Module #3
Clinical Issues in Planning,
Preparing for and Supporting Adoption
Teaching Script
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Overview of Module
This Module focuses on the clinical issues that may arise as individuals are considering adoption and the differences between adopting and giving birth to a child. It also focuses on the impact of community perceptions of adoption on the adoptive family. The Module identifies the issues that are important to address in preparing children and youth for adoption. Students will learn specific modalities that they can use in this preparation process – life books, EcoMaps, genograms, and adoption rituals – and will practice these modalities. Students also will identify issues that may impact siblings in waiting (the birth or previously adopted children of adoptive parents) and birth parents.

Learning Objectives:
Students will be able to:

#1 Describe what constitutes evidence-based practice in the field of adoption/child welfare.
#2 Identify three issues that should be addressed in preparing prospective adoptive parents for adoption and demonstrate two effective ways to address reluctance issues.
#3 Describe three differences between parenting an adopted child and a child by birth.
#4 Identify four critical elements in preparing a child for adoption.
#5 Describe three ways that sibling relationships may be affected by adoption.
#6 Describe three differences between being adopted and being raised in one’s family of origin.
#7 Describe why a life book is important in preparing a child for adoption and demonstrate how to work with this tool.
#8 Describe how a genogram can help a therapist understand a child’s family relationships and losses.
#9 Identify two approaches that a clinician can use to help prepare siblings in waiting for adoption.
#10 Identify three issues that should be addressed in preparing birth parents for the impact of adoption.

Materials Needed
- 5 Flip charts and markers
- LCD Projector and Screen
- Agenda
- Copy of Power Point Slides
- Examples of pages from life books (provided by C.A.S.E.)
• Handouts:
  o Handout #3.1: Should I adopt?
  o Handout #3.2: The Reluctant Spouse
  o Handout #3.3: An Adoptive Parent Talks About Adoption
  o Handout #3.4: The 3-5-7 Model: Clarification and Integration
  o Handout #3.5: Worksheet: Seven Critical Elements in Preparing a Child for Adoption
  o Handout #3.6: Case Examples: Differences Between Being Adopted and Being Raised in One’s Family of Origin
  o Handout #3.7: Lifebook Examples
  o Handout #3.8: Life Book Case Scenarios
  o Handout #3.9: EcoMaps: Form and Suggestions
  o Handout #3.10: Genogram Guidelines
  o Handout #3.11: Genogram for Jake
  o Handout #3.12: Practice in Genogram Construction
  o Handout #3.13: Amanda and Ally
  o Handout #3.14: Preparing Siblings-in-Waiting for Adoption

Attachments:
  o Attachment A: Two copies of Demonstrated Role Play Script (one for trainer, one for volunteer)
  o Attachment B: Completed Genograms for Reference for Exercise on Handout #3.10
Clinical Issues in Planning, Preparing for and Supporting Adoption

Pre-Module Assignments

Checklist:

✓ Pre-Module Assignment #3.1: Read “The Reluctant Spouse” and provide essay answers to your instructor.
✓ Pre-Module Assignment #3.2: Prepare three points for class discussion regarding the differences for a child between joining a family by birth and joining a family through adoption
✓ Pre-Module Assignment #3.3: Read Darla Henry’s article on the 3-5-7 model and be prepared for class discussion on this model.
✓ Pre-Module Assignment #3.4: Read three short articles in RISE Magazine written by birth parents and prepare for class discussion by writing down at least five issues that parents may be dealing with when they are facing or have experienced an involuntary termination of parental rights.

1. Pre-Module Assignment #3.1: Read Handout #3.2: The Reluctant Spouse by Jill Smolowe in which Jill identifies several “reluctance” issues that prospective adoptive parents may experience:

   Issue #1: Age: Am I too old to be a parent? Will I have enough energy? Enough patience? Enough love?

   Issue #2: Money: How can I save for a college education when I need to save for retirement? Will an adoption eat up all my savings? Will we ever get to take a vacation again?

   Issue #3: Time: Will a child be too disruptive? Will I have to curb my work hours? Do I want to?

   Issue #4: Family: Will my parents reject an adopted child? Will my children from a prior marriage resent me for starting a new family? Will I make the same parenting mistakes again?

   Issue #5: The unknown: Who will the child be? What genetic surprises might be in store? Will I be able to love an adopted child as much as a biological one?

   Choose two of these issues and write a short essay (2 or 3 paragraphs) in which you discuss how you might as a therapist might help a client with these issues.

2. Pre-Module Assignment #3.2: Write down at least three differences for a child between joining a child by birth and joining a family through adoption. Bring this list to class for discussion.
3. **Pre-Module Assignment #3.3**: Read Darla Henry’s article on the 3-5-7 model at: http://humanservices.ucdavis.edu/academy/pdf/The357model.pdf We will discuss this model in class.

4. **Pre-Module Assignment #3.4**: Read the following articles in *RISE*, a magazine by and for parents in the child welfare system (http://www.risemagazine.org/PDF/Rise_issue_15.pdf)

   - *Searching for Answers* by Anna Jones
   - *A Good Ending* by Toni Heineman
   - *Family Ties* by Tracy Carter

In preparation for class, write down at least five issues that parents may be dealing with when they are facing or have experienced an involuntary termination of parental rights.
Pre-Module Assignment Checklist for Trainers

Students’ Pre-Module Assignments:

**Pre-Module Assignment #3.1:** Students are to choose two of these issues and write a short essay (2 or 3 paragraphs) in which they discuss how they might as a therapist might help a client with these issues.

Issue #1: Age: Am I too old to be a parent? Will I have enough energy? Enough patience? Enough love?

Issue #2: Money: How can I save for a college education when I need to save for retirement? Will an adoption eat up all my savings? Will we ever get to take a vacation again?

Issue #3: Time: Will a child be too disruptive? Will I have to curb my work hours? Do I want to?

Issue #4: Family: Will my parents reject an adopted child? Will my children from a prior marriage resent me for starting a new family? Will I make the same parenting mistakes again?

Issue #5: The unknown: Who will the child be? What genetic surprises might be in store? Will I be able to love an adopted child as much as a biological one?

**Teacher’s Assignments re: Pre-Module Assignments**

**Pre-Module Assignment #3.1:** Provide students with a handout that summarizes the students’ replies in response to each of the 5 reluctance issues.
Module #3.
Clinical and Ethical Issues in Planning, Preparing for and Supporting Adoption

Agenda

9:00AM – 9:20AM Welcome

9:20AM – 9:30AM Introduction to Evidence-Based Practice

9:30AM – 10:30AM Planning and Preparation for Adoption: Prospective Adoptive Parents

10:30AM – 10:40AM Break

10:40AM – 12:15PM Preparing Children and Youth for Adoption

12:15PM – 1:15PM Lunch

1:15PM – 2:45PM Preparing Children and Youth for Adoption (continued)

2:45PM – 3:00PM Break

3:00PM – 3:30PM Preparing Siblings-in-Waiting for Adoption

3:30PM – 4:15PM Preparing Birth Families for Adoption

4:15PM – 4:30PM Review of Final Project Requirements and Closing
Welcome to this session of our training!

Today we will focus on the clinical issues that may arise as individuals are considering adoption and the differences between adopting and giving birth to a child. We will look at the impact of community perceptions of adoption on the adoptive family. We will also consider the issues that are important to address in preparing children and youth for adoption and will work with specific modalities that we can use in this preparation process – life books, EcoMaps, genograms and adoption rituals. We will discuss issues that may impact siblings in waiting (the birth or previously adopted children of adoptive parents) and birth parents.

Large Group Discussion: Before we review our specific learning objectives for today, what adoption issues arose for you in your work or practice since our last session together?
#1 Describe what constitutes evidence-based practice in the field of adoption/child welfare.

#2 Identify three issues that should be addressed in preparing prospective adoptive parents for adoption and demonstrate two effective ways to address reluctance issues.

#3 Describe three differences between parenting an adopted child and a child by birth.

#4 Identify four critical elements in preparing a child for adoption.

#5 Describe three ways that sibling relationships may be affected by adoption.

#6 Describe three differences between being adopted and being raised in one’s family of origin.

#7 Describe why a life book is important in preparing a child for adoption and demonstrate how to work with this tool.

#8 Describe how a genogram can help a therapist understand a child’s family relationships and losses.

#9 Identify two approaches that a clinician can use to help prepare siblings in waiting for adoption.

#10 Identify three issues that should be addressed in preparing birth parents for the impact of adoption.

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9:20AM – 9:30AM Introduction to Evidence-Based Practice [Learning Objective #1]

Lecture

Areas such as medicine, mental health and youth violence prevention are increasingly relying on the identification and delivery of practices that are supported by strong scientific evidence. They are also relying on the active integration of research evidence into day-to-day service provision.

The Institute of Medicine defines “evidence-based practice” as a combination of three factors:

- Best research evidence
- Best clinical experience

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• Consistent with patient values

The National Resource Center on Permanency and Family Connections has proposed that these three factors be slightly revised to apply to foster care and adoption:

• Best research evidence
• Best clinical experience
• Consistent with family/client values

This definition builds on a foundation of scientific research while honoring the clinical experience of those who work with children, youth and families in relation to adoption.

