Meeting 7 Handouts

1. Meeting 7 Agenda
2. Merrilee’s Case
3. The Role of Foster Parents in Transitioning Children and Youth from Foster Care
5. Risk and Safety Concerns
6. Planning a Move: Helping Children Transition From Foster Care – Worksheet
7. Definitions and Stages - Disruption and Dissolution In Foster Care And Adoption
8. Disruptions: Preventions and Interventions
9. Giving Permission: The Steps of Integration
10. Openness in Adoption
11. Strengths/Needs Worksheet
12. A Youngster’s Story
13. Disruption: A Foster Mother’s Point of View
14. Disruption: Another Foster Mother’s Point of View
15. A Letter to Some Friends
16. Questions for Family Discussion
17. Adopting from the Foster Care System
Meeting 7:
Gains and Losses:
Helping Children Leave Foster Care

Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
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<tbody>
<tr>
<td>(15 Minutes)</td>
<td>G-1.  INTRODUCTION TO MEETING 7</td>
</tr>
<tr>
<td></td>
<td>♦ Welcome back</td>
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<td></td>
<td>♦ Meeting 7 agenda</td>
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<td></td>
<td>♦ Mutual selection issues</td>
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<td>♦ Bridge from Meeting 6</td>
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<tr>
<td>(20 Minutes)</td>
<td>G-2.  GOING HOME Part 1: THE ROLE OF RESOURCE PARENTS</td>
</tr>
<tr>
<td>(45 Minutes)</td>
<td>G-3.  GOING HOME Part 2: RISK &amp; SAFETY CONCERNS</td>
</tr>
<tr>
<td>(50 Minutes)</td>
<td>G-4.  HELPING CHILDREN AND YOUTH TRANSITION FROM FOSTER CARE</td>
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<tr>
<td>(10 Minutes)</td>
<td>BREAK</td>
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<tr>
<td>(10 Minutes)</td>
<td>G-5.  THE STAGES OF A DISRUPTION OR DISSOLUTION</td>
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<td>(20 Minutes)</td>
<td>G-6.  THE CAUSES OF DISRUPTIONS AND DISSOLUTIONS</td>
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<tr>
<td>(25 Minutes)</td>
<td>G-7.  PREVENTING DISRUPTIONS AND DISSOLUTIONS</td>
</tr>
<tr>
<td>(10 Minutes)</td>
<td>G-8.  MEETING SUMMARY &amp; PREVIEW OF MEETING 8</td>
</tr>
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<td></td>
<td>♦ Summary of Meeting 7</td>
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<td>♦ Preview of Meeting 8</td>
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<td>♦ Next steps in the mutual selection process</td>
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<td></td>
<td>♦ A Partnerships in Parenting Experience</td>
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</tbody>
</table>

ROADWORK
♦ Complete your Strengths/Needs Worksheet.
♦ Read the Health Care and Education Sections in The Go-To-Guide, Handout 18 from Meeting 2.
♦ Read Handouts 12 through 15 and discuss them with friends and/or family members and complete Handout 16.
♦ Read Handout 17 about adopting foster care.
Merrilee’s Case*

Merrilee lived with her birth mother until Merrilee was 16 months old. During Merrilee’s first year, her mother had been reported for neglect. It was not too serious, and Merrilee remained in the home. When Merrilee was 14 months old, her mother gave birth to a baby boy and after that, began to neglect her more seriously. Merrilee was placed in foster care while her baby brother remained with her mother. Later he, too, was placed in foster care although in a different home.

When Merrilee came into foster care, the agency staff felt that it would be too confusing for her to see her birth mother. The worker recommended an “adjustment period” for both mother and child with no visits. After this initial adjustment period, both Merrilee and her birth mother seemed to have “adjusted” so well to the separation that both the mother and worker were reluctant to initiate contact between the two. The mother relinquished her rights after six months, having never seen Merrilee again.

Merrilee was a bright and precocious child who became a valued member of the foster family. The foster family wanted to adopt Merrilee; however, the agency was reluctant to allow this. They opposed foster parent adoption in general. In addition, they were concerned about confidentiality because the foster parents knew who the birth mother was; however, the foster parents had had an application in for some time to adopt an infant. Soon after Merrilee’s placement with the foster family, an infant boy became available for adoption through a private agency. This boy was placed for adoption with the foster parents, and another adoptive family was sought for Merrilee.

An adoptive family who lived 350 miles away was selected. The initial visit was arranged so that the adoptive family would come and pick up Merrilee at the social services building and take her for an all-day outing. They planned to return her to the social services building so that her worker could take her to her foster home for her last night there. The following day the foster mother was to bring her into the agency; the adoptive family would then take her to their home. There was no plan for the foster and adoptive parents to meet.

This first visit, an all-day outing, went very well, as first visits frequently do. The adoptive family asked Merrilee if she would like to spend the night with them and she said yes. They called the caseworker who agreed with the change in plan. The following morning, the adoptive parents brought Merrilee back to the agency to say her final good-bye to her foster mother. Her foster father, who was at work and who knew that he would be upset by the separation, said his “good-byes” to Merrilee over the phone. The worker took her from the room with her adoptive parents to a room down the hall. Her foster mother was waiting there to give Merrilee her belongings and to say good-bye. Merrilee then returned to the room where her adoptive parents were waiting.

The adoptive parents changed Merrilee’s name so that she could feel as if she were having a “fresh start” in her new family. Merrilee had long, naturally curly hair. Her foster mother had frequently brushed Merrilee’s hair. She did this as a way of being physically close and nurturing with Merrilee. She also used this as a way to raise Merrilee’s self-esteem by commenting what beautiful hair she had and how pretty she was. The adoptive mother didn’t know this history and suggested that Merrilee have her hair cut, “like your older sister’s hair.” Merrilee agreed.

I met Merrilee when she was 4½ years old. At that time, she was constantly fighting control battles with her mother. For example, she was not to leave the yard without permission. Merrilee didn’t sneak out of the yard; instead, she would sit perched on the fence until she was sure her mother was looking out of the kitchen window. Then, she would go over the fence. If she were asked to do something such as help set the table, it never quite got done.

In some respects she seemed overly competent, never asking for help. Merrilee had trouble sitting in a comfortable fashion on her parents’ laps. She couldn’t cuddle. She was prone to many fears, but the most prominent one was her fear of strangers. Whenever the family had company, Merrilee would become alternately hyperactive and clingy, demanding a lot of attention.
### Identifying Underlying Messages

<table>
<thead>
<tr>
<th>Things that Happened to Merrilee</th>
<th>Possible Underlying Message to Merrilee</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Foster care placement soon after birth of brother.</td>
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</tr>
<tr>
<td>2. No contact with mother soon after placement or ever again</td>
<td></td>
</tr>
<tr>
<td>3. No contact with brother ever.</td>
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<tr>
<td>4. Placement of a baby boy with foster parents soon before Merrilee's adoptive placement</td>
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<tr>
<td>5. Merrilee learned to trust and love foster parents and then had to move.</td>
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<tr>
<td>6. The moving plan of one pre-placement visit.</td>
<td></td>
</tr>
<tr>
<td>Things that Happened to Merrilee</td>
<td>Possible Underlying Message to Merrilee</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td>7. No return to foster home after initial visit.</td>
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<tr>
<td>8. Lack of direct contact with foster father for good-byes.</td>
<td></td>
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<tr>
<td>9. Lack of contact between foster and adoptive parents.</td>
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</tr>
<tr>
<td>10. Change of name at age 2½.</td>
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</tr>
<tr>
<td>11. Cutting of hair.</td>
<td></td>
</tr>
<tr>
<td>12. Lack of contact of any type (no pictures, letters or direct contact) with foster parents after move.</td>
<td></td>
</tr>
</tbody>
</table>
Foster parents contribute to successful transitions of children and youth from foster care. Moving from a foster home is often emotionally difficult for the child or youth. When this is the case they need emotional support. When children and youth leave foster homes it can be very difficult for the foster parents, their families and their friends. However, since the goal of foster care is reunification, it is the healthy foster family who must be willing to take the responsibility to help children manage their emotions during a move, as well as manage their own challenges. When a child is returning home, going to a lower level of care (HCTC to regular), or moving to an adoptive home or into adult living, the foster parents:

- Talk with the child or youth about the specific plans.
- Involve the child and the child’s parents or prospective adoptive parents in planning how the move will occur.
- Prepare the child or youth for all the steps of the move.
- Explain the details of any court appearances during the transition time.
- Communicate with the caseworker and parents about how the child or youth is handling the upcoming move.
- Communicate with the child’s parents or prospective adoptive parents about how the child or youth is handling the upcoming move.
- Plan a way to honor the child or celebrate the time the child was with the foster family.
- Update the child’s Life Book to include information and pictures involved with the move.
- Be prepared for grieving behaviors in the child or youth, as well as in the foster family.
- Honor and celebrate going home.
Viewing Worksheet
Partnering for Safety and Permanence:
Planning the Return Home

As you view the video write your observations below:

1. How did Merle, the foster parent, successfully share parenting with the Yvonne, the bio mother?

2. What did Merle, the foster parent, do or say that helps assure well-being, safety and permanence for Yvonne’s children?

