affects a child’s response to adoptive placement. If the child perceives a placement to be a threat to them, they may experience it as a crisis (Center for the Developing Child, 2014).

Toxic stress causes the child to be on constant alert and to perceive innocuous events as threatening (Center for the Developing Child, 2014).

There are specific actions that caregivers, adoptive families, and assessors can take to help reduce the child’s stress at time of adoptive placement.

It is often best for caregivers, adoptive family, and assessors to share in the responsibility in the transition of the child to permanency.

5101:2-48-15 (Provision of Information to a Prospective Adoptive Parent Matched with a Specific Child), 5101:2-48-16 (Adoption Preplacement and Placement Procedures) and 5101:2-48-21 (Child Study Inventory) are minimum practice requirements.

Pre-Finalization Adoption Services

An assessor’s primary roles are adult educator and coach, facilitator, child advocate, and child interventionist.


Children with complex trauma have stress response systems stuck in the “on” position. This creates toxic stress and causes the child to be on constant alert, respond quickly to threats, perceive benign events as threatening, and distrust adults.
• Trauma-informed parenting strategies include tracking behaviors, consistency and predictability, safety talk, staying regulated, and pre-teaching.
• There are five stages of adjustment including: Getting acquainted, The honeymoon, Ambivalence, Reciprocal interactions, and Bond solidification.
• Common adjustments issues include unresolved feelings from prior loss, unmatched expectations, diversity issues, and family dynamics.
• The content and focus of visits will vary depending on the stage of pre-finalization period: placement, early placement, mild placement, and finalization.
• When an assessor notices early warning signs of issues, they should confront the issue and avoid over-reacting or under-reacting.
• The stages of escalation include the honeymoon, diminishing pleasures, the child seen as the problem, going public, the turning point, the ultimatum, the final crisis, the decision to disrupt, and the aftermath.
• An assessor can take steps in a crisis including identifying the presenting problem and source, developing a short-term plan of relief, exploring with family what they want, and designing an intervention plan.
Activity: Sharon Part 1 and Part 2:

Handout #4 Meet Sharon

Using part 1 of Sharon’s information:
- Group 1: Identify ways to enhance attachment using the arousal/relaxation cycle.
- Group 2: Identify ways to enhance attachment using the positive interaction cycle.
- Group 3: Identify ways to enhance attachment using claiming behaviors.

Part 1
Sharon, age eight, will soon move from her foster home to an adoptive family. She will be the youngest in a two-parent family, with two sisters, Aida and Hailey, ages 13 and 17. The father, Ron, is a clergyman; the mother, Kerry, is a teacher. Sharon’s 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 experienced seven moves, including two returns to her birth parents’ care.

In her foster home, Sharon is enuretic, 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 night terrors and takes a long time to calm down. Her foster mother often finds herself sleeping on the top bunk in Sharon’s room to comfort her. Sharon becomes excessively upset when family members tease each other or roughhouse.

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 she asks them openly if they want to go to bed with her.

Sharon has difficulty telling the truth. She often lies about her misbehaviors. At 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 basic knowledge. She does not always complete her schoolwork and may “forget” to turn in work she has completed. Homework is a challenge for her and usually it ends up with her having a “meltdown”. She reads above grade level, but she has difficulty in math. Her play skills are poor and she has difficulty-keeping friends, as she is hypersensitive and feels they are always rejecting her.

Sharon has excellent self-care skills. She generally shows appropriate affect and is outgoing and affectionate. Sometimes she is inappropriately affectionate with strangers. She is very clingy and wants to sit on her foster mother’s lap all the time. She becomes distressed when the foster mother has to leave the house and will stare out the window or cry by the door.

At times, she is able to talk openly about feelings, and tells of many ways that she and her present foster family have fun together.

Which of Sharon’s behaviors (described in part 1) are related to her traumas (described in part 2)?
Part 2

Sharon’s mother, who was homeless and often used drugs, does not know who Sharon’s biological father is. She would often leave Sharon with other people, sometimes strangers at the homeless shelter.

Sharon’s first placement into foster care noted that she was failure to thrive. After two foster care placements (an emergency home, then a traditional foster home), she was returned to her birth mother around 2 1/2. By this time, mother had worked on her sobriety and was in a serious relationship with a man she met at the rehabilitation center. Apparently, there was a great deal of domestic violence in the home.