Throughout today and future sessions, we will refer to the California Evidence Based Clearinghouse for Child Welfare which can be found at: http://www.cebc4cw.org/m The CEBC rates programs and practices on two scales: Scientific Evidence and Child Welfare Relevance.

Scientific Rating Scale

This scale is a 1 to 5 rating of the strength of the research evidence supporting a practice or program. A scientific rating of 1 represents a practice with the strongest research evidence and a 5 represents a concerning practice that appears to pose substantial risk to children and families. Some programs do not currently have strong enough research evidence to be rated on the Scientific Rating Scale and are classified as NR - (Not able to be Rated). Please click on the Scientific Rating Scale link above to see the whole rating scale including a definition of the NR - (Not able to be Rated) classification.

Child Relevance Scale

This scale rates a program or practice as having High, Medium or Low relevance to child welfare practice.

Large Group Discussion: What has been your experience in identifying and/or implementing evidence based practice?

In today’s Module and throughout this training, we will consider the extent to which different treatment modalities are “evidence based” using this definition.
As we begin to look at the clinical issues in preparing and planning for adoption, we will start by looking at the issues that may arise when families are considering adoption. Let’s consider the following blog posting by a young woman:

**Handout #3.1: Should I adopt?**

**Note to Trainer:** Ask a participant to volunteer to read the posting aloud to the group.

**Large Group Discussion**

What are the issues with which this young woman – and many individuals – struggle?

**Note to Trainer:** Raise the following if not mentioned:

- She comes to this question with personal experience with adoption: one brother is a brother by birth and another brother (the same age as the other brother) who is her brother by adoption. She is aware of her adopted brother’s challenges.

- She is torn between having a child by birth or adopting:
Which is better for the parent: having a biological child who is genetically your “own” versus being a family for a child in need of a family? Leaving a biological legacy or doing what is “good” for a child in need?

Which is better for the child:

- Having the same genetic background of one’s parents?
- Having experienced parents particularly if the child has emotional or developmental needs?
- Having parents with financial resources?
- Simply having a loving family?

She is torn because she and her boyfriend have different views of adoption. It is a relationship that she values and wants to sustain and at the same time, she feels that adoption may be a way of forming her family.

Brief Lecture

Many people – but not all -- begin to think about adoption as a result of infertility, after treatment has been unsuccessful – something not mentioned by the young woman in the blog we just discussed. Let’s begin by considering clinical issues when an individual or couple is considering adoption when infertility brings them to adoption and when infertility is not an issue.

Large Group Discussion: What are issues that an individual or couple might bring to you, as their therapist, when they have experienced infertility and are beginning to consider adoption? What are clinical issues that may arise irrespective of infertility?
Lecture

You have identified important issues that you can expect individuals and couples to be dealing with when they experience infertility and begin to think about adoption. Let’s compare your ideas with those developed by therapists who have long worked with clients come to adoption because of infertility – though many of these issues are equally important when infertility is not an issue.

1. **It is important for individuals to grieve their infertility losses.**

While adoption "cures" childlessness, it does not "cure" infertility. Even if an individual becomes a parent through adoption, he or she will still have infertility losses to grieve, such as the loss of experiencing pregnancy or of having a child who looks like the person or his/her spouse.

2. **It is important for the individual to decide how important a biological connection is to him/her.**

Some people care deeply about being biologically related to their children while others do not care about this at all. If an individual does not believe that he or she can embrace a child who is not biologically related, adoption is not a good option.

3. **When individuals are married or in a committed relationship, it is important for the individual to learn how his/her spouse/partner feels about adoption.**

This issue applies to all prospective adoptive parents when they have a spouse/partner, irrespective of whether infertility is an issue.

Are both spouses/partners ready to adopt? The issue of the “reluctant” spouse in relation to adoption is one that is frequently encountered. In your pre-Module work, you read Handout #3.2 and prepared short essays about how you would help clients who were dealing with these issues. Let’s see what you said about each of the 5 “reluctance” issues that Jill identified in her article.

**Handout #3.2. The Reluctant Spouse**

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NOTE to Trainer: Provide students with a handout that summarizes the students’ replies in response to each of the 5 reluctance issues and discuss.

Issue #1: Age: Am I too old to be a parent? Will I have enough energy? Enough patience? Enough love?

Issue #2: Money: How can I save for a college education when I need to save for retirement? Will an adoption eat up all my savings? Will we ever get to take a vacation again?

Issue #3: Time: Will a child be too disruptive? Will I have to curb my work hours? Do I want to?

Issue #4: Family: Will my parents reject an adopted child? Will my children from a prior marriage resent me for starting a new family? Will I make the same parenting mistakes again?

Issue #5: The unknown: Who will the child be? What genetic surprises might be in store? Will I be able to love an adopted child as much as a biological one?

Lecture

4. It is important to consider the reactions of family and friends.

This is an issue that can be anticipated whether or not infertility is an issue. Family and friends may be supportive in embracing an adopted child as a member of the family. In some cases, family and friends may view an adopted child as an "outsider." It is
important for prospective adoptive parent(s) to identify those who are likely to be unsupportive family and decide how they will shield a child from negative attitudes.

Adoptive families regularly report that negative comments from friends and even strangers are made – and sometimes even in front of children. As part of the planning and preparation process, adoptive parents need to anticipate that inappropriate and, in some cases, rude remarks may be made. Some comments that adoptive parents have reported being made to them include:

- Can you really love this child as your own?
- How could her "real" mother give away her own flesh and blood?
- My cousin was adopted and she's on welfare.
- Maybe the baby's fussy because you aren't her natural mother.
- Why would you want to adopt an older kid? They are coming with nothing but problems.
- If you adopt, you know that they REALLY are not part of the family.

Large Group Discussion: What are other comments that prospective adoptive parents might anticipate hearing from people outside their immediate families – or even from family members?

5. **It is important to understand the different types of adoption.**

This is an important consideration for all prospective adoptive parents. The experience of adopting--its cost, time frame, frustrations, risks, and the child who is ultimately adopted--varies greatly depending on the type of adoption chosen. The decision to adopt through a public agency, a private agency, or a lawyer is one that prospective adoptive parents make early in the process. Let’s review some basic information about different types of adoption. This information may be helpful as we, as therapists, talk
with families who are considering adoption.

**Public Adoption**

Public adoptions are run through state or county child welfare agencies. The children placed for adoption through public agencies have experienced foster care, most often because of neglect or abuse. For a child to be free for adoption, the court must first legally terminate parental rights. The process can take a long time, which means that typically the children have been in the foster care system for some period of time.

**Private Agency Adoptions**

Private agencies provide a range of services, including counseling for prospective adoptive parents, home studies, placements, and post-placement monitoring. Many are also involved in supporting pregnant women who have decided to place their infants for adoption. Reputable agencies are licensed and follow strict ethical standards. Private agencies often place very young children for adoption.

**Independent Adoption**

In these adoptions, prospective adoptive parents work directly with a pregnant woman or through a mediator who is often a lawyer. Independent adoptions are not legal in all states. It is very important that prospective adoptive parents who choose this option work with a reputable lawyer who is an expert in their state’s adoption laws. In some cases, independent adoption shortens the waiting time.

**International Adoption**

You learned about international adoption in the at-home Module that you completed. You read about the Hague Convention on Intercountry Adoption and US laws governing international adoption.

The costs of adoption vary depending on the type of adoption. Adoption.com has put together the following information on the costs of adoption:
Range of Adoption Costs

- Foster Care Adoptions: $0 - $2,500
- Licensed Private Agency Adoptions: $5,000 - $40,000+
- Independent Adoptions: $8,000 - $40,000+
- Facilitated/Unlicensed Adoptions: $5,000 - $40,000+
- Intercountry Adoptions: $7,000 - $40,000+

6. **It is important for prospective adoptive parents to be educated about adoption.**

This is an important issue for all prospective adoptive parents. A child who has been adopted faces unique issues, including understanding the reasons that she was placed for adoption and her connections (physical and/or psychological) with her birth family. Prospective adoptive families need to receive information on these issues. They need support in understanding that they will need to embrace open communication throughout the child’s development surrounding these issues. We will be talking about these issues throughout our sessions together and we will only briefly touch on them today. Training and education opportunities are required for some adoptive families (such as those who adopt children from foster care and the 10-hour requirement for those who adopt internationally) and may be optional for others (such as families who adopt through a lawyer).

A key issue that prospective adoptive parents need to consider is the difference between having a child by birth and having a child through adoption. Adoptive parenting **IS** different from parenting children by birth.

H. David Kirk wrote the most influential book about this issue in 1964: *Shared Fate: A Theory of Adoption and Mental Health*. Kirk was an adoptive father of four who directed the Adoption Research Project at McGill University from 1951 to 1961. This project eventually compiled data about the attitudes and experiences of 2000 adoptive families in Canada and the United States, most headed by infertile couples.