3. If you had been the foster parent in this situation, what concerns might you have about the reunification of Yvonne with her children?
Risk and Safety Concerns

Definition of Risk

The likelihood of any degree of future abuse or neglect. Risk does not predict when the future harm might occur, but rather the likelihood of it happening at all.

Definition of a Safety Concern

When there are present or impending serious threats of harm and when the protective capacities can not manage those threats.

Definition of Protective Capacities

Specific behavioral, cognitive and emotional abilities that control safety concerns for a child. These capacities may be provided family members, community supports, resource parents, etc.

Comparing Risk and a Safety Concern

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<thead>
<tr>
<th></th>
<th>Risk</th>
<th>Safety Concern</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Time</strong></td>
<td>Longer term</td>
<td>Now or very near future</td>
</tr>
<tr>
<td><strong>Degree of Harm</strong></td>
<td>Low to severe</td>
<td>Only moderate to severe</td>
</tr>
<tr>
<td><strong>Purpose of</strong></td>
<td>Resolve or reduce</td>
<td>Control</td>
</tr>
<tr>
<td><strong>Intervention</strong></td>
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</table>
Helping Children Transition from Foster Care - Worksheet
Planning a Move – Family Reunification*

Rick, age 14, lived with both his parents and two younger sisters. When he was 10, his father died. His mother remarried within two years and had a baby boy. Rick could not accept his mother’s husband. He became hostile and abusive and, on one occasion, threatened the baby. Mother’s husband told her she must choose between him and Rick. Overhearing this conversation, Rick ran away. After several days on the streets, he was picked up by the police. Rick was severely depressed, and talked a lot about killing himself. A protective service investigation determined that temporary foster care might provide Rick, his mother and stepfather with an opportunity to find some comfortable ways to live together as a whole family.

Rick was placed in the Laker foster home. The Lakers are a foster family experienced in working with teenagers and in helping them move back with their families or into independent living. The Lakers also helped two teens in their care move into adoptive placements. Most of the youth placed with the Lakers come back to visit, even years after they are no longer in foster care — to introduce new girlfriends, boyfriends, spouses and even their own children.

In the left column of the chart on the next page are the messages that need to be conveyed to Rick about his move from foster care back home to family reunification. In the right column is space to list the strategies for conveying those messages. From the perspective of Rick’s mother, stepfather, foster parents and child welfare worker, please list what you think those strategies should be.

### Messages to be Conveyed

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<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>1.</td>
<td>Parents admitted there was/is a problem and were (are) willing to work for change.</td>
</tr>
<tr>
<td>2.</td>
<td>Parents asked for help.</td>
</tr>
<tr>
<td>3.</td>
<td>Rick’s return home will be planned and orderly.</td>
</tr>
<tr>
<td>4.</td>
<td>Rick’s parents are not bad people.</td>
</tr>
<tr>
<td>5.</td>
<td>Rick is not a bad person.</td>
</tr>
<tr>
<td>6.</td>
<td>The Lakers like Rick and his parents; they want Rick and his family to feel good about getting back together.</td>
</tr>
<tr>
<td>7.</td>
<td>Rick can deal with his feelings and behaviors at home as well as he does at the Lakers.</td>
</tr>
<tr>
<td>8.</td>
<td>Rick can continue to know the Lakers after he has gone home.</td>
</tr>
<tr>
<td>9.</td>
<td>Other messages?</td>
</tr>
</tbody>
</table>
Helping Children Transition from Foster Care - Worksheet
Planning a Move – Adoption*

Ruthie, age six, has been living in the Armand foster home for the past two years. The Armands care very much for Ruthie, but their interest is to provide temporary care for children to help them to move on to permanent families. They are eager to help Ruthie move successfully and permanently into an adoptive home.

The Marbellas are interested in adopting Ruthie. They have seen pictures of her and have received necessary background information. They and the child welfare worker decided to proceed with planning to meet Ruthie and her foster family and with planning for the adoption placement.

In the left column of the chart on the next page are the messages that need to be conveyed to Ruthie about her move from foster care into adoption. In the right column is space to list the strategies for conveying those messages. From the perspective of a foster parent, child welfare worker, and adoptive parent, please list what you think those strategies should be.

<table>
<thead>
<tr>
<th>Messages to be Conveyed</th>
<th>Strategies for Conveying Messages</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. This is a planned and orderly move.</td>
<td></td>
</tr>
<tr>
<td>2. The people in Ruthie’s past are okay.</td>
<td></td>
</tr>
<tr>
<td>3. The Marbellas are a family in which to grow up.</td>
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<tr>
<td>4. The foster parents approve of the adoptive parents and want them to be a family in which Ruthie can grow up.</td>
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<tr>
<td>5. The foster parents are okay and care about Ruthie.</td>
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<tr>
<td>6. Ruthie is still the same lovable and worthwhile little girl, even though she is leaving her foster home and moving to an adoptive home.</td>
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<tr>
<td>7. Other messages?</td>
<td></td>
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</tbody>
</table>
Helping Children Transition from Foster Care - Worksheet
Planning a Move – From Treatment Foster Family
To Regular Foster Family

Sandy, age 14, has been in the Johnsons’ treatment foster home for the past nine months. Sandy was initially placed as a result of sexual abuse by her stepfather who is serving time in the penitentiary for his crime. Sandy’s behaviors required the expertise of a treatment foster home. Sandy was placed in the Johnson treatment foster home. Sandy and her mother have been in counseling for several months.

The Johnson’s are unable to continue to care for Sandy and she is now ready to transition from treatment foster care to a regular foster care. Sandy and her mother are not ready to be reunified and need to continue with counseling and visits.

The Clarks live in the same neighborhood as the Johnsons and are experienced in working with teens and their parents. Sandy seems unhappy or perhaps frightened about the move.

In the left column of the chart on the next page are messages that need to be conveyed to Sandy about her move from the Johnson treatment foster home into the Clark foster home. In the right column is space to list the strategies for conveying those messages. From the perspective of the first foster parents (the Johnsons), the second foster parents (the Clarks), the child welfare worker, and the birth mother, please list what you think those strategies should be.
<table>
<thead>
<tr>
<th>Messages to be Conveyed</th>
<th>Strategies for Conveying Messages</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. This is a planned and orderly move.</td>
<td></td>
</tr>
<tr>
<td>2. The Johnsons care about Sandy and this move is a positive step for Sandy.</td>
<td></td>
</tr>
<tr>
<td>3. The Clarks care about Sandy’s relationship with the Johnsons.</td>
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<tr>
<td>4. The Clarks care about what has happened to Sandy and are able to help her continue to manage her behaviors.</td>
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<tr>
<td>5. The Clarks want to support Sandy’s relationship with her mother.</td>
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<tr>
<td>6. Sandy is not responsible for the sexual abuse that occurred.</td>
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<tr>
<td>7. All the adults want Sandy to return home when it will be healthy and safe for her and her mother.</td>
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<tr>
<td>8. Sandy is old enough and able to participate in making choices herself and she does not have to fear being over-controlled by adults.</td>
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<tr>
<td>9. Other messages?</td>
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</table>
Helping Older Youth Transition from Foster Care to Adulthood – Worksheet

Planning the Transition to Adulthood

Nathan, age 17, has lived with the Preston foster family for three years. When he moved in with the Prestons, his mother had entered prison on drug and prostitution charges. She will not be released for several years. Nathan’s father is unknown and Nathan has had no contact with extended family, all of whom live in another part of the country.

During his time in foster care, Nathan’s school performance has improved. He has become more active socially, but he still does not date. In less than six months, Nathan will be 18 and will need to plan for what he will be doing after high school, his employment needs, his health care needs, etc. He will also need to decide whether or not he wishes to remain in care (in the foster home or living on his own) or have his case closed. The Prestons will help Nathan as he prepares to be an adult, and they want to continue to be part of his support system.

He has recently become “moody” and has stayed out all night on several occasions with his buddies.

In the left column of the chart on the next page are the messages that need to be conveyed to Nathan to help him make decisions about his transition to adulthood and independence. In the right column is space to list the strategies for conveying those messages. From the perspective of a foster parent, child welfare worker, and birth parent, please list what you think those strategies should be.
<table>
<thead>
<tr>
<th>Messages to be Conveyed</th>
<th>Strategies for Conveying Messages</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Nathan will have information on his options and support in assessing the impact of his decisions.*</td>
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<tr>
<td>2. The Prestons understand the need for connections and will continue to be a family for Nathan.</td>
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<tr>
<td>3. Nathan is a responsible young adult and is capable of learning basic life skills.</td>
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<tr>
<td>4. Nathan’s decisions will be respected, even if the adults in his life do not agree and Nathan will have support from the adults.</td>
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<tr>
<td>5. Nathan is lovable and worthwhile.</td>
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<tr>
<td>6. Although Nathan’s mother is in prison, the Prestons and the child welfare worker respect his relationship with her and want to help him with his earlier losses.</td>
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<tr>
<td>7. The adults in Nathan’s life want to help him with the important “connections” in his life, with his sense of history and roots.</td>
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<tr>
<td>8. Nathan can successfully complete a post-secondary education or vocational training program of his choice.</td>
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<tr>
<td>9. Other messages?</td>
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</table>

*Nathan’s options are to remain in care after he turns 18 by remaining the Prestons as a foster child or under the Independent Living Subsidy Program (ILSP) OR in Another Approved Living Arrangement (APPLA) also under ILSP OR having his case closed and accessing aftercare services.*
Definitions – Disruption and Dissolution in Foster Care and Adoption

Disruption: an unplanned move from one foster or adoptive home to another out-of-home situation.