When mother’s boyfriend physically abused Sharon, she was removed again at age four. She returned to foster care, however, her foster mother fell ill after three months and Sharon was moved to another home. Sharon again had to move when she was physically abused in this foster home.

Mother regained custody of Sharon at age six but began neglecting and ignoring her when she got a new boyfriend. Sharon was found alone at home, after spending a week by herself when mother and boyfriend went on vacation. Sharon was placed in foster care again and the agency was granted PC without any challenge by mother.

Summary and Action Planning

Were there any “aha moments”?

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What information will you most likely use after today?
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Themes in Adoption
Parenthesis Post Adoption Program

Children who have suffered a loss through death, divorce, foster care, adoption, or other separations seem to share several common issues. However, each child will react or respond to the loss dependent upon:

1. the significance of the loss
2. whether the loss is temporary or permanent
3. inherent coping abilities of the child
4. availability of supports
5. age and cognitive abilities of the child
   a) at the time of the loss
   b) at the present time

Consequently, while some children may react in extreme ways, others may respond mildly or not at all. In addition, while one child may be affected in the area of loyalty, for example, another may be preoccupied with identity issues. What follows is a discussion of these common themes with particular attention to their appearance in adoption.

GRIEF

When children have been separated from significant figures, their emotional response is one of grief and mourning. For the infant adoptee, the loss is of the fantasy or dream parent they have never met and of “what might have been.” For the older adoptee, it most likely is a real loss of biological family or foster family. Grief is a process. There are five identifiable stages. However, not every individual will experience each stage or experience them in the order presented:

Shock/Denial: The child is emotionally numb and cannot accept the loss. The child may deny his own past or ethnicity. The child denies that s/he is adopted or may refuse to talk about being adopted. This stage is the mind’s attempt to prevent the individual from feeling the pain of loss.

Anger/Rage: Now the numbness has worn off. Unfortunately, for the adoptee, this stage frequently coincides with adolescence, creating great chaos and confusion. The teen may be angry with himself for causing the separation, thus feeling guilty, and many punish himself via self-defeating behavior. The youth may be angry with the adoptive parents, perceiving the adoption as a kidnapping and may be verbally abusive, defiant, physically aggressive, truant, irritable, or oppositional. And the teen may be angry at the birth family for abandoning him.

Bargaining: In this stage, the youth attempts to regain the “Lost” figure through manipulation. The sophistication of the bargaining behaviors is
dependent upon the child’s cognitive and developmental level. Younger children may be “as good as gold” thinking that they’ll be rewarded for their behavior. Older children may attempt to disrupt the placement via acting out behavior. Adolescents may run away, make allegations of abuse, or try to “negotiate” the return of the lost figure. Children in this stage of grief also spend a great deal of time fantasizing about the birth family, often looking for them in favorite teachers, movies stars, or even in crowds.

**Depression:** Once the youth recognizes that the attachment figure is not returning, s/he will enter into depression, a state of mourning and sadness. Here, the youth withdraws from normal activities; eating and sleeping patterns change. S/he is moody and cries easily. Suicidal ideations and gestures as well as substance abuse may also appear as problems for some youth.

**Resolution/ Understanding:** Under normal circumstances, one cannot tolerate lengthy periods of psychic pain or depression. Consequently, the youth will begin to move towards resolution, slowly at first. It should be noted though, that grief is never fully resolved. Given time and support, it does become manageable. Occasions will arise such as holidays, anniversaries, or other significant events during which the youth may “re-grieve” their loss. When a child enters resolution, there is a return to age-appropriate activities and developmental tasks. Life is fun again. School performance and appearance improve. The child re-engages in the family.

**CONTROL**

For children who have experienced a loss, many feel that they have had no control or decision-making power over their own lives. The adoptee did not choose to lose his/her birth family, etc. This generated a feeling of frustration and helplessness for many children. Consequently, they may try to regain control of their lives by being orderly, compulsive, neat–needing routine or planning ahead. Other youth may demonstrate their need for control via constant power struggles with authority figures, truancy, defiance, substance abuse, or tantrums. The bright, sophisticated child may hide things, hoard food, develop eating disorders, or utilize more creative means to control family life. In fact, some adoptees create chaos in the family as a means of controlling other family members.