He discovered that adoptive parents could handle adoption in two ways: (1) they could believe in the promises of matching and pretend to be something they were not. Or (2) they could make common cause with their children and their children’s birth parents. Kirk called these two options “rejection-of-difference” and “acknowledgment-of-difference.” Adopters who made the first choice escaped social stigma by claiming they were just like biological parents and avoiding the dreaded task of telling their children about their adoptive status. Adopters who made the second choice had to live with doubts about their own authenticity, but they cast their lot with children whose hold on belonging was as shaky...
as their own. Difference was the “shared fate” of adoptive parents and children. Acknowledging it was less comfortable but far better for everyone involved.

*Shared Fate* was important for two reasons. First, it analyzed adoption as an important social institution rather than as an arrangement made by individuals seeking to solve a range of personal problems. Second, it promoted a decisive shift in the world of adoption away from simulation and toward diversity as the foundation for family-making. As a new adoption reform movement dawned in the late 1960s, matching was criticized, along with policies of confidentiality and sealed records. The denial of difference no longer seemed natural or wise, as it had earlier in the century. The struggle with difference, also at the heart of therapeutic adoption, emerged as the single most defining feature of the adoption experience.

It is obvious to most people that adoption is a different way to make a family. Kirk elevated this common sense observation to the level of social theory.

Large Group Discussion: What are some differences for parents when they have a child by birth and when they have a child through adoption?

*Note to Trainer:* Ask students to read out the differences that they identified. Place on a flip chart all of the identified differences. Raise the following if not mentioned:

**Who is Involved?**

Unlike having a child by birth – which involves two parties (child and biological parent(s)) – the most significant difference is that there are at least three parties involved in each adoption:

- the adopted child
- birth parents
- adoptive parents

Other parties may also be involved – the child’s extended birth family: siblings, grandparents and other family members.
The rights of each party must be protected by good adoption practice and legal safeguards. One thing that makes adoptive families unique is the child's biological heritage that links two families together.

Loss

Adoption is created through loss. Without loss there would be no adoption. All birth parents, adoptive parents and adopted children experience at least one major, life-altering loss before becoming involved in adoption. All parties touched by adoption experience grief associated with the loss of family, child, dreams and unmet expectations. These experiences, and the way they are accepted and resolved, set the tone for the life-long process of adoption.

Pregnancy and Childbirth

- Infertile individuals have to face the inability to have a biological child.
- Some couples have lost a child through miscarriage or stillbirth.
- The lack of physical changes associated with pregnancy for adoptive parents

The Adoption Process

- Having to deal with the intrusive nature of the adoption process
- In some cases, having experienced an adoptive placement that was not successful and having made the decision that the child leave the home

Parenting

- The lack of a genetic link with the child
- Not having the child from the time of birth
- Having more limited information on the child's background, medical and genetic information
- Forming an attachment to a child born to someone else and making the child psychologically your own, yet accepting the child's social and genetic history
• Explaining adoption to the child at an early age and sharing information about their genetic and cultural background

• Assisting the child with the life long process of adjustment to their adoptive experience and status, helping them to understand the underpinnings of their adoption, sharing the difficult information surrounding their personal story.

• Not knowing why the child behaves a certain way

• Parenting a child with compromised beginnings such as abuse, neglect, and trauma

• Not being able to tell the child how they will look when they grow up, how tall they will be or to know which talents to encourage based on genetic predisposition

• Parenting a child who may have siblings living with the birth family or another adoptive family

• Expectations about the child’s abilities and interests based on own family experience

• The child has a temperament that is very different from that of the parents or other children in the family

Adoption Search and Reunion

• Understanding why one’s child wants to search

• Assisting the child to find his/her biological family

• Supporting connections if an open adoption

Let’s hear the voice of an adoptive parent talking about adoption and how it is different. Would someone offer to read Kathryn’s story in Handout #3.3?

Handout # 3.3  An Adoptive Parent Talks About Adoption
Large Group Discussion: Thank you for reading Kathryn’s story!
Thoughts and reactions from the group?

Lecture: Exploring Individuals’ Motivations to Adopt

The US Department of Health and Human Services’ Adoption USA: A Chartbook Based on the 2007 National Survey of Adoptive Families (see http://aspe.hhs.gov/hsp/09/NSAP/chartbook/chartbook.cfm?id=1) addresses a number of issues about adoption in the US. One issue is adoptive parents’ motivation to adopt. The survey examined why parents choose to adopt and how those reasons are similar and different across adoption types.

Adopted children typically have parents who said they chose to adopt in order to provide a permanent home for a child, to expand their family, and/or because of infertility. Children’s parents reported whether five possible reasons for choosing to adopt applied to them.

Small Group Work

In your small groups, rank order the frequency with which you think adoptive parents reported their reason for adopting. Rank order most frequently named reason to least frequently named reason.

- Inability to have a biological child
- Provide a permanent home for a child in need
- Wanting a sibling for another child
- Desire to expand their family
- Having a previously adopted the child’s siblings
Allow 3-4 minutes for this exercise. List the 5 reasons on a flip chart.

REPORT OUT

Ask each small group to report their “most frequent reason” and their “least frequent reason” and mark their reports on the flip chart.

Lecture

So here is what this research found:

The most commonly reported reason was to provide a permanent home for a child in need (81 percent).

Next: a desire to expand their family (69 percent)

Next: inability to have a biological child (52 percent)

Then: wanting a sibling for another child (24 percent)

Finally: having previously adopted the child’s sibling (7 percent).

Some respondents also volunteered additional reasons for adopting, including being related to the child prior to the adoption, having already formed a bond with or loved the child, loving children in general, and helping a child avoid foster care.

Interestingly, the reported motivation to adopt differs by adoption type. Although the ordering of the frequency with which these reasons are reported is generally the same across adoption types, the percentages of children whose parents reported each reason differ.

• For example, children adopted internationally are more likely than children adopted from foster care or privately adopted U.S. children to have parents report that they were motivated by a desire to expand their family (92 percent compared with 61 and 60
percent, respectively), by infertility (72 percent compared with 39 and 52 percent), or by a desire for a sibling for their child (36 percent compared with 24 and 16 percent).

- Additionally, children adopted internationally are more likely than privately adopted U.S. children to have parents report being motivated by a desire to provide a permanent home for a child (90 percent compared with 70 percent).
- Among the three adoption types, children adopted from foster care are least likely to have parents report infertility as a motivation for adoption, and most likely to report being motivated because they had previously adopted their child’s sibling.

In our clinical work with prospective adopters, asking about motivation to adopt is a critical element of the preparation work. An individual’s motivation for adopting may be much more complex than the individual may initially realize.

Large Group Discussion: What might be some reasons that a prospective adopter might share that will require further exploration of their motivations to adopt?

After the discussion, note which of the following were mentioned and which were not:

- All of my friends have children, so I want one, too.
- Having a child will make our marriage better.
- I am infertile, so I cannot “make” a baby myself.
- I do not have an heir to inherit my stuff.
- I fear my spouse will resent me if we do not adopt a child.
- I really want to parent a child.
• I want the opportunity to love and be loved by a child.
• I want to be a parent.
• I want to help a child heal from an abusive past.
• I want to rescue a child from poverty.
• My child would like a sibling.
• My family is not yet complete.
• My spouse really wants a child.
• There is an empty place at my table that needs to be filled with a child.
• We will not be a family until we have a child.

Large Group Discussion: How would you work with a prospective adopter when what the individual shares focuses almost exclusively on his/her need to be a parent?

Lecture

A key element in our work with prospective adopters is to help them recognize that adoption is a service for children in need in families. We need to help them understand what we know from the research and practice experience on the qualities of a parent that support a successful adoption. Here is a list of qualities developed by Holt International Children’s Services – qualities that specifically relate to the adoption of older children:

Successful adoptive families:

1. Have realistic expectations for the adoption
2. Are fully aware of the child’s needs
3. Have a proven ability to handle problems
4. Are flexible, optimistic, and have a sense of humor
5. Have the ability to maintain a commitment to the child in spite of challenges
6. Can appreciate the small gains the child makes
7. Are comfortable using resources and treatment services when needed

8. Can attach and bond to others

9. Have strong marital relationships

10. Maintain an open communication style

Read more at: http://www.holtinternational.org/waitingchild/olderchild.shtml

Similarly, Spaulding for Children has developed a list of the qualities of successful adoptive parents. Here is their list – which contains some of the same qualities as the Holt International list:

• Parenting commitment – ability to fully claim the child as theirs

• Ability to delay parenting gratification

• Sense of humor

• Tolerance for their own ambivalent and negative feelings about the child

• Ability to set structure and limits in a caring way

• Tolerance for the child’s rejection

• Flexible family roles

• Flexible family expectations

• Openness to connections with birth family

• Ability to use resources and meet personal needs

Learn more about Spaulding for Children’s work in this area at: http://spaulding.org/institute/training/curricula/asap/
Large Group Discussion: What are your thoughts about these qualities of successful adoptive families? We will revisit these qualities when we talk about assessing and supporting families after we adopt.