Dissolution: the legal act of ending an adoption, much like a divorce in marriage.

Stages of a Disruption or Dissolution

<table>
<thead>
<tr>
<th>Diminishing Pleasure</th>
<th>Child is seen as blame for all</th>
<th>Going Public</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="Smiley" /></td>
<td><img src="image" alt="Person Pointing" /></td>
<td><img src="image" alt="Phone Speaking" /></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Turning Point</th>
<th>Ultimatum</th>
<th>Decision to Disrupt</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="Decision Arrow" /></td>
<td><img src="image" alt="Note" /></td>
<td><img src="image" alt="Suitcase" /></td>
</tr>
</tbody>
</table>
## Stages of a Disruption or Dissolution

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>1. Diminishing Pleasure</td>
<td>Where in the early months of placement the negatives begin to outweigh the positives.</td>
</tr>
<tr>
<td>2. Child is Seen as the Problem for Everything</td>
<td>When anxiety creates a time of child’s “acting out,” and the child is seen as the cause of all problems.</td>
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<tr>
<td>3. Going Public</td>
<td>When talking about the problem to family and friends increases the bad feelings.</td>
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<tr>
<td>4. Turning Point</td>
<td>When a bad or critical incident or crisis occurs that almost is “the last straw.”</td>
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<td>5. The Deadline or Ultimatum</td>
<td>When parents set a timeframe for improvement, or give the threat, “One more time . . ..”</td>
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<tr>
<td>6. The Decision to Disrupt</td>
<td>When the child fails to meet the expectations for the deadline, violates the conditions established and has to go.</td>
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## Disruptions: Preventions and Interventions*

<table>
<thead>
<tr>
<th>Causes</th>
<th>Partnership Preventions</th>
<th>Partnership Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Child does not fulfill parents’ expectations about adopting or fostering.</strong></td>
<td>If parent is adoptive:</td>
<td>If parent is adoptive:</td>
</tr>
<tr>
<td><strong>Case Example:</strong> Joey, age 14 months, cries much of the time and is not easily comforted by being held or fed. He still is just now learning how to walk. He was prenatally exposed to Meth. The parents expected a child this age to respond more quickly and affectionately to them. The parents did not anticipate the need to build a relationship with Joey's young mother. They regret their decision to parent Joey.</td>
<td>If parent is foster:</td>
<td>If parent is foster:</td>
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<tr>
<td></td>
<td>Child welfare worker:</td>
<td>Child welfare worker:</td>
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<tr>
<td><strong>2. Parents’ own children do not like new child.</strong></td>
<td>If parent is adoptive:</td>
<td>If parent is adoptive:</td>
</tr>
<tr>
<td><strong>Case Example:</strong> Karen, age 16, who has been diagnosed with FAE, is placed with the Conrads. The Conrads’ 14-year-old daughter, Ruth, is embarrassed about Karen having troubles in school and wanting to socialize with Ruth’s friends. Ruth refuses to talk with Karen. She tells her parents she is miserable in her own home. They regret their decision to parent Karen.</td>
<td>If parent is foster:</td>
<td>If parent is foster:</td>
</tr>
<tr>
<td></td>
<td>Child welfare worker:</td>
<td>Child welfare worker:</td>
</tr>
</tbody>
</table>
### Causes

<table>
<thead>
<tr>
<th></th>
<th>Partnership Preventions</th>
<th>Partnership Interventions</th>
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</thead>
<tbody>
<tr>
<td>3.</td>
<td><em>Parents are discouraged by child’s slow progress in attaching to them or in other areas of needed behavior change.</em></td>
<td>If parent is adoptive:</td>
</tr>
<tr>
<td></td>
<td><strong>Case Example:</strong></td>
<td></td>
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<tr>
<td></td>
<td>Jenny is six years old and has been physically abused in the past (by her mother’s boyfriend). Sometimes Jenny is adorable and compliant. Other times Jenny disobeys deliberately and doesn’t want to be touched. She hits and kicks the family dog when she thinks no one is looking. Jenny has been with the family for a year and still does not seem to trust them. They are disappointed in their parenting abilities and regret their decision to parent Jenny.</td>
<td>If parent is foster:</td>
</tr>
<tr>
<td></td>
<td><strong>Child welfare worker:</strong></td>
<td>Child welfare worker:</td>
</tr>
<tr>
<td>4.</td>
<td><strong>Other.</strong></td>
<td>If parent is adoptive:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If parent is foster:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Child welfare worker:</td>
</tr>
</tbody>
</table>

Giving Permission: The Steps of Integration

Life Book

It's ok.
### Giving Permission – The Steps of Integration *

In the following spaces, identify specific things foster parents; adoptive parents, and/or child welfare workers can do to help clarify a child’s permission to be in care, to live with new parents, to be loved by them, and to love them.

<table>
<thead>
<tr>
<th>Integration Steps</th>
<th>What the Foster Parents Can Do</th>
<th>What the Adoptive Parents Can Do</th>
<th>What the Child Welfare Worker Can Do</th>
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<tbody>
<tr>
<td>Step 1: Accurately reconstruct the child’s entire placement history.</td>
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<td>Step 2: Identify the important attachment figures in the child’s life.</td>
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<td>Step 3: Gain the cooperation of the most significant of the attachment figures available.</td>
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<td>Step 4: Clarify the permission message.</td>
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<td>Step 5: Communicate the permission message to the child.</td>
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Openness in Adoption

In child welfare, “openness” is a term to describe the degree to which an adopted child continues to be connected to his or her family of origin.

The level of openness is a parental decision, based upon the needs of the child. Levels of openness fall along a continuum, from lower levels of openness to higher levels of openness. Adoptive parents consider the child’s identity, cultural, well-being and safety needs in order to determine the level of openness most appropriate for the child. Levels of openness can change with circumstances, age of the child and other considerations.

Examples of levels of openness include:

♦ Providing children with information about their family of origin.

♦ Letters and photos exchanged between parents and adoptive parents through the child placing agency.

♦ Giving children photos and letters from their parents and/or extended family members.

♦ Letters between children and their parents and/or extended family members.

♦ Sharing holidays with parents and/or extended family members.

♦ Regular visits with parents and/or extended family members.

♦ Ongoing shared parenting with parents and/or extended family members, much as other extended family members share parenting responsibilities.
Strengths/Needs Worksheet - After Meetings 6 and 7

In the left column are the 12 criteria for mutual selection of foster and adoptive families. These are included here to remind you of the twelve basic things you need to be able to do by the end of the PS-MAPP program. Mutual means that you and the agency will assess your willingness and ability to be successful foster and/or adoptive families. In the strengths and needs columns please write at least three strengths and needs you have already identified. As a reminder for you, pages 2-4 of this worksheet list the abilities developed in the learning activities for Meetings 6 and 7. Review them as you think about your strengths and needs.

<table>
<thead>
<tr>
<th>Criteria for Mutual Selection</th>
<th>Family strengths which will help us accomplish this ability</th>
<th>Family needs to be met in order to grow in our ability to do the task</th>
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</thead>
<tbody>
<tr>
<td>1. Know your own family.</td>
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<td>2. Communicate effectively.</td>
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<td>3. Know the children.</td>
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<td>4. Build strengths; meet needs.</td>
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<td>5. Work in partnership.</td>
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<td>6. Be loss and attachment experts.</td>
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<td>7. Manage behaviors.</td>
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<td>10. Assure health and safety.</td>
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<td>11. Assess impact.</td>
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<tr>
<td>12. Make an informed decision.</td>
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Abilities Developed During Meetings 6 and 7

Following are the abilities developed or enhanced during Meetings 6 and 7 of the PS-MAPP program:

**PS-MAPP Meeting 6 Abilities**

By participating in Meeting 6, prospective foster parents and adoptive parents should be able to:

- Describe personal or family strengths and needs related to the 12 Criteria for Successful Fostering and Adopting.
- Describe how culture, race and ethnicity are tied to identity.
- Define culture in terms of identity, self-concept and connections.
- Explain how a child’s cultural identity is important to well-being.
- Describe how culture, race and ethnicity are tied to identity.
- Describe how the Indian Child Welfare Act (ICWA) affects the well-being of children and youth who are Native American.
- Explain the requirements and intent of ICWA.
- State the responsibilities of foster families relative to ICWA.
- Determine the risks for a Native American child whose cultural identity is not maintained.
- Describe how the Multiethnic Placement Act of 1994 (MEPA) and its amendment of 1996 (IEP) can affect the well-being of children and youth placed trans-racially.
- Explain the requirements and intent of MEPA/IEP.
- State a prospective foster family’s responsibility relative to implementation of MEPA/IEP.
- Determine the risks for a child whose cultural identity is not maintained in foster care or adoption
- Nurture a child’s cultural connections.
- Demonstrate the skill of asking critical questions to understand a child’s cultural needs.
Demonstrate how they can support a child’s need to be connected to cultural roots.