**LOYALTY**

Having at least two sets of parents creates quite a conflict for the child (whether the parents are real or fantasy). This is also frequently the case for children of divorce. The child may feel that closeness and love for one set of parents may be an act of disloyalty towards the other set of parents, thus hurting them. The child finds himself/herself in a dilemma and may be overrun by feelings of guilt. Behaviors frequently seen are: distancing from
family members, fantasizing about birth family, confusion/conflict regarding search, guilt over being happy in the adoptive family, denial of having questions or curiosity regarding their adoption. The issue of divided loyalty frequently crops up around the time of the child’s birthday or around Mother’s Day.

REJECTION/FEAR OF ABANDONMENT

Regardless of the actual circumstances surrounding the child’s adoption, the child’s perception is frequently one that s/he was rejected and subsequently abandoned by the birth family. Consequently, some adoptees may feel hurt or angry toward their birth parents. Some adoptees feel that they are unlovable and “unkeepable,” and they may act out to test the commitment of the adoptive family. To avoid rejection, some adoptees may not allow themselves to get close to others, or they will reject others before they can be rejected. Some adoptees react by continually seeking acceptance and approval from those around them, being almost too good. It is not surprising that developing and maintaining relationships is a difficult task for some.

SELF-ESTEEM

The perception of being rejected is a direct blow to the adoptee’s self-esteem. As one adoptee said, “How can someone who never knew me give me away?” Some adoptees believe that something is wrong with them. They may feel unwanted. Some adopted individuals assume the worst about their birth families and believe that their genetic make-up is far from ideal. School performance and self-confidence are frequently affected. Because they believe themselves to be less, they may settle for less than ideal friends or act out their self-image. They may engage in self-endangering behaviors. Some adopted youth seem to fear success, which would challenge their self-concept.

TRUST

This is a particularly crucial issue for children who have had multiple moves during their young lives. Separations at an early age may threaten the establishment of a basic trust and attachment, which is so necessary for healthy growth and development. Many older adoptees come from a history of abuse and neglect and homes where broken promises are the norm. These children may avoid closeness or require longer times to “warm up”. They may have difficulty with intimacy or become involved in clinging, dependent relationships. Stealing, lying, and delayed conscience development may occur in some cases.

IDENTITY

The lack of information and secrecy that frequently surrounds the child’s history and birth family make it difficult for the adoptee to establish his/her identity, a major task of adolescent development. The teen may find this
issue confusing, frustrating, and scary. They may have no known history or connection to formulate a base for the “self”. “Who am I?” is no longer a rhetorical question. For the child adopted at an older age, the information may be negative (mental illness, substance abuse, abuse/ neglect) or chaotic.

Adolescents who are experiencing extreme difficulty may resort to running away, trying on multiple (and usually bizarre) identities, hanging out with “low life” peers, promiscuity, pregnancy, depression, or anger. Some adoptees state that they have always felt different and have never fit in with their peers as being adopted prevented them from “being like everyone else”. Consequently, they may initiate a search to satisfy this need, or they may create a blood tie through a pregnancy.

Not all adoptees experience problems with these issues. Some may experience minor difficulties at different developmental stages. The adoptive family, sometimes with the help of a knowledgeable professional, may handle these minor difficulties successfully. A small percentage of adoptees find these issues overwhelming and require more intensive services. It is recommended that adoptive families experiencing extreme distress find post adoptive services that can provide support and assistance that is specific to the adoption related issues of the child.

Developed by:
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The Seven Wonders of Adoption

Wonder # 1: Loss and Grief

"I wonder why I lose everyone and everything that is important to me. What is the matter with me?"

Wonder # 2: Rejection/ Abandonment

"I wonder if these people are really going to keep me."

Wonder # 3: Guilt and Shame

"I wonder what I did to make my own parents throw me away."

Wonder # 4: Trust

"I wonder if I can believe what these people are telling me."

Wonder # 5: Identity

"I wonder who my people are and if I will be like them."

Wonder # 6: Control

"I wonder why everyone else makes decisions about my family, my name, how much information I get, how old I have to be to meet my siblings or birth parents...When do I get to make important decisions about my life?"