10:30AM – 10:40AM  Break

10:40AM -- 12:15PM  Preparing for Adoption: Children and Youth [Learning Objectives #4, #5, #6, #7, #8]

Lecture

In this part of our Module, we are focusing on preparing children and young people for adoption by looking at the general preparation process and some techniques that clinicians can use to prepare children and young people for adoption. In later Modules, we will focus in greater details on issues of loss, identity, separation, and attachment.

As therapists, we may work with younger and older children in the foster care system to help them prepare for adoption. We may work with children who are adopted internationally who may not have been prepared in any significant way for adoption and come to us with their adoptive families soon after the adoption. We may also work with children who were adopted as infants and who, as they become older, struggle with adoption issues. We may also work with children after adoption who have not been prepared and we see the need for this work later in the process. Today, much of our focus will be on children in the foster care system with whom we are working around preparation for adoption. However, we will also draw on examples of children adopted as infants and children adopted internationally.

In foster care cases, the child has a caseworker with the public child welfare agency and in some cases, a social worker with a private agency. As therapists, we need to coordinate and collaborate with these child welfare professionals around the clinical work.
Before today’s Module, you read Darla Henry’s article on the 3-5-7 model, a practice model for the preparation of children for new permanent families.

The California Evidence Based Clearinghouse for Child Welfare gives the 3-5-7 model a HIGH Child Welfare Relevance Rating but has not given it a Scientific Rating because it currently lacks the research evidence (the first component of an evidence based practice to support it). There is, however, a growing body of best clinical experience that supports the use of the 3-5-7 model in preparing children and youth in adoption and has been assessed as consistent with family/client values.

Let’s briefly review the 5 questions, 3 tasks and 7 critical elements of the 3-5-7 model.

**Large Group Discussion:** What are the five questions?

*Note to Trainer: Review the following and the issues associated with each.*

- **Who am I?**  
  Loss
- **What happened to me?**  
  Identity
- **Where am I going?**  
  Attachment
- **How will I get there?**  
  Relationships
- **When and how will I know I belong?**  
  Claiming/safety

**Lecture**

Exploring these five questions and issues organizes our work. We will talk about some specific ways to do this work shortly. The questions provide a framework to address issues of loss, identity, attachment, relationship building and claiming/safety and help the child move through the **three tasks of clarification, integration, and actualization**. How children answer these questions will change, depending on their developmental state. Their responses can guide therapists and families in helping children be ready for adoption.

More specifically, the three tasks are:
Clarification is the task of assisting the child to understand what has happened in his life, to make sense out of the events, and to separate what is real from what is remembered. Clarification is a lengthy process and is not linear. Clarification work ebbs and flows throughout our work with a child. The extent to which the child is able to clarify the events of his or her life will depend on where the child is developmentally and cognitively and on the child’s readiness to accept information about his history and life events.

Small Group Work

Look at Handout #3.4 and discuss what clarification is needed in Georgia’s case.

1. Georgia: What clarification work is needed?

Georgia, age 9, entered foster care as a three-year-old. She tells you that she barely remembers her parents and has little recall of her life with them. She came into foster care with two older sisters, Jennine and Sarah, but she not seen them in a long time. She describes them as “beautiful” and “like angels.” She believes that Jennine died because of something she overheard her caseworker saying. She was placed with two different foster families before she was placed with the Brown family but she does not remember much about them. The plan is now for the Browns to adopt here and her behavior has become increasingly agitated. Georgia says that she understands that the Browns will adopt her and she says that is “okay” with her.
Facilitate a discussion about the clarification work that is needed for Georgia. Add the following if needed:

- Why Georgia entered foster care
- What her life was like before foster care
- Where her parents are now
- Why she did not go home to her parents
- Her relationship with her sisters
- Why she was separated from her sisters
- What happened to her sisters
- Whether she can see her sisters again
- Her former foster parents and her experiences with those families
- Why she left those foster families
- Why adoption is the plan for her now

Integration of All Family Memberships is the task of helping children understand their membership in numerous families with whom they have lived prior to entering foster care and since coming into care. As therapists, we explore the child’s membership in these different family systems and help children begin to understand who has/had meaning to them and for whom they have/had meaning. Children begin to deal with loyalty issues towards their biological parents and biological family members, if they are not going to return home.
In your small groups role play a session between a therapist and Georgia that focuses on integration. Two of your group will play the roles of the therapist and Georgia. All others will be observers. Before beginning the role play, everyone reviews the observer sheet. You will then have 8 minutes to do the role play with observers making notes on the observer sheet.

Small Group Role Play: Integration

You have been working with Georgia for six months. You have learned that her parents were immigrants from Eastern Europe and were deported, which led to their daughters coming into foster care. You have also learned the following from the Department: Georgia’s first foster mother had a stroke and could no longer care for her. Her second foster family found her behaviors too challenging to manage. You have also learned that Sarah aged out of foster at age 18 and her whereabouts are not known. Jennine is alive and has been in a residential facility for the past three years after two suicide attempts.

Observation Sheet

1. Did you see examples of the therapist supporting Georgia in identifying the multiple family relationships in her life?

2. Did you see examples of the therapist helping Georgia to identify family relationships both before and after entry into foster care?

3. Did you see examples of the therapist exploring with Georgia the meaning of these different family relationships to her?
4. Did you see examples of the therapist exploring with Georgia how a person can hold and honor multiple family relationships in his/her life?

*Note to Trainer: At the end of the 8 minutes, ask each group to debrief together based on the observer’s notes.*

**Report Out:** What observations would you like to share about your role plays on integration?

**Lecture**

Integration work can take many, many sessions. For some children, this work may take place for six months or more. We will talk shortly about some tools that can support integration work, such as lifebooks and timelines. For younger children, this work can be supported through drawing pictures of the child’s family or places where the child has lived.

*Actualization in Belonging to a New Family* is the task of helping children visualize their membership in one specific family and what it is going to be like to be a member of the family. This work takes place before the child is placed with the adoptive family (unless the child is living with foster parents or relatives who will adopt him/her).

**Seven Critical Elements to Preparing Children:**

Before discussing Darla Henry’s seven critical elements, let’s consider a few keys points about the preparation of children for adoption:

- Preparation must take into consideration the age and cognitive capacity of the child—preparation must be approached through a developmental lens.
- Preparation takes time; it is not a process to rush through with children.
• We must understand that we are helping children integrate the past with the present and that new attachments do not replace old ones. We will be talking about helping children resolve loss in later modules.

• Preparation may also involve some upfront work in getting as much information about the child’s story before they begin the adoption process. Therapists may have to introduce parts of the story that are difficult and painful.

• It may be necessary to advocate with child welfare agencies about the preparation for the child.

Large Group Discussion: What are the seven critical activities in the 3-5-7 model?

*Note to Trainer: List the critical activities on a flip chart as students identify them. If needed, review the critical activities that are not identified:*

- Engaging the child
- Listening to the child’s words
- Speaking the truth
- Validating the child’s life story
- Creating a safe space
- Going back in time
- Recognizing pain as part of the process

The seven critical elements form the context for the work. We set the tone by engaging the child and listening to his/her words in a safe space where the child can do this work. We help the child speak the truth about his/her life and validate the meaning of his/her life story. Validation includes addressing how the child interprets his/her life and helps the child move away from self-blaming, fantasies, or magical thinking. Vera Falhberg makes it clear that it is never too late to go back and take the child through his/her life story while asking why he/she thinks particular events happened, expressing feelings and understanding, and eliciting his/her emotional response to his/her life story. This work can take place with children after their adoptions.
Demonstrated Role Play

Please listen to the following between Alicia, the therapist, and Craig, a 13-year-old who is in foster care and whose foster parents plan to adopt him. Alicia has been working with Craig over the course of several weeks. Handout #3.5 is a worksheet that contains the seven critical elements for preparing children for adoption developed by Darla Henry. As you listen to this conversation between Alicia and Craig, please jot down examples that you observe in which Alicia uses the seven elements.

Handout #3.5. Worksheet: Seven Critical Elements of Preparing a Child for Adoption

This conversation is being used for demonstration purposes; it represents a synthesis of several conversations that Alicia and Craig have had together. Obviously, no therapist would squeeze in all of this within a few minutes and no adolescent is likely to be this verbal!

Notes to Trainer: Ask for a volunteer to read the part of Alicia, the therapist. The trainer plays Craig.

Attachment A has two copies of the script. Please give one to the volunteer and use the other.

Role Play:

Alicia: Hi there. How is it going today?
Craig: [Grunt]
Alicia: [Smiles] Good or not so good?
Craig: [Grunt]
Alicia: [Laughs] Oh, come on, give me something more than a grunt.
Craig: [Grunt]
Alicia: [Laughs]

Craig: [Laughs] What do you want?

Alicia: Well, how about telling me about how things are going at home?

Craig: Home? Who’s got a home?

Alicia: Are you feeling that you don’t have a home?

Craig: They say I do, but who knows? I could be out tomorrow.

Alicia: Are you thinking that the Smiths would put you out?

Craig: Well, my so-called “mom” did.

Alicia: Tell me what you remember about that.

Craig: Look, I have gone through all of this before. I was a little kid, she was a drunk -- she left me by myself and the police came.