Support shared parenting.

State the purpose of sharing parenting.

State the purpose of visits for children and youth in foster care.

Determine benefits of shared parenting, including the effective use of visits.

State the agency’s expectations about foster parents’ roles in shared parenting, including the foster parents’ role in assuring successful visits.

Describe at least 10 shared parenting strategies for making visits work well for children and their parents.

Describe potential problems of shared parenting, including problems with visits between children and their parents.

Describe their role during visits.

In case examples select shared parenting strategies.

Demonstrate support of the alliance model through visits.

Describe their role during visits.

List at least 10 ways to share parenting of a child in foster care.

Describe at least 10 shared parenting strategies not related to visits.

Make an informed decision about attending Meeting 7.
PS-MAPP Meeting 7 Abilities

By participating in this meeting, prospective foster parents and adoptive parents should be able to:

♣ Describe personal or family strengths and needs related to the 12 Criteria for Successful Fostering and Adopting.

♣ Explain the ways children and youth transition from foster care including return home, into an adoptive home, into a new role in the foster family that adopts, and into interdependent living.

♣ Explain the agency’s expectations concerning the role and responsibilities of foster parents in judicial proceedings involving a child in foster care.

♣ Help children and youth transition from foster care.

♣ Apply the concepts of permanency planning and concurrent planning in case examples of children and youth leaving foster care.

♣ Define disruption and dissolution in foster care and adoption.

♣ Explain how disruption and dissolution can affect a child’s sense of well-being.

♣ Explain the stages of disruption.

♣ Describe possible sources of stress in families, which may cause disruptions.

♣ Describe situations which might trigger anxiety in the family.

♣ Demonstrate ways to prevent disruptions or dissolutions of foster care placements or adoptions.

♣ Apply strategies for intervening with a child’s behavior during a family crisis or preventing a crisis.

♣ Demonstrate ways to manage their own reactions to the first two stages of disruption.

♣ Make an informed decision about attending Meeting 8.
A Youngster’s Story*

Joyce, age 15, was first placed with an adoptive family when she was 10 years old. This placement lasted for about a year until disruption and Joyce’s move to her present adoptive family. The following information was gathered during a recent interview with Joyce.

Joyce remembers most of the families with whom she has lived during her life and is able to talk easily about her experiences now. Joyce says that discussing past placements, especially the adoption that disrupted, would have been very difficult for her until recently. As she puts it, “Now I’m attached; it would have bothered me at first to talk about it.”

Prior to her first adoptive placement with the Browns, Joyce had met and visited with a prospective family with whom placement was never accomplished. She recalls feeling really happy during her meeting and visits with them and was pleased that she was going to be placed with her biological brother. Joyce was excited about being adopted and was very disappointed when things didn’t work out. Sometimes Joyce still thinks about what might have happened had she gone to live with that family.

But mostly Joyce thinks about the Browns. At first Joyce was extremely happy at the idea of being adopted. Having been told that “adoption was forever,” Joyce was thrilled that she was going to have a home and a family of her own. But she was scared, too. Despite what she had been told, Joyce had thoughts that the placement might not work. Her biggest fear was that the Browns’ biological son, Tommy, might get more attention, love, etc., than she would. Joyce was afraid that the Browns would not love her as much as they loved Tommy because she was adopted. After about a month, she began to relax and to lose some of her fearfulness. The Browns were not treating her any differently than they did Tommy, and Joyce was happy.

Joyce recalls that the problems began very early on in the placement. Tommy and Joyce quarreled a lot, and Joyce had a hard time getting along with either of her parents, even though she liked them both. Little disagreements resulted in big arguments. Joyce did not like the idea of having a baby-sitter (she thought she was too old for that), and resented some of the punishments she received when she misbehaved. At one point, the Browns told Joyce she could go back to the “orphanage” if she was so unhappy, but she definitely did not want that and told the Browns so. Looking back on what happened, Joyce feels that this placement disrupted because she didn’t always know what her parents expected of her and because everyone was always arguing. She says she “sort of knew all along that it wasn’t working” but was still somewhat surprised when the end came.

When Joyce left the Browns and moved to her present family, she was told that it would be for only a couple of weeks, but she “kind of knew this was for good.” She was upset and didn’t want to leave the Browns but at that point she had no choice.

* Adapted from A Look at Disrupted Adoptions, Chelsea, MI: Spaulding for Children, n.d.
Joyce knew immediately that things were going to be different in her new family. The other child already in the home was an adopted child, which made a big difference to Joyce. People in this family didn’t argue nearly as much, the family did lots of things together, and Joyce had more friends. Sometimes she was homesick and missed the Browns and she frequently looked at the pictures she had of them. She did not want to go back to the Browns, however, and refused even to see them to tell them good-bye. She felt she couldn’t face them because of the questions she thought they would ask, like, “Why do you like it there?” and, “Why don’t you want to live with us?”

At that time in her life, Joyce would have appreciated having someone to reassure her that things were going to be all right. She especially wanted reassurance from the two sets of parents involved, but would have accepted it from her social worker. Joyce says, “It helps to have people listen.” She feels fortunate to now have “a mom who listens good.” Not long after it was decided that Joyce would remain with her new family and not go back to the Browns, her dad took her to a park she had often gone to with the Browns. Joyce began feeling very sad and almost started crying. Her dad was not very understanding of these feelings, but she was able to talk with her mom later.

Joyce occasionally thinks about the Browns even now and wonders what her life would have been like if the placement had worked. Although Joyce is quite happy in her present family, she still feels badly that her first adoption disrupted. She remembers feeling very angry at herself when the placement was disrupting because she “couldn’t get it together with them (the Browns).” At the time, she felt that the placement didn’t work because she had done something wrong. She still feels that way sometimes.

**Reflecting on Joyce’s Story**

Joyce’s experiences and feelings are common to most children experiencing a disruption, although not all children can express how they feel. For those who can, their behavior often speaks more loudly than their words. The responsible adults in a child’s life must be aware of the emotions the child is experiencing and be prepared to help the child deal with them; however, the most disconcerting situation for social workers to deal with is the child who expresses nothing verbally or behaviorally. The child is frequently using the only semblance of power they have left, the power to cover it all up. This expended energy could have been put to better use recognizing and dealing with the child’s feelings. With this type of child, the social worker has the additional responsibility of helping the child acknowledge personal feelings. As Joyce points out, the child needs someone to reassure and to listen to them. Often the social worker is the only person who is able to fulfill that function.

Many times the social worker is also the target for all of the child’s angry and hostile feelings. A boy may be angry at himself for allowing himself to feel so deeply about the parents he is losing. He may be angry because, like Joyce, he believes he caused or could somehow have prevented the disruption. A girl who has experienced numerous moves might be angry because she believed this placement would be different (i.e. permanent).
The child is angry with her adoptive parents for not loving her enough to keep her. She is also angry with her biological parents who, in her mind, are to blame for everything because they gave her up originally. She is angry with the social worker for placing her with this family, for making a mistake and for not fulfilling a “promise” for permanence.

Disruptions reactivate and/or intensify children’s feelings of worthlessness, “badness” and powerlessness. Once again, they must move, whether they want to or not, because the adults involved make that decision for them. They are frightened. No matter how bad the present situation is, it is preferable to that unknown future with strange people in a strange place. Children fear never having a home and family of their own and spending the rest of their lives moving from one place to another. Shock, grief, depression and guilt also come into play at some point, as losing adoptive parents generates feelings similar to those resulting from death. Social workers must help children with all of these feelings, and children must hear the reassurances and verbalizations of their feelings more than once. Repetition is mandatory if the child is to ever understand and learn to cope with what has happened to him.

Joyce, like most children, wanted to be adopted, liked her adoptive parents and was upset when the adoption disrupted. For a very few children, however, a disrupted adoption is not a tragic event but a familiar happening. Leaving a family is something they know and are comfortable with; the idea of permanence, an unknown entity, is too frightening. Some children manipulate their own rejection in order to terminate the adoption. Much more work needs to be done with these children in preparing them for re-placement.

Fortunately, most children experiencing a disruption are able to move into another adoptive family successfully. But their memories and feelings about the disruption will, to a great extent, depend upon the sensitivity of the adults involved before, during and after the disruption. The adult who is usually involved in all three phases is the placement worker.

Joyce’s Worker’s Comments

There are some significant facts about Joyce’s disruption experience that may have special lessons for other placement workers. Her recalled versions of events that occurred five years ago differ from actual events in several crucial areas. I am satisfied that this is not due to fabrication on her part, but rather by memories reshaped by the passage of time and a deeply emotional experience.