Wonder # 7: Divided Loyalties

"I wonder if I should remain loyal to my birth mother or if I should allow myself to love and be loved by my adoptive mother."
Crisis and Coping

The Adopted Child’s Experience

- Ruptured relationships and separation from all that is comfortable and known
- New people to get to know and new routines and rules to learn
- Strangers who have been given authority over them, without their approval
- Stigma associated with being an “adopted kid” or role confusion – am I daughter or granddaughter? Is she mom or grandma? (Sellick and Thoburn, 1996)
- Struggles with “ambiguous loss” - the physical absence but psychological presence of a loved one (Nacac, 2009)
- Internal conflict about being a permanent member of any new family creates challenges of “divided loyalty” (Child Welfare Information Gateway, 2012)
- Struggle to feel safe (NCTSN – Complex Trauma: Facts for Caregivers, 2014)

The Age of the Child Impacts Their Response to Their Adoptive Placement

- Young children who have been severely abused or neglected may not have learned to appropriately attach (Furnivall, 2016). In addition, they do not have the language to identify their feelings or express their needs.
- School age children may have histories of multiple placements and may even have had a disrupted adoptive placement. They may not trust and may not want to develop a relationship, expecting the placement to end. In addition, their past traumas may have delayed their development, (A Family for Every Child, 2017).
- Adolescents are separating from adults and trying to determine their own identities, leading to difficult for them to form attachments in this stage. They may have fear of being rejected or fear of the future as an adult (NRCPFC, 2008). “...When teens experience overwhelming emotional input, they can’t explain later what they were thinking. They weren’t thinking as much as they were feeling,” (Sather & Shelat, n.d.). It may be difficult for children to see and respond to the adoptive placement in a logical way.

Crisis and Trauma

- To survive a traumatic experience or crisis, the body releases emergency stress hormones, like adrenaline and cortisol that cause the body to go into fight, flight, or freeze mode. This threat response system reacts instinctively, bypassing the thinking brain. We need this threat response system to keep us safe (Center for the Developing Child, 2014).
• The problem arises when the system is stuck in the “on” position and there is a constant flow of stress hormones through the body. This is known as toxic stress (Center for the Developing Child, 2014).

• Toxic stress causes the child to be on constant alert and to perceive innocuous events as threatening. Therefore, a child with toxic stress is more likely to perceive the adoptive placement as threatening (Center for the Developing Child, 2014).

• Children with toxic stress may be dealing with overwhelming emotions such as fear, confusion, anger, and sadness. You can think of these overwhelming emotions like an “invisible suitcase” that they bring with them to the adoptive placement (Wilgocki & Van Den Brandt, 2007).

COPING

Children and adolescents who have been exposed to traumatic events may engage in behaviors that seem odd or unwanted. These behaviors are often responses to trauma triggers.

• Young children - Excessive temper tantrums, regressive behaviors, nightmares/trouble sleeping, irritability, sadness, anxiety, startle easily, cry excessively, withdrawn, demand attention (Nctsn, n.d.).

• School age children - Regressive behavior, worry, sleep problems, stomach & headaches, clinging, general worries, anxiety, loss of interest in usual activities, anger and aggression, difficulty concentrating, school issues (American Counseling Assoc).

• Adolescents - Withdrawn, risk taking behavior, accident prone, shortened sense of the future, difficulty concentrating, school issues, general worries/anxiety, suicidal ideation, sleep issues, depression, rebellious behavior, eating issues, change in relationship patterns, self-focused behavior (American Counseling Association, 2011).

It is the role of the assessor to help the adoptive parents to learn trauma informed parenting techniques to decrease trauma related responses and teach the child more effective coping skills.
Typical Phases of Adjustment

Pinderhughes and Rosenberg (1990) offer a model of adoptive family adjustment with five stages: Getting Acquainted, The Honeymoon, Ambivalence, Reciprocal Interaction, and Bond Solidification.

1. **Getting acquainted** - This phase generally occurs during pre-placement visitation. At this point there is no real attachment.

2. **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.

3. **Ambivalence** - The adoptive family and adoptee experience ambivalence. If the family and child are unable to navigate through the Ambivalence Phase, the adoption may disrupt or be an unsatisfying experience.

4. **Reciprocal Interactions** - When adoptive families are able to cope with their ambivalence in a constructive manner, they generally progress to the “Reciprocal Interaction Phase.” The assessor should continue to assist the family in making suggestions and problem-solving to help the family begin to accommodate the child.

5. **Bond Solidification** - All family members feel increased satisfaction with family relationships. The family plans a future that includes the adopted child.