Alicia: You were about 5 years old, weren’t you?

Craig: Yeah – what a thing to do to a little kid!

Alicia: Little kids cannot fend for themselves.

Craig: You got that right!

Alicia: You were a little boy – and you wondered where your mom was and why the police were there. It had to be really scary.

Craig: [Looks down – stares at his shoes] Yeah.

Alicia: Your mom was not able to be the parent that you needed. She had lots of problems of her own that she just could not get on top of.

Craig: Well, she should have! [Still staring down at his feet]

Alicia: [waits silently]

Craig: [after a pause] I guess you don’t like kids getting mad in here.

Alicia: I think that it is fine to get mad when someone like your mom lets you down. We all get mad when people we care about hurt us.

Craig: I’d like to just punch her!
Alicia: It is sometimes hard to know what to do with our hurt feelings.

Craig: Yeah – well, I can’t punch her because no one knows where she is.

Alicia: That’s a hard thing, too.

Craig: Okay, can we stop for today?

Alicia: Sure. Let’s plan to talk again next week.

Large Group Discussion

What did you observe in terms of the **seven critical elements** in preparing Craig for adoption?

*Raise the following if not mentioned:*

<table>
<thead>
<tr>
<th>Engaging the child</th>
<th>Use of humor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Staying with Craig’s emotions at each step</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Listening to the child’s words</th>
<th>Attending to what Craig says and reflecting on the emotions behind the statements</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Speaking the truth</th>
<th>Acknowledging that Craig’s experience has been painful</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not attempting to soften the impact of Craig’s experiences on him</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Validating the child’s life story</th>
<th>Acknowledging the events in Craig’s life</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Creating a safe space</th>
<th>Use of humor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Letting Craig know that it is okay to be angry. This can only happen if the child feels that the therapist can “hold” their anger.</td>
</tr>
<tr>
<td></td>
<td>Understanding that under the anger is hurt</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Going back in time</th>
<th>Going back to Craig’s experience with his mom</th>
</tr>
</thead>
</table>
Recognizing pain as part of the process | Explicitly acknowledging the hurt that Craig feels

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Lecture

Often, a key issue in preparing children for adoption is the relationships that they have with their siblings. Sibling relationships are important:

- They are potentially the longest relationships we will ever have.
- Mental health professionals are placing more emphasis on the significance of family relationships with some believing that siblings can be more influential in relationships than parents.

Georgia’s case involved siblings to whom she continued to feel a strong connection although she had not seen them in a long time. We discussed how our clarification and integration work could help Georgia in understanding those psychological connections. The work can also, in some cases, lead to reconnections with siblings.

In some cases, as in Georgia’s case, the separation of siblings while they are in foster care can lead to adoption planning for one sibling but not for others. In other cases, siblings are adopted together. In yet other cases, the decision is made to separate siblings, often to increase some of the siblings’ chances for adoption. Consider this case example:

Four children enter foster care. The youngest child, Timmy, a 7-year-old boy, has serious emotional and behavioral problems and is placed in residential care. The three older children are placed with a pre-adoptive therapeutic family. The three older children are a boy, age 14, and two girls, ages 10 and 9. The two girls are angry with their younger brother because they believe that he has cost them the chance to have an adoptive family. The older brother, Jared, however, is worried about Timmy. During the time that the children lived with their birth mother, Jared had played a parent-like role for his siblings. He feels responsible for Timmy and is guilty that he has not succeeded in keeping his siblings together. He tells his social worker, his pre-adoptive
parents and his therapist, “I’ll make certain that Timmy doesn’t bother anyone. Just bring him back.”

**Small Group Work:** As the older brother’s therapist, what are some of the issues that you would want to address in preparing him for adoption?

**Report Out**

*Raise the following if not mentioned:*

- His parentified role in the family
- His brother’s needs for specialized care
- His need to be an adolescent (which does not include parenting)
- Options for remaining in close contact with his brother and being a part of his brother’s life
- Loss issues surrounding his brother; his feelings of abandoning his brother and sense of failure in not being able to take care of Timmy
- Anger that the prospective adoptive parents will not adopt him
Children may also be separated when birth parents have not relinquished all of their children or the court has not removed all the children from a family. In these cases, some children may be freed for adoption and other children may remain with their birth parents. Parents may go on to have additional children after their parental rights have been terminated to a child in foster care and after that child has been adopted. The child and the adoptive family may not know about the child’s new siblings. When children learn of new siblings, their reactions may vary.

**Large Group Discussion:** What might be a child’s reaction when he is being adopted but his sibling (for example, a younger sister) remains at home with his birth parents?

*Raise the following if not mentioned:*

- Relief that he is no longer in the home; possible guilt about feeling this way, especially with his sister still in the home
- Uncertainty as to why he was removed and she was allowed to stay
- Belief that it was something about himself that caused him to be removed from the home
- Concern about the safety of his sister
- Uncertainly about whether he will be able to see his sister after he is adopted

In international adoption, prior to the adoption, siblings may have already been separated and living in different orphanages. In some cases, children may know these siblings, but in other cases, especially when children are younger, they may not be sure whether they have siblings. In some cases, adoptive families may learn of an older sibling only after they travel to the child’s county of origin. Sometimes, children are instructed not to reveal that they have a sibling as this might interfere with their adoption. In other cases, the adoptive parents may be unprepared to adopt a second child.

Children adopted internationally may have no information about their siblings. As an example, because of China’s policy, many children may speculate that they were “second born” and have an older brother or sister. This information may be impossible to come by.
It generally is not possible to prepare internationally adopted children for separation from their siblings but these issues may come later in their therapy. We will be talking about these issues in a later Module.

12:15PM – 1:15PM Lunch
1:15PM – 2:45PM Preparing Children and Youth for Adoption (continued)

Lecture: The Differences Between Being Adopted and Being Raised in One’s Family of Origin

In later Modules of this training, we will focus specifically on the clinical issues that impact adopted persons – loss, grief, separation, attachment, and identity formation – that are different from what children raised in their families of origin typically experience. Today, let’s consider the differences between being adopted and being raised in one’s family of origin through the words of adopted persons.

Large Group Discussion: In your pre-Module work, you prepared three differences for a child between joining a family through birth and joining a family through adoption. What differences did you identify?

The statements in Handout #3.6 were taken from a variety of adoption blogs and represent a range of perspectives about being adopted. These comments have not been edited; you will be reading exactly what young people have written.

Handout #3.6. Case Examples: The Differences Between Being Adopted and Being Raised in One’s Family of Origin
Module #3: Clinical Issues in Planning, Preparing for and Supporting Adoption
Revised January 2013

**Note to Trainer:** Refer students to Handout #3.6 and assign one blog entry to each group. Ask each group to discuss how the young person views adoption and how, if you were his/her therapist, you might work with him around clarification, integration and actualization of belonging to his/her family. Allow 3-4 minutes for discussion and then ask for a report out.

**Report Out**

**Talking points are provided for each example below.**

**Small Group Work**

#1 I’m 11 and I just got adopted like 2 years ago. I feel kinda left out. My parents I never met them or have any pictures of them. I don't even know who they are! I just remember that I was at this adoption center and I was so scared. Then this couple with kids adopted me. I was so scared. But, then when I finally got to know them, I felt like they were my real parents. But of course they weren't. I feel bad. It's like not having my parents love me anymore. But, every now and then I cry at night when I think about my parents.

**Talking Points:**

- Latency-age child who is struggling with issues related to who his family is.
- His adoptive family is his family – AND they are not.
- Lack of information about who his birth parents are/what they are like – a genetic and personal void
- He is experiencing lots of fear and sadness

#2 I am 20 and I love my adoptive parents. I was adopted from Peru and I have no information on my biological parents. Sometimes I wonder where I get my traits from or what my birthfather looks like, but I understand my birthmother could not provide me
with the life she wanted me to have. I love my parents and am grateful for them in
every way possible.

Talking Points:

• Happy and well adjusted but wonders about her genetic roots – what her
parents look like

• The need to integrate her birth family story with her own story

#3 I hate being adopted. I’m 14. I never knew my biological parents. I have 3 siblings -- I
don’t even know them. I have never see them in my life. I wish I had a normal life. Adoption sucks. I’ve tried looking for my parents before.

Talking Points:

• Teen grappling with family connections and his own identity

• Has no information about his birth parents or his siblings – unsuccessful search
attempts

• Experiencing lots of anger about the voids in his life

#4 I’m 19 and was adopted when I was born using a closed adoption. My adoptive
parents are the best parents anyone could ask for. My mom (adoptive) had severe
endometriosis and could not conceive children on her own. My birthmother (from what
I’ve been told) was only 18 when she had me and wouldn’t have been able to care for
me properly. Though I don’t know her personally (and have no desire to), I have a lot of
respect and appreciation for my birthmother for not having an abortion and for giving
me a wonderful life with wonderful people. Adoption was definitely a success for me
and I never have had problems dealing with being adopted. It’s just a part of me and it
makes me special and I know that my adoptive parents are happy I’m a part of their
lives.