The move from the Browns was, in fact, a planned, two-week vacation break; a “time-out” for Joyce and her adoptive family to use in sorting out their commitments to one another. Several days after the visit began, Joyce decided she could not return to the Browns and asked to stay on with the temporary family on a permanent basis. The Browns made the similar decision that she should not return to them. Despite Joyce’s opposition, I pressed her to return to the Browns with me to collect her belongings and
bid them good-bye. She apparently has no recollection of these events. Instead, she describes her feelings during that time as if they were the factual events of the period. Her observation that she would have appreciated having someone reassure her that things were going to be all right makes me very aware of how youngsters going through emotional trauma perceive the efforts of the social workers. I thought I had offered her that reassurance. She remembers that either I did not or that what I did offer was not sufficient — and I must accept her judgment as the more valid.

Joyce was one adopted child I have been able to follow over several years. She has become a lovely, delightful, responsible young lady and, though her re-placement has not been without problems, I am satisfied that she is remarkably better placed with her current family. In the summer of 1975, Joyce accompanied me to Washington, D.C., to testify about her foster care/adoption experiences before a Senate subcommittee considering new national legislation to assist more older and handicapped children in being adopted. She was pleased to see the White House and the U. S. Capitol but was ecstatic over her very first plane ride.
Disruption: A Foster Mother’s Point of View*

What is it like to be the foster parent during a placement disruption? For me, the disruption experience was devastating. Even now, 18 months later, the memories are excruciatingly vivid; but I am slowly recovering my self-respect and confidence.

After we decided we couldn’t continue with the placement, I was still torn between loving Christine, keeping her and knowing that for everyone’s survival she had to live elsewhere. I felt that I had failed as a mother. The guilt over giving up — not following through with something I had promised to do — was devastating. Our worker helped to intensify my feelings by not listening or understanding what we were going through. She accused us of giving up when the going got a “little rough,” of not caring about the child. To her, it seemed like we were selfish failures not only as parents but as people. Then she told us Christine would be moved as soon as she found another foster home. We didn’t hear from the worker again for about three weeks. (When I called her, she wasn’t in.) Late one afternoon, she called and said to bring Christine to the office the next morning at 9:00 a.m. and to bring all her clothes. When we arrived at the office, someone immediately took Christine away. We were told to wait for our worker to complete the paperwork. I never saw Christine again; there was no chance to say good-bye. She died for me that instant.

Later I called the worker to ask about Christine. She would give me no information about her; Christine was no longer my concern. It was made very clear that no one would ever give me any information about her. Part of me knew that she was alive, but it seemed as if she had died and that I had killed her. All kinds of feelings raged through my head. I was angry and hurt by the insensitive way we were treated. The whole scene was unfair and humiliating. No one cared how we felt; no one listened when we needed to talk. My husband and I were alone, isolated in our grief and pain. That had to be the loneliest time ever, I thought.

* Adapted from A Look at Disrupted Adoptions, Chelsea, MI: Spaulding for Children, n.d.
Disruption: Another Foster Mother’s Point of View *

It was about two years ago in January that Kenny entered our lives. His recent recovery from chicken pox had delayed our meeting. Nervous and excited, Jay, my husband, and I and our two boys went to the social services agency to meet Kenny and talk to his social worker.

We learned Ken would turn 6 in a month and was halfway through kindergarten. We noticed he was not too well coordinated, but he had no apparent serious physical or emotional problems; however, one report said he was possibly below normal, mentally. The social worker told us that Ken had lived with his parents until he was a year and a half old and spent the next year moving between his mother and a foster home. By the age of 4, he became a permanent ward of the state and was placed in another foster home. Apparently, Ken’s mom had serious mental problems and just could not cope with raising kids and keeping herself together. As a result, Ken had a difficult time. Things were going pretty well at kindergarten but there were some discipline problems. One foster family had talked of adopting him, but after two years they would not and requested his removal. The agency placed Ken with us with the expectation we would help him move to an adoptive home.

Jay and I had moved into a large farmhouse. We had two boys of our own — 10 and 8. Of course, we had plenty of room and love in our hearts for one more. We determined from the start that we couldn’t make any major exceptions in our usual rules in order to make Ken’s visit realistic. It would be no use to treat him as a guest and later expect him to become a family member and not have any idea of what it was all about. The bed and dresser were all set in Ken’s room; we planned to buy him a new shirt and pants for church Sunday.

Our first real conflict was at the grocery store the next morning. Ken was determined that he would have a candy bar at the checkout counter — and I was determined that I wasn’t going to start anything! It ended up with me carrying Ken out to the car with him yelling, “I hate you! I hate you!” The storm passed and, I figured, one step had also passed in Ken’s learning that I meant what I said. Was I ever embarrassed! It was frustrating, but Jay and I considered that it was just part of the huge adjustments we all had to make. Things would go better as we grew to know each other.

At least when you come home from the hospital with a baby boy, he doesn’t have too much of an idea of what you are supposed to be doing, so you have the advantage of learning as you grow together. What a different picture bringing home a 6 year-old, with all his experiences: different families, food habits and a personality well-formed.

I enrolled Ken in kindergarten. There were no more problems than you would expect for the situation. Jay and I expected Ken, at 6, to dress himself, and encouraged his independence in washing himself and brushing his teeth. He learned to feed the dog and liked to help me set the table.

* Adapted from A Look at Disrupted Adoptions, Chelsea, MI: Spaulding for Children, n.d.
We quickly learned that Kenny backed off if you moved to put your arm around him; he didn’t like to be touched. For me, that was hard. I'm naturally affectionate toward children. It wasn’t too long after Ken’s arrival that he needed his toenails clipped after his bath. He would shake and scream. It was a trauma for him to have his nails trimmed or even a cut washed for a Band-Aid to be put on. In spite of this, he was good-natured and anxious to please. Each day it was as though it was Ken’s first day in our family routine. For example, most mornings we had oatmeal for breakfast — it was one of the boys’ favorites. We had talked from the first day of Ken’s arrival that the cereal is really hot in the middle and you have to start at the outside edge. Ken just plain could not remember where to start.

Again, we found that Ken could do only the most routine job when it came to chores. His job was to feed the chickens. If the hens had lots of table scraps, they wouldn’t eat all their grain. Ken would give them grain religiously every time, even if their pan was still full from the last feeding. In contrast to this, Ken was champion wood-getter for the fire, expert at sweeping the kitchen floor and loved to vacuum.

It was one thing after another. Ken talked out loud to himself continuously at school, at home and everywhere. We talked about how to act every place we went. Ken could not seem to remember from one time to the next how to act, whether it was at the store, at church or just visiting. Day after day, there was no significant change. We became so disheartened, guilty and frustrated. When our social worker came, I told her things were not going well, but she had confidence in us and encouraged us to stay with it until an adoptive home could be found. We made so little progress. My life became a seesaw of hope and despair. We would have an awful week, and I would get so angry and frustrated. The next week things would go better, and I would be full of hope. In spite of all of this Ken tried so hard to please us and was so afraid that it was continuously heartbreaking. I was heartsick and would try anything.

Time, time and more time, we knew it would take time. We knew Ken needed time: time to grow, time to heal and time to learn to trust. We made two decisions. First, we would only expect Ken to do what we knew would give him success. And second, Ken would repeat kindergarten since he was adjusting to us, school and everything in general. We began that fall with hopes high but hearts a little heavy — the time Ken had been with us was not all we had hoped or expected.

School began and Ken was disappointed that he was not with the friends he had made from last spring. On the other hand, he was familiar with the school routines, his teacher and knew the ropes. By the October conference, we learned that Ken demanded his teacher’s attention regardless of what she was doing, interacted mainly with her, and during the play period wandered from activity to activity. He was still talking to himself continuously.

From our conference, we learned that Ken would not begin any new activity. In this situation, if he was pressured, Ken would shake and flatly refuse to attempt the puzzle or whatever. Working through the school, their diagnostician and social worker, it was recommended that Ken be placed in a classroom for the emotionally disturbed.
Right from the start, I knew in my mind it was the only hope for Ken. After Christmas vacation, Ken started in the new classroom with Mr. Jones. We noticed some immediate changes: Ken loved to go to school and didn’t want to miss it for anything. He loved numbers, and Mr. Jones planned his program so that he progressed as fast as he could. There were problems, too: times when Ken would throw his book around — or himself, yell at Mr. Jones — but they backed up a little and began again. We all did that during those weeks. We hoped that we could live with each other. We hoped that stability and positive relationships would finally emerge.

For those first weeks, Ken and I talked about many things for the first time and were able to work together easily, but it didn’t last long. At Mr. Jones’ suggestion, we began a point system at home. Ken could earn points by making his bed in the morning and getting dressed in time for breakfast, etc. Eight points could be earned at home in a week, and on Friday these were sent to a class store. At school, points were given for beginning work, finishing work and acting like a student while doing it. Ken came home with many treasures and worked hard to earn points. He bought me a ring at the store. I was touched by his thoughtfulness and so proud of him. He began to feel more positive about himself and began to open up more. After a couple of months, he could even say how he felt about something. He finally told us that he was afraid of the chickens — we never had any realization of that before!