Talking Points:

• Uncertain about the information about his birth mother but accepts the
explanation

• Expresses satisfaction with adoption, largely because his adoptive parents have
made her feel loved
These adopted children, adolescents and adults raise important issues that we will be discussing in much greater detail in our next Module:

- Loss of birth family members – parents and siblings – and birth family history
- Identity struggles which are exacerbated by lack of information about their birth families
- Absence of a sense of belonging

**Lecture**

**Tools that Can Help Children Prepare for Adoption**

There are many ways that therapists can help children in answering the five important questions that Darla Henry provides as a framework. Let’s look at and experiment several of the tools that therapists can use to help children of various ages understand and find ways to visually represent answers to the five questions we identified.

**Life Books**

Though there is limited evidence-based practice for preparing older children and youth for adoption, some promising practices are using lifebooks to assist youth in understanding and accepting the adoption and their issues of grief, loss and possible feelings of betrayal.

Let’s take a quiz together and see what we already know about lifebooks.

1. **True or False: Life books are done only by social workers.**

   Life books are NOT done only by social workers. Life books may be put together by a social worker, foster and/or adoptive parents or even the birthparents or
members of the birthparents’ extended family. The child’s therapist may also be involved in working with the child on his/her life book.

2. **True or False: A life book is the same thing as a scrapbook.**

   Life books are NOT the same thing as a scrapbook. Life books are not a collection of pictures and mementos. Life books are a pictorial and written representation of the life of a child, which is designed to help the child better understand and make sense of his/her unique background and history.

3. **True or False: A life book is used to clarify the child’s understanding of what has happened, to help the child and his/her family understand what underlies current behaviors, and to help the child understand himself/herself through time.**

   A life book is used to clarify the child’s understanding of what has happened, to help the child and his/her family understand what underlies current behaviors, and to help the child understand himself/herself through time. This is exactly how Vera Falhberg defines a life book. Each of these three purposes of a life book is important.

4. **A life book might contain:**

   A. Information about the child’s birth parents  
   B. The child’s birthplace and date  
   C. Information about the child’s extended family  
   D. All of the above

   All of the above! A life book might contain: information about the child’s birth parents, the child’s birthplace and date, and information about the child’s extended family. There is no required content for a life book, but information that is often included is information about birthparents, other members of the extended birth family, birthplace and date.

5. **A child may choose to include which of the following in her life book?**

   A. Art by the child  
   B. The child’s words  
   C. Photos of the child and birth family members  
   D. The child’s drawings  
   E. All of the above
All of the above! A child may choose to include all of the following in her life book: her art, her own words, photos of herself and birth family members, and her drawings. These items can help a child:

- Tell his/her story from birth
- Resolve strong emotions about past events, especially those related to separation and loss experiences
- Link the past to the present by helping the child understand how earlier events affect current perceptions and behaviors
- Separate reality from fantasy or magical thinking
- Identify positives as well as negatives about the family of origin

6. **True or False: The best way to do a life book is for the parent to put together the information for the child.**

The best way to do a life book is NOT for the parent to put together the information for the child. Most adoption specialists say that it is important to involve the child in the development of the life book. Depending on the child’s age and development level, the child can take the lead or the parent, social worker or therapist can match material to the child’s development and share it with him/her as the process goes on.

7. **True or False: Life books can be therapeutic.**

Life books can be therapeutic. Life books may involve children’s re-living feelings of loss and abandonment. Life books can help enhance self-esteem and identity formation. Importantly: the product isn’t the point, but rather the process.

What does a life book actually look like? I am passing around some pages from actual life books for you to have the opportunity to see what a life book looks like.

*Note to Trainer: Pass around pages from life books that C.A.S.E. has provided to you.*
Small Group Work

Notes to Trainer: Return to your small groups. Assign one of the scenarios in Handout #3.8 to each team so that each group has a different scenario. Each scenario relates to life book work – either before a child is adopted, as a way of preparing the child for adoption, or after the adoption in situations where a life book was not developed for/with the child. Ask each team to discuss the case scenario and be prepared to report back on how they would approach their clinical work in these cases.

Handout #3.8: Life Book Case Scenarios

Report Out

Note to Trainer: Ask teams to report back on each scenario, starting with Scenario #1.

Scenario #1: Annie and Tom adopted Gleason at age 6 from another state four years ago. The agency did not provide them with photos, letters, or other personal items from Gleason’s
earlier life. They are seeing you now because Gleason has become very withdrawn. Annie recently read about life books and comes to the session with ideas on doing this for Gleason. She says that she wants to create a scrapbook to give to Gleason. She asks: Is a scrapbook appropriate for a boy Gleason’s age (he is now 10)? What should she put in it? She says that friends are doing some wonderful scrapbooks and she has gotten lots of great ideas from them. She is sure that she can make a beautiful book. How would you talk with Annie about this idea?

*Note to Trainer: Raise the following if not mentioned:*

- Discussion of the differences between a scrapbook and a life book
- The role of the life book in chronicling Gleason’s adoption
- The information that Annie can include about Gleason’s date of birth and birthplace and any information that she has about his birth family
- If the adoption is open at any level, the possibility of birth parents and extended family members contributing information, photos or other information to the life book
- How the life book might be used with Gleason now and in the future
- How Gleason might choose to add to his life book – life books as an ongoing process and not a finalized “product”

**Scenario #2:** At age 9, Brenda, who is currently in foster care, will be adopted by a family who has specifically been recruited for her. You are working with her to help her prepare for adoption. In the most recent session, Brenda focused on how parents “just left me in foster care and how her first foster parents “got rid of me.” She does not have a life book. As Brenda’s therapist, what would you take into account in working with Brenda on a life book?

*Note to Trainer: Raise the following if not mentioned:*

- The role of a life book and its therapeutic value
- How you might talk with Brenda about putting together a book that tells the story of her adoption
- How you might talk with Brenda about what she would want to include in her life book
- How much information is already available about Brenda’s story
- How additional information about Brenda’s history might be obtained: from her former caseworkers, former foster parents and/or other caregivers
Scenario #3: You are working with Helen and her daughter, Mandy, age 4, whom Helen adopted from China. Helen tells you that Mandy recently asked her why boys aren’t born in China. Helen explained that lots of boys are born in China, but Mandy said, "then how come none of my Chinese friends are boys? Why don’t they live in the big room with all the other babies and come to the United States?" Helen is wondering if a life book might be something that would help Mandy understand her adoption. How would you explore this idea with Helen?

Note to Trainer: Raise the following if not mentioned:

- The role of a life book in putting her story together and separating misperceptions from reality
- The information that Helen has that could be included in Mandy’s life book: date of birth, birth place, history at the orphanages
- Photos of the orphanage
- Photos of Helen’s travel to China, and holding Mandy, the trip back
- Given how verbal Mandy is, how to talk with her about doing a life book together
- How the life book might be used with Mandy now and in the future
- How Mandy might choose to add to her life book as she matures – life books as an ongoing process and not a finalized “product”
- When Mandy is older, use the Internet to introduce her to photos of China, its history and culture

The EcoMap

Much work has been done on the use of ecomaps with children in foster care. Many of you are likely to be familiar with this tool. EcoMaps can be used to prepare children in foster care for adoption – but also possibly with children after their adoptions domestically or internationally.
Although the ecomap is widely utilized, due in part to its ease of administration, it has not been thoroughly validated in the literature as a reliable and valid tool in the measure of social support. A study conducted in 2004, however, explored the psychometric soundness of ecomaps and began the process of validation using two empirically validated social support measurement tools, the Multidimensional Scale of Perceived Social Support (MSPSS) and the Young Adult Social Support Inventory. See A.R. Calix (2004). Is the ecomap a valid and reliable social work tool to measure social support? Available at: http://etd.lsu.edu/docs/available/etd-04072004-180134/unrestricted/Calix_thesis.pdf

Let’s look at a one-page ecomap that can be used with a school age child (Handout #3.9). We developed this EcoMap drawing on other models but updated it so that it applies to all forms of adoption and has some of the latest in clip art! EcoMaps can be developed with a child in the therapeutic process and/or as part of the child’s life book.

Let’s look together at the form and some suggestions in using it with a child.

Note to Trainer: Review with students the suggestions in Handout #3.9 regarding completing the ecomap.

Small Group Work

Please pair up in twos with someone with whom you have not worked today. I will assign each pair Scenario A or Scenario B. Please do a role play in which one person plays a child and the other plays the therapist.

First, introduce the ecomap to the child. Help the child understand what an ecomap is and why you are doing it together.
Next, each child/therapist team will work together on an EcoMap using the work sheet in Handout #3.9. The “child” shares the background information with the “therapist” and the two work together on an EcoMap. “Children” – please feel free to be as creative as you would like!

**Scenario A:** Bonnie is a 12-year-old who has been in foster care for 10 years. She will be adopted by her aunt, her mother’s sister. Her birth mother says she agrees with the adoption plan but has been acting in angry ways lately.

**Scenario B:** Evie, age 7, has been very anxious over the past few months. She has a hard time sleeping and clings to her adoptive mother, Anne. Anne and Howard adopted Evie at age 3 when they also adopted Laura, Evie’s sister, who is now 10. Evie has heard Laura telling their parents that she never wanted to be adopted – and especially not by them.

**Report Back**

*Notes to Trainer: Ask pairs to report back on the strengths and challenges in doing the EcoMap with the “child.” Specifically, ask*

- How did you introduce the ecomap to the child?

  *Note to Trainer: For a younger child, the therapist might say, “today we are going to create a picture together to help us see who is in your world. Let’s get some crayons.”*

- Did your work involve completing the entire EcoMap or only portions of it? What led to your decision?

- Did the EcoMap process help the child express feeling or concerns?

- If you were to use the EcoMap again, what lessons would you take from your experience in doing an ecomap as a therapist and as a child?
Lecture: Genograms

NOTE to trainer: Allow about 45 minutes for genogram work

Another component of a life book can be a genogram.

Large Group Discussion: What is a genogram?

Provide the following as needed:

Genograms are drawings or diagrams that are developed with a child to identify important people in their lives. They are graphic depictions of how different family members are biologically and legally related to one another from one generation to another. The map is a construction of figures representing people and lines that show their relationships. Therapists can use genograms to help them understand the relationships in the family and the losses that the child has experienced.

Large Group Discussion: What might some reasons to do a genogram when working with a child who is being prepared for adoption?

Raise the following if not mentioned:

- Provide a picture of the child’s family
- Clarify the important people in the child’s life
- Identify patterns in family relationships and events
Lecture

Although the drive to use evidence–based practices is growing, clinicians continue to seek various modalities to meet the specific needs of a particular client. Genograms can be used to supplement any treatment approach and can be integrated across schools and models of counseling and therapy. See S.A. Rigazio-DiGilio. *Community Genograms: Using Individual, Family and Cultural Narratives.*

A genogram is created with simple symbols. Some basic guidelines for genograms are:

- Neutral symbols represent different genders: a square for male and a circle for female.
- An “X” over a box means that the person has died. Usually, the person’s name and age – if known – are placed under each symbol.
- The lines in genograms show family relationships. A straight line connects parents to each other and to children.
- Two diagonal lines crossing over connecting lines between spouses means divorce.

Handout #3.10 provides basic genogram symbols for various types of individuals and examples of how lines connect people in different relationships.

*Note to Trainer: Briefly review the guidelines.*

Handout #3.10: Genogram Guidelines

Handout #3.11 provides an example of a genogram for a child adopted from foster care. Let’s review it together and the story it tells.
Handout #3.11: Genogram for Jake

Lecture

Jake is the person around whom the genogram is developed. Notice that he has a double square. If Jake were a girl, it would be a double circle.

Jake, at age 9, entered foster care and was placed with Jimmy and Jenny. Notice the dotted line from them to Jake, indicating a foster care relationship.

Jake’s birth parents are Darrell and Nel. Notice the solid line between them indicating marriage. The one slash across this line indicates separation. Nel is currently living (cohabitating) with John – which is what the line of dashes with a house means.

Notice the solid line between Darrell and Nel and Jake, indicating a parent-child relationship. But, also notice the three slashed lines across the line between them and Jake. This means that their parental rights to him have been terminated.

Darrell’s parents (Jake’s paternal grandparents) are Hank and Lou Ann – the “X” marks indicate that they are deceased.

Nel’s mother, Liz, is still alive but her father, Henry, is deceased.

Now, notice that time has progressed and Jake, again in a double square, is age 12. We can see that he remained in foster care with Jimmy and Jenny until he was adopted by Betsy and Erik. The solid line with a dotted line next to it indicates that he is adopted.

Betsy and Erik have two other adopted children: Pam, age 15 and Jeff, age 14.

Notice how the child’s family relationships, including the people in his family and the type of relationships that he has, can be displayed on one page.
Small Group Work

Note to Trainer: Divide into groups of three. Each group will develop a genogram for a child based on one of the scenarios in Handout #3.12. Ask groups to put their completed genograms on a flip chart -- this is how the groups will share their genograms with the rest of the class.

Please use Handout #3.10: Genogram Guidelines in developing your genograms.

Handout #3.10. Practice in Constructing Genograms

Report Out

Notes to Trainer: Ask each group to display its genogram recorded on the flip chart and talk about how it put together the child’s family relationships. Ask each group to comment on the strengths and challenges in doing the genogram.

Attachment B has examples of what each genogram should look like.

2:45 PM – 3:00PM  Break

3:00PM – 3:30PM  Preparing the Sibling-in-Waiting for Adoption [Learning Objective #9]
Lecture

Here’s a quote from Heidi Weitzman, an adoption social worker with the Children’s Aid Society’s Minnesota Waiting Child Program:

“Because of the nature of our work, a lot of us tend to focus on the newly adoptive child. Sometimes, it is good to take a step back and look at this from all points of view. The child already in the family will experience just as much change with the least amount of preparation.”

We are going to call these children “siblings in waiting.” They are aware that a new sibling will join their family through adoption.

Large Group of Discussion: What are issues that may arise for siblings in waiting?

Raise the following if not mentioned:

- Changes in the established relationships within the family structure; changes in birth order
- Fantasies about having a new playmate
- Sharing their parents with someone else – loss of their parents’ time and attention
- Fears that their parents will love the new child more
- Sharing their space and things with someone else
- Confusion about adoption-what does it mean that they were not born in their mommy’s tummy like they were?
Look at the case scenario on Handout #3.13. In your small groups, discuss how you, as the therapist, would you work with the mother (Amanda) and with the daughter (Ally)?

Amanda is a single (divorced) mother, age 42, who has consulted you for help in preparing her (biological) daughter, Ally, age 9, as she makes plans to adopt another child. She says that she has always wanted to have more children. She also says that Ally loves younger children and is very sweet with them. Amanda has asked Ally what she thinks about adoption and she has said that she doesn’t know but it would be fun to have someone to play with. Amanda wants to adopt a daughter between the ages of 4 and 7 from foster care. She needs your help in helping Ally be prepared for a new sister. She says that she will bring Ally in to talk with you if you think that is a good idea.

Raise the following if not mentioned:

With Amanda
• Discuss how children without other siblings may have a more difficult time adjusting during the transition

• Discuss how Ally’s enjoyment of other children may not necessarily translate into the same feeling for a new sibling

• Discuss the challenges that children adopted from foster care often have (emotional and behavioral) and the time and attention they often need; how this is likely to impact on Ally

• Support Amanda in having open discussions with Ally about fantasies and reality

With Ally

• Ask Ally to describe her fantasies about the new sibling

• Work with Ally on adjusting any “picture perfect” fantasy

• Provide Ally a chance to talk about her thoughts separate from her mother

• Practice future thinking to help Ally project herself into situations where she will be able to keep her identity separate from her new sister

Note to Trainer: Refer students to Handout #3.13 which provides some guidance on preparing siblings in waiting for adoption, prepared by the Minnesota Child Waiting Program.

Handout #3.14: Preparing Siblings-in-Waiting for Adoption

The Waiting Child Program has developed a list of questions that a clinician can ask a child already in the home (by birth or a previous adoption):

• What does adoption mean?

• What do you know about the adoption process?

• Why is our family adopting?
• What do you think will be different after adoption?
• What might be the same?
• What will be hard to talk about?
• Who can you talk to when it’s hard?
• What can’t you handle?
• What will happen if you hate it?

**Large Group Discussion:** Are there other questions that you would add to this list?

3:30 PM – 4:15PM Preparing Birth Parents for Adoption [Learning Objective #10]

**Lecture**

We have spent a good part of our session today talking about preparing prospective adoptive parents, children and siblings-in-waiting for adoption. Let’s turn now to preparing birth parents for adoption. Our work with birth parents will vary depending on the type of adoption:

• We are most likely to work with parents who are considering placing their infants or young children for adoption.

• It is highly unlikely that we would work with the birth parents of children who are adopted internationally.

• We may work with parents whose children are in foster care and who are considering voluntarily placing their children for adoption rather than going through an involuntary termination of parental rights. When the parents of children in foster care voluntarily
relinquish their children for adoption, it is often possible to plan for ongoing connections between them and their children.

- We may also work with birthparents for whom the plan is to terminate their parental rights. Child welfare agencies may ask a therapist to work with the birthmother or birthfather or both early in the placement of child into foster care to help them do what they need to do to have their children return to them. The therapist may then need to support them through a termination of parental rights proceedings if they are not able to voluntarily place their children for adoption.

**Large Group Discussion:** As part of your pre-Module work for this class, you read three articles from *RISE* magazine written by parents who have experienced involuntary termination of parental rights. You prepared a list of issues that parents may face when their rights were involuntarily terminated. What issues did you identify?

*Note to Trainer: Note the issues on as flip chart.*

**Lecture**

There have not been studies in the United States on the experiences of birth parents whose parental rights have been terminated. However, studies in England have found that parents who have experienced involuntary termination of parental rights experience:

- Deep shame
- Feelings of stigma from family and in some cases from the broader community
- Sense of public humiliation
- Anger and sense of being treated unfairly
- Tremendous sense of loss that their children are not longer theirs


When we work with parents who are considering the voluntary placement of their children for adoption, we can help them anticipate the likely impact of adoption on them.