Even with this new openness, a resentment and bitterness sprouted in both Ken and me that scared me. It took all I had just to exist. I worked hard to keep a normal household together. I began to realize that the uncertainty of Ken’s behavior was more than I could cope with. I knew he needed time, but I had invested so much of my life and self in trying to help us make it so far, I had no further resources left to give him. This handsome, kind child whom we loved was so confused and fearful within himself. Never in my life had such a difficult decision faced me. I was sick — guilty and frustrated. What kind of a foster mother gives up a child? What a failure! We had reassured Ken that he would be part of our family until his adoptive family was located. I began to think that if I left Jay and the other two boys, I could make a go of it with Ken on our own some place; or maybe there was another family who would really accept Ken, knowing his problems from the start. The agony of those deciding days! Jay felt the same way I did. Our own children were suffering because it took so much energy just to keep Ken on an even keel. With the conflict of feelings and resentment inside me, I certainly wasn’t much of a wife.

Finally, we met with our social worker who helped us to see where we were. Once I could see that a future positive placement for Ken was possible, I knew that was the best move to make. Although not the easiest route, I knew that Ken would have a new opportunity ahead of him. It would not be so easy for Ken with his difficulties, but to have a family where the problems were known and he was accepted would be a step in the right direction. As for me, the possibility began to take hold that I could put myself back together again as a mother and wife.
Once the decision was made, it was only a matter of time before Ken moved. It was now late May and we understood that by the end of June, Ken might be placed with an adoptive family. About this time, Jay and I became involved in a foster parents’ group. The group helped us deal with our own feelings of guilt and failure. We learned to support Ken. As well as any of us, he knew it had not been a happy time. We helped Ken to see the whole situation better, reassured him there was a family just for him and comforted him in his sadness.

After much screening by the agency which took Ken’s case, an adoptive family wanted to visit Ken. They came to visit in Mr. Jones’ room, just as observers, and then took Ken out to lunch. I will never forget that day he burst through the door and shouted, “I just picked out my own new mom!” I was happy but sad, anxious but relieved, and so excited for Ken. There were two more visits and a meeting of old and new parents just to talk things over. Ken moved at the end of June.

We experienced a mixture of sadness and relief: sadness that our hopes to really help Ken had not worked out; relief that Ken was moved and was settled with another family. In the course of time that Ken was with us, we came to realize that we were not a family who could survive the continuous emotional upheavals of foster care. Through our experience, we learned about ourselves, and we have become more understanding of people facing problems with their children. I saw, day by day, that a new placement freed both Ken and me to go on with our lives rather than crippling each other. For each of us — Jay, the boys, Ken and me — I know we made the right decision.
A Letter to Some Friends*

Dear Marty,

We hope the first quarter of the year is going well for you and bringing you much happiness and good health.

We have had to make difficult decisions over the last few months. It all actually began over a year ago when we adopted Michael and Stephen. As we got to know each other, it became apparent that the boys were both severely emotionally disturbed. When they moved in, they had been seeing a psychiatrist and we continued seeing him for 15 months. While he was and still is a great comfort to us, neither he nor we were able to make the kinds of changes necessary to make our foursome a real family.

In August, we decided that separating the boys for a while might alleviate the strain on all of us. Stephen went to a children’s psychiatric ward in a local hospital for evaluation and we kept Michael at home. After four months of evaluation, the results were that Stephen needed long-term residential care and was not ready for a family situation. With great sadness and reluctance, we agreed and signed termination papers in January.

While Stephen was gone, Michael made some progress, but there was still continual strain and conflict for the three of us. His seven earlier years of emotional trauma were making it difficult for him to try new ways of thinking and behaving. For our part, we were running out of strength and endurance to cope with what was obviously going to be a long-term struggle.

In the best interest of all three of us, we made another painful decision that we should terminate with Michael, too. The decision was based on our own agonized debate and on the psychiatrist’s recommendation, which was that Michael was very disturbed and our lives were liable to be troubled for a long, long time. We just could not meet each other’s needs. So we terminated with Michael at the end of February.

We are now in the process of picking ourselves up and expect to spend some time relaxing and getting a fresh perspective on our lives. Our future plans still rest in limbo for the present.

We feel good about the help and love we were able to give the boys while they were with us, yet we deeply feel their loss and regret that our original family intentions could not be realized. We hope that good things will happen for the boys in the future and will always think of them.

We are also hopeful that we may look forward to a more peaceful time.

Love,

Susie

* Adapted from A Look at Disrupted Adoptions, Chelsea, MI: Spaulding for Children.
Questions for Family Discussion

After reading Handouts 12-15, please consider the following questions with your family. You may write down some answers or use the questions to guide your family’s discussions about disruption and dissolution.

1. What feelings were common to the people involved in these stories?

2. What were the causes of the disruptions?

3. What, if anything, could have prevented the disruptions?

4. Had you been the foster parents or adoptive parents, would you have done anything differently?
Adopting from the Foster Care System

*The Historical Changes in Foster Care*

Foster care is, by law, a program intended to provide a child with a safe, nurturing, therapeutic family environment for a temporary period of time.

During the early 1980s greater emphasis was placed on preventing children from becoming involved with the foster care program. With the passage of Public Law 96-272, The Adoptions Assistance and Child Welfare Act, as many options as possible were considered in order to keep children out of foster care. When there was no other option by which a child could remain safely with his or her family, then, and only then, would the child become involved with the foster care program.

What has resulted is a foster care program in which most children do not enter foster care unless they have been physically or emotionally wounded. Their families are in a great deal of pain. This has meant that more foster families have had to become, through necessity, part of an intense service and treatment team for most children in foster care.

Public Law 105-89, the Adoptions and Safe Families Act, clarifies and augments Public Law 96-272. With an emphasis on safety and well being, time frames for achieving permanence for children have been shortened.

Another important piece of legislation which has affected resource parents adopting their foster children adoptions is the Multiethnic Placement Act of 1994 (MEPA) and the amendment of 1996. The act was intended to decrease the time children wait to be adopted; prevent discrimination in the placement of children on the basis of race, color or national origin; prevent discrimination on the basis of race, color or national origin when selecting foster and adoptive placement; and facilitate the development of a diverse pool of resource families. The 1996 amendment to the act clarifies the act’s nondiscriminatory provisions and specifies stiff penalties for violation of the act.

When children have been living in foster homes of race, national origin or ethnicity different than the child’s, it is illegal to routinely consider race, national origin or ethnicity in the adoption decision. In 1998, The Children’s Bureau, offered some clarification of this law. “Any consideration of race, national origin and ethnicity must be done on an individualized basis where special circumstances indicate that their consideration is warranted.” If a child has lived successfully with the foster family for some time, the consideration of race, national origin or ethnicity would be difficult to justify.

Because of the changing role of foster parents, a number of changes have occurred affecting foster parents adopting their foster children. Resource parents are seen more as therapeutic team members, rather than solely nurturing care givers. They have become supplements to the families of children in their care, forming alliances or
partnerships with birth parents. This is a change from the role of substitute parent so commonly seen only a few years ago.

During the past few years resource families have become more intimately involved with the families of children placed in their homes through the foster care program. Public Law 105-89 will make such involvement even more critical, given the shortened time frames for decision-making. More involvement between foster families and birth families is perhaps one of the reasons why foster parent adoptions have increased. Since 1988, Bill Meezan and Joan Shireman have helped shed light on the phenomena of foster parent adoptions. In their research they have discovered that resource parents who have contact with parents of the children in their foster care are more likely to say yes to the adoption decision.

Resource families offer many answers when asked why they were more likely to say “yes” to the adoption decision after contact with birth families. Following are comments heard from resource parents concerning their relationships with parents of children in foster care:

- Knowing the parents who gave birth to my child minimized some of my fears. Reality is much less frightening than the unknown.
- James has always known that I cared deeply for him, because he saw that I tried to get to know his mother. It was important to James that I tried to help his mom.
- Karen’s mother is mentally ill and there is no family who can parent Karen. I think it was very important for Karen to visit with her mother, and for us to be with her for many of those visits. We have compassion for Karen’s mother. We also know that Karen’s mother will never be able to do the job of parenting. Visits helped Karen to see that reality too. That was important for Karen. She needed to see that although she loves her mother and her mother loves her, living together as a family is not possible. I guess that was important for us to see too. Now my wife and I both know that Karen definitely needs to be adopted. We have no question about that.
- I think that developing a relationship with Tamika’s mother was a very behavioral way for me to tell Tamika that I fully accepted her as a child and person. It was important to Tamika that I accept all from which her cultural, racial, and ethnic identity came.
- Because I was able to say honestly to Robert, Timmy and Melissa, “We have tried in every way we can to help you and your family be a family that can live together,” they grew to trust me.
- Because we made a real effort to help Marie get her children back, it was easier for her to give us and her children permission to love each other and to be a family. Marie came to a point when she realized she couldn’t do the job of parenting. When she came to that painful insight, she also knew that she couldn’t give up her legal parental rights unless she was certain that the children would stay with us. She said to my husband and me, “I will give up my legal rights to my children, but only if you promise
to adopt them. I cannot stand the thought of them getting messed around by the system.” My husband and I knew instinctively that her permission message dramatically increased the chances that our adoption would be successful. It was the greatest gift she could give her children.

With increased involvement between resource parents and the parents of children in their foster care, a number of positive outcomes occur. First, practice and research tell us that children who have contact with their parents have a better self-concept than those who do not have contact. (Weinstein) Secondly, children who have frequent contacts with their parents are more likely to be reunited with them. (Fanshel) Third, for those children who cannot return to their families of birth, their resource parents are more likely to say yes to the adoption decision if they have had contact with the children’s parents. The quality of contact is not nearly as important as the fact that there was simply contact. (Meezan and Shireman)

**The Changes in Adoptions**

In the past, infant adoptions were handled most often by private adoption agencies that maintained small foster care programs. Adoptions for children who had experienced abuse and neglect were managed by public agencies. Subsidy laws passed in 1967 and 1968 in California and New York affected the future of foster parent adoptions by providing a precedent for agency support of adoption of children with special needs.

In 1975 more than two thirds of the states in this country required foster parents to sign a statement that they would not attempt to adopt children placed in their foster homes (Festinger, 1975). Although these policies were directed primarily toward infant adoption, foster parent adoptions in general were affected. Good practice dictated that every caution be taken to help foster parents understand that foster care was temporary and was not a “back door” to adoption. Agencies dealt with the issues of “back door” adoptions in many ways. One private agency in an Eastern state, as recently as 1989, explained that agency policy required that children in foster care to move every six months in order to avoid an attachment to foster parents. This policy certainly discouraged foster parent adoptions at one level. This policy also harmed already vulnerable children.

Despite examples like the above-mentioned agency, changes began to occur. During the late 1970’s and early 1980’s agency policies and practices began to encourage foster parent adoptions for children who had exceptional and special needs. In the late 1980’s somewhere between 40 percent and 75 percent of all United States public agency adoptions were by foster parents (Meezan and Shireman, 1988; Craig-Oldsen, 1987). Today, agencies report that the majority of all public agency adoptions are by relative/kin and foster parents. In Arizona between October of 1997 and September of 2008, 1,562 children were adopted from the foster care system. 70% of the adoptions were by relatives and non-related resource parents.

Perhaps most importantly, during the past decade there has been a strong movement in the adoption field to preach the message that every child is adoptable. Not long ago the older, more seriously wounded child was seen as “un-adoptable.” The advocacy of
foster parents and staff willing and eager to provide a home intended to last a lifetime, allowed these children to be adopted where they lived and where they were accepted. Foster parent adoptions assured that wounded children who had often experienced multiple moves were prevented from making yet another possibly devastating move.

With the passage of Public Law 105-89 (ASFA) and the implementation of the President’s Adoption 2002 initiative, there was a significant increase in the number of foster parents adopting the children in their care.

**Foster Care and Adoption Today: Where are We?**

After the implementation of PL 96-272, the foster care population dropped dramatically from over half a million to 270,000 from 1984 to 1997. (Tartara, 1993) The American Public Welfare Association estimates the number of children in foster care subsequently grew from 285,000 in 1987 to 407,000 in 1990, a 43 percent increase in three years. The Child Welfare League of America conducted a foster care survey in 1996. According to survey results 715,743 children were in foster care during 1995.

During the years of increasing numbers of children in foster care, the estimated number of children legally freed for adoption remained constant at 35,000. This was despite the knowledge that many state adoption specialists estimate that 20 percent of children in foster care should have adoption as their plan. (Kroll, 1992) ASFA, MEPA and Adoption 2002 were all proposed to address the long-standing lag in the rate of adoption of children who linger in foster care. Nationally the number of children adopted annually has been about 51,000. Between 1997 and 2006, the highest number of children adopted was 53,000 in 2002 and lowest number of children adopted was 31,000 in 1997. In 2006, 51,000 children were adopted from foster care.

**What Should Foster Families Think about when they are Considering Adoption?**

There are four major areas foster families should examine during the time they are considering adopting a child who has been in their foster care. First, there will be many changing roles within the family. Second, there will be changes for the child, who often has a difficult time seeing that anything is different. Third, there will be changes in the team roles played between the family and the agency staff. Fourth, there will be changes in the partnership roles between the two families of the child, the foster/adoptive family and the birth family.

**Changing Roles Within the Family**

Changing roles within the family focus on the commitments that every family faces in a foster parent adoption: commitment to deal with a child’s birth family, commitment to deal with a child’s own personal history, commitment to continue to deal with a child’s developmental grieving, commitment to deal with a child’s ongoing attachment needs and commitment to those needs that are special and unique to a specific child.
Commitment to align with the child’s birth family. Children need help in talking about feelings about birth parents and their extended birth family connections. If foster parents don’t help the silent child verbalize, then that child may get the message that it is not OK to talk about feelings. They may think it is wrong to talk about people who were close to them in the past. A foster parent’s success in this task is a clear behavioral sign of commitment to the child. Brothers, sisters and other relatives in the foster/adoptive family must likewise be willing to listen to a child talk about birth family. Some children need more than talk. Some children will need contact with their birth families.

Commitment to incorporate the child’s own history and identity. Children feel more comfortable in their part of the decision-making if they believe that their foster parents understand everything about them and fully accept their roots. Children must hear from the foster parents that being placed in foster care was not the child’s fault. The foster parents can start by asking children what they remember about the reason for foster care. Foster parents can also fill in gaps and correct misconceptions. Out of these discussions can emerge the “cover story” the family and child will choose. The cover story is how this family chooses to talk to people outside the family, especially about how they became a family.

Children who have spent much time in foster care are often confused about “who is who.” Sometimes they confuse previous foster families with birth family. Sometimes there are gaps in their history. A Life Book or Box can help eliminate some of that confusion, as well as to serve as a therapeutic tool during the adoption process. The Life Book belongs to the child and tells his or her life story through pictures, stories and mementos. If a Life Book has not been developed with the child, staff should help the foster parents develop one with the child. Because the foster/adoptive parents are so important to the child and because of the Life Book’s powerful therapeutic power, foster/adoptive parents should take most responsibility for reviewing and adding to the Life Book with the child.

Children feel accepted by a family when their entire history is accepted. Early Research indicates that foster parents are more likely to adopt if the child’s full history is disclosed (Meezan and Shireman, 1988). That is why it is critically important for agency staff to read everything available about the child and to review all the information with the foster family. If agencies trust families with the lives of vulnerable children, then agencies must also trust families with all the information pertinent to the child.

The child’s birth history is important to both the child and to the prospective adoptive family. Staff can help the family help the child understand beginnings. For a child who will be adopted through the foster care program, there is usually a history of moves, whether it is with the birth family or during the foster care experience. Staff can help foster parents talk openly with children about prior moves. Many children in foster care experience gaps in their memories and find it difficult to discern earlier homes and family. Staff can often clarify history through the child’s records. Children who have
experienced institutional living may need additional help understanding that experience and talking about associated loss and identity issues.

**Commitment to deal with the child’s losses and developmental grieving.** The legal act of adoption is a developmental milestone for the child, as well as for the family. With all developmental milestones there are memories and losses. Because of the losses inherent in a child’s becoming involved with foster care, there will undoubtedly be a remembrance of many of those losses around the time of adoption. It is helpful during the decision making process for the parents, the rest of the family, and for the child (if old enough) to recall the ways the child grieved and expressed loss when he or she first came to the foster family. It is likely that the child will again experience shock, denial, guilt, anger and depression.

Children are likely to grieve again after the termination of parental rights and again as adoption is contemplated. Reviewing earlier grieving behaviors helps foster parents discover clues as to what they may expect during the adoption process. Anticipating grieving behaviors is an essential part of an informed decision about a foster parent adoption. It is helpful to recall and identify the behaviors and the duration of the stages of grieving when the child first came into the foster home. It is important to discuss the specific emotional and behavioral responses to the stages of grieving as cited by Elisabeth Kubler-Ross): shock/denial; anger; despair/depression; and finally acceptance or as we call it understanding.

When the foster family adopts, the child will undoubtedly experience or re-experience loss. The adoption decision will remind the child of earlier losses. Although adoption represents a significant gain for the child, it is a gain born of a significant loss. The family must plan for its own support during a time that may be very difficult, as well as plan for the help the child will need.

According the Sandra Sutherland Fox, there are four psychological tasks of grieving. They are 1) understanding, 2) grieving, 3) commemorating, and 4) going on. (Fox, 1985) With these tasks in mind foster parents who choose to adopt must assume two important roles. Foster adoptive parents assume the role of “grief specialist.” This role is essential in helping the child reach a level of understanding and in honoring the natural emotional responses to loss. As a foster adoptive parent the role of grief specialist is often challenged with the realities of on-going foster care. Most foster parents who adopt through foster care continue to foster other children. (Meezan and Shireman, 1988) Consequently children who are adopted through foster care frequently face the normal losses associated with being part of a foster family. The foster adoptive parent must specialize in these unique issues of grief.

Foster adoptive parents also assume the role of “commemorator.” Especially through the Life Book or Box, foster parents commemorate the child’s entire life, recognizing the significance of the losses the child has experienced. One foster adoptive mother of a child who was born HIV positive and then seroreverted relates the story of going every year to the grave of her son’s mother, to honor that memory. Many foster adoptive parents include photos of the child’s extended family with the adoptive family’s albums.
Commitment to deal with the child’s ongoing attachment needs. Since foster parents usually have a great deal of information about birth parents, their perceptions about the parents’ capabilities to help with the disengagement or integration process will be helpful for the work the team must complete. Children must have help if they are going to disengage from their family of origin and integrate into their new adopted family. They need help in allowing the foster parents to become their legal and nurturing parents, intended to last a lifetime. The birth parents are often the best resource for helping a child begin this process. They often can, in some way, give permission to the child to engage with and attach to the new family. Even if the parents are unable to help in this way, they often are able to identify other important people who could help their child with this important process. Children need help learning that it is OK to love several adults.

Specific steps assure that integration occurs. These steps include:

- accurate reconstruction of the child’s foster care history
- identification of the various attachment figures in the child’s life
- decisions about the most powerful of the attachment figures
- gaining the cooperation of the most significant attachment figure
- communication of the permission signal to the child (Donley, 1988).

Commitment to deal with those needs that are special and unique to a specific child. Often, important pieces of medical information are hidden in old case records, or known only by earlier foster families of the birth family. During the decision making process it is important for staff to research and question relentlessly the people and records where such information may be stored. Foster families need and deserve full medical information in order to make an informed decision about adoption. Early medical problems may affect children as they mature. Moreover, the child may want and need medical information during young adulthood for many reasons.

Medical problems are not the only problems faced by foster/adoptive parents. Earlier sexual abuse has become an important concern. One study in Texas (Duehn, 1984) indicates approximately 80 percent of the children in foster care in that state have experienced sexual abuse at some time in their lives. Many foster parents now assume that children in foster care have experienced some sort of sexual maltreatment. Depending upon the severity of the maltreatment, sexual issues may emerge during critical developmental stages. Workers must discuss in detail the possible therapy needs of the child, which may occur at any age and sometimes years after the abuse occurred.

If the child who is being adopted comes from a racial, ethnic or cultural background different from the foster family’s, plans should include ways to help the child with identity needs which will arise as a result of those differences.
For the foster parents and other children in the family, there are other role changes. There are the obvious ones. The temporary change in family positions of oldest child or youngest child now becomes permanent. The cover story the family uses to explain foster care may need revision. Extended family members may begin to see the foster/adoptive family differently now that there is a lifetime commitment to the child. And there are less obvious role changes, all of which are related to new commitments which should be made in order to ensure the success of an adoption.

**Changing Roles for the Child**

Involving the child in the adoption decision is important, and it is complicated by foster care. Staff and foster parents do not want to build false hopes for the child. Discussions with the child are critical to the success of the adoption. They must begin early, and they take time.

For the child, there is a definite role change when he or she is adopted by the foster family. The child no longer wears the label of “foster child.” The child becomes a permanent member of the family. An important part of the foster parent adoption process is helping the child understand how adoption is different from foster care. In the 1980’s Kathleen Proch studied adopted children in Illinois and discovered that many of them did not understand the differences between foster care and adoption.

Although children may not immediately perceive differences, foster parents who are adopting do. Foster/adoptive parents know there are legal differences because they no longer share legal liability with the agency and the court. They know the financial differences; they are personally responsible for the financial obligations and even with subsidy payments, they are fiscally liable for their adopted child. Foster/adoptive parents know the decision-making differences; they no longer share parental decision-making responsibilities with the agency and birth parents. They know there are now differences in the family dynamics; they are no longer working with the agency to reunify the child with the birth family.

For the adopted child, however, the distinctions are not so clear. In their minds, there may be little, if any, difference, even when the foster parents and social workers have talked with them. For example, a child may say, “My mom and dad are still getting paid to keep me.” (They perceive the foster care reimbursement and subsidy as the same.) Another child may say, “I don’t remember anything special the last time I went to court.” (Children who have experienced foster care have experienced many court events. An adoption legalization hearing may feel no different than the myriad court hearings that occurred in earlier days.) Yet another example is, “We still have a social worker.” Most foster parents who adopt through foster care continue to foster other children. Consequently, there continue to be social workers in their lives and in the life of the newly adopted child.

Because of the inherent confusions for children who are adopted by their foster parents, it is helpful for foster parents who are considering adoption to develop methods for helping children understand the differences between foster care and adoption. Besides
suggesting specific techniques, this practice guide suggests ideas for planning the discussions, helping the child verbalize perceived differences and helping the child draw analogies.

**Talking with Children about the Differences between Foster Care and Adoption: Changing Team Roles between the Family and the Agency**

A team is a group of people, working together with different roles and responsibilities, to achieve a common goal. Foster parents and agency staff ideally work together in a team relationship.

Birth parents sometimes are members of the team, but more often they are not. Often they cannot be depended upon to carry their part of the team load. Sometimes their goal is not compatible with the goal of the therapeutic team. In those cases, the team must work closely, honestly and diligently with the birth family to reach a mutually negotiated outcome. Through that negotiation of wants and offers, partnerships are built with birth parents. The changing roles around those partnerships are important and will be discussed later.

Foster parents must be members of the team. Their role on the team changes when they become adoptive parents. The changing roles are complicated because research indicates that many foster parents who also adopt continue to foster care.

The agency staff’s job during a foster parent adoption is to support and assist the foster/adoptive family in “claiming” the child as their own. The family must be empowered to be the full parents of the child if the adoption is to be successful. This is a change from interdependency (and sometimes dependency) to independence. This change occurs possibly in the environment where the interdependent relationship must continue because of other children who continue to live with the family through foster care. It is a delicate balance for staff and parents alike.

The first step of a successful adoption is called “entitlement.” Entitlement means that the adopted parents have a sense that they have the right to be parents to their child. (Bourguignon and Watson, 1990) Foster parents, if they are to become successful adoptive parents, must feel entitled to parent the child. This process is complicated because, in the case of foster parenting, they have shared parenting in the past with the agency and with the birth parents of the child in foster care. Parents and staff alike try to avoid building up a child’s hopes for adoption in the foster home until everyone is comfortable with the family’s level of commitment. These cautions can cause complications.

The parent’s job is to help the adopted child to deal with significant loss and attachment issues when other children may be coming and going, confusing emotions and exacerbating resulting behaviors. It points out again the importance of helping a child understand the differences between foster care and adoption, and to continue those discussions for a long time after the adoption is legal. It may be tempting for the agency staff to step in with the child who has been adopted. It is critically important that staff be
responsive to the requests of the parents, but to take a low profile with the child who has been adopted. The shared parenting with other children in foster care will be more challenging because of these important changing roles.

**Changing Partnership Roles with the Birth Family**

A partnership is different from a team relationship. In a partnership two or more people negotiate wants and offers in order to work together to arrive at one or more outcomes mutually agreed upon and which provides benefits for both. This is the sort of relationship that is ideally created between agency staff and parents of children in foster care. It also is the ideal relationship between foster parents and birth parents.

According to research, when a foster family decides to adopt it is likely that they have had contact with the parents of the child they are adopting. The relationship may have been close, painful, distant, difficult, or one of many other descriptions. Whatever the relationship, it will change through the adoption process. The foster/adoptive family can and should take a lead role in negotiating those changes.

One of the first and most important areas for negotiation is the area of “openness.” Foster family adoptions vary a great deal in degree of openness, from providing information to the children to periodic letters to arranged family gatherings. If there is little chance for contact between the child and the parents at the time of the adoption, the foster family may need help to think through the implications of a later search by the child and/or by the child’s birth parents for one another.

Levels of openness vary greatly. One family who adopted two young girls had developed a close relationship with the mother of the girls during the time they were in foster care. The young mom could not do the job of parenting and through a long and painful process, termination of parental rights occurred. The foster family adopted the girls, who had at least weekly contact with their mother for several years. The family decided that it was important for their girls to continue to know the mother who had given them birth. Every Sunday she joins them for the noon meal. The girls know the woman who gave them birth and loves them. They also know the parents who love them and will nurture them for a lifetime. They know their adoptive parents are capable of parenting; their birth mother is not.

Other families decide that a much more limited amount of openness will make more sense for them and for the child. Openness may also mean letters, videotapes, direct correspondence between the birth family and the child, planned phone contact, informal phone contact or gatherings on holidays. Openness may in some cases mean an open climate in which the child is encouraged to talk about his or her birth parents and the feelings that surround that relationship.

For every child there are those parents who brought the child into this world. Birth parents are important. It is important for foster/adoptive parents to carefully plan for their ongoing support of that relationship for their child.
Problems can arise in any relationship. Planning for and clearly negotiating levels of openness can help minimize problems. However, there are no guarantees.

When problems arise after the adoption, the foster/adoptive parents must deal with those problems directly.

Because of the importance of empowerment, claiming and entitlement, the adoptive parents must be in charge of problem solving. If outside help is needed, the parents must ask for that help and set the boundaries for the help.