**Grief.** All birth parents must deal with grief when they place their children for adoption. Their reactions may vary:

- Many are sad about not being able to raise their child or have a relationship with their child.
- Some say that they eventually adjust to the loss of the child but that the pain and grief lasted a long time.
- Others say that they were never the same after placing the child for adoption; their entire lives were affected.

We experience grief when we are separated from a loved one. In adoption, however, there are not standard grieving processes or approved rituals to help birth parents to cope with their loss. There may be a sense of isolation. The birth parent may have kept the relinquishment a secret so that their family and friends would not know. An adoption plan may not be “culturally acceptable” In addition, it is often not socially acceptable to talk about what has happened. For those reasons, the grief may be particularly intense and long lasting for birth parents.

Here are some quotes to consider:

From a birth mother:

I gave my child up for adoption at birth because I felt pressured into it. Once I said I would, the adoption agency kept such a tight rein on me that I was afraid to change my mind. That was the biggest mistake of my life. I will regret it until the day I die.

From *Being a Birthparent: Finding our Place* by Brenda Romanchik:
The darkness of grief often makes it difficult for birthparents to see what they have to offer. By relinquishing their right to parent, many may feel as if their work is done. Society tends to reinforce this by portraying good birthparents as silent participants. In addition, birthparents may be struggling with the inner demons of shame and guilt and may not feel worthy of a relationship with their children. They may also have family and friends who are not very supportive of their decision and make it difficult for them to feel good about continued contact.

**Romantic Relationships.** Many birthparents report difficulty with romantic relationships after they have placed a child for adoption. In her book, *Birthmothers: Women Who Have Relinquished Babies for Adoption*, Mary Bloch Jones interviewed many birthmothers about their relationships after placing their children for adoption and found a variety of experiences.

- Some married the first person who came along to “become respectable.”
- Other stayed away from any relationship for years.
- Some married abusive partners, subconsciously punishing themselves.
- Some married rich partners they didn’t love so that they would have financial security and never again be in a position of having to place a child for adoption because of no money.
- One third reported happy marriages. Their partners continued to support their need to talk about the birth parent experience and their search for ways to help them grieve.

Here is a quote from a birth mother to consider:

> Even though I am not yet married, the placement of my daughter has already affected my marriage. I want to start having children a lot earlier than my fiance. Even though I will love all my kids, I will always long for a little girl to raise. My fiance has been wonderful in the discussions we have had about having future children and assures me that the importance having kids holds to me will only mean it will be that much more important to him sooner. Does that mean that is how things will work out necessarily? No, but it does show that my fiance is more than understanding and respectful of the effect that placing my daughter has had on myself and our relationship.

**Parenting Issues.** Birthparents approach parenting in different ways.

- Some avoid parenting, not wanting to be reminded of the adoption experience.
Some are extremely protective of their children, afraid that something might happen to this child.

Others are distant from their children: getting close reminds them of the child they placed for adoption.

Most birth parents say that placing a child for adoption affects the way they parent and the way they feel about their other children.

**Large Group Discussion:** How parents approach parenting may be impacted by whether they continue to have contact with the child whom they placed for adoption. Birth parents with open adoptions may have different reactions to subsequently parenting a child.

You are a therapist working with Sue, a birth parent whose 8-year-old is in foster care. Sue has attempted to do all that she can so that her son can return to her but she is not succeeding. She tells you that her depression “just won’t go away” and it is only when she drinks that she feels better. The agency is changing her son’s goal from reunification to adoption. Her caseworker has talked with her about voluntarily relinquishing her rights and allowing her son to be adopted. The alternative is that the court will terminate her rights. She does not want to lose her son but she wants what is best for him. If she signs the adoption papers, she worries that her son will believe that she never really loved him.

How would you work with Sue?

**4:15PM – 4:30PM Review of Final Project Requirements and Closing**

Information about the Final Project is posted on the C.A.S.E. website. Now that you have had a chance to review these materials, are there any questions?

In each of our sessions together, you will have a full hour for lunch. You may choose to use some of this time to meet with your final project team to plan your final project.
Module #3: Clinical Issues in Planning, Preparing for and Supporting Adoption
Revised January 2013

We are reaching the end of our Module today. Please ask yourselves the following questions:

- Can I identify three issues that should be addressed in preparing prospective adoptive parents for adoption?
- Can I describe three differences between parenting an adopted child and a child by birth?
- Can I describe two reactions to adoption by people outside the immediate family?
- Can I identify four critical elements in preparing a child for adoption?
- Can I describe three differences between being adopted and being raised in one’s family of origin?
- Can I describe three ways that sibling relationships may be affected by adoption?
- Can I identify at least three ways that a life book can be used to help prepare a child for adoption or help a child who is adopted?
- Can I describe at least two features of EcoMaps?
- Can I identify at least two benefits of using a genogram?
- Can I describe two types of adoption rituals?
- Can I identify at least two approaches that a clinician can use to help prepare siblings-in-waiting for adoption?
- Can I identify three issues that should be addressed in preparing birth parents for adoption?
- Can I describe three ethical aspects of clinical work with prospective adoptive parents?

As a result of this Module, you should be able to answer “yes” to each of these questions. If not, please feel free to talk with me after the session and please review the Module materials.

Take a few moments and write down three take-aways from today’s Module. Challenge yourself to use these take-aways in your practice before the next class. Be prepared to share your experiences at our next class.

In your email inbox, you will find a message with a link to a brief online survey for you to provide feedback on today’s workshop. It will ask you to rate the quality and relevance of the workshop content and the effectiveness of the learning activities, to identify the strengths of the training Module, and to recommend ways that the training can be improved. Please follow the link in the email and provide the feedback right ways while the Module experience is fresh in your memory.
The next Module will focus in great depth on some of the issues that we briefly mentioned today: loss, grief, and separation. One of the exercises that we will be doing is constructing a loss box. Please link up with a partner today and together plan to bring a shoe box that the two of you can work on in our next session in creating a loss box.

Please go to the website for your Student Packet which contains the agenda, learning objectives, pre-Module assignments, and handouts for the next Module.

Thank you for your attention. See you next month!
Module #3: Clinical Issues in Planning, Preparing for and Supporting Adoption
Revised January 2013

Reading List

Web-Based Resources


Groza, V. & Ileana, D.F. Preparing Families for Adoption of Institutionalized Children with Special Needs and/or Children At Risk for Special Needs. Available at: http://www.comeunity.com/adoptive/special_needs/groza-issues.html


Preparing Children for Adoption. Available at: http://www.cwpsalem.pdx.edu/netlink/transitions/Preparing%20Children%20For%20Adoption.pdf


Lifebook Resources


Other Resources

© 2012 The Center for Adoption Support and Education
Fahlberg, V. *The Life Story Book*. Available at: [http://www.perspectivespress.com/lifestory.html](http://www.perspectivespress.com/lifestory.html)


Two copies of Demonstrated Role Play Script

COPY #1:

Role Play:

Alicia: Hi there. How is it going today?

Craig: [Grunt]

Alicia: [Smiles] Good or not so good?

Craig: [Grunt]

Alicia: [Laughs] Oh, come on, give me something more than a grunt.

Craig: [Grunt]

Alicia: [Laughs]

Craig: [Laughs] What do you want?

Alicia: Well, how about telling me about how things are going at home?

Craig: Home? Who’s got a home?

Alicia: Are you feeling that you don’t have a home?

Craig: They say I do, but who knows? I could be out tomorrow.

Alicia: Are you thinking that the Smiths would put you out?

Craig: Well, my so-called “mom” did.

Alicia: Tell me what you remember about that.

Craig: Look, I have gone through all of this before. I was a little kid, she was a drunk -- she left me by myself and the police came.

Alicia: You were about 5 years old, weren’t you?

Craig: Yeah – what a thing to do to a little kid!

Alicia: Little kids cannot fend for themselves.

Craig: You got that right!
Alicia: You were a little boy – and you wondered where your mom was and why the police were there. It had to be really scary.

Craig: [Looks down – stares at his shoes] Yeah.

Alicia: Your mom was not able to be the parent that you needed. She had lots of problems of her own that she just could not get on top of.

Craig: Well, she should have! [Still staring down at his feet]

Alicia: [waits silently]

Craig: [after a pause] I guess you don’t like kids getting mad in here.

Alicia: I think that it is fine to get mad when someone like your mom lets you down. We all get mad when people we care about hurt us.

Craig: I’d like to just punch her!

Alicia: It is sometimes hard to know what to do with our hurt feelings.

Craig: Yeah – well, I can’t punch her because no one knows where she is.

Alicia: That’s a hard thing, too.

Craig: Okay, can we stop for today?

Alicia: Sure. Let’s plan to talk again next week.
Role Play:

Alicia: Hi there. How is it going today?
Craig: [Grunt]
Alicia: [Smiles] Good or not so good?
Craig: [Grunt]
Alicia: [Laughs] Oh, come on, give me something more than a grunt.
Craig: [Grunt]
Alicia: [Laughs]
Craig: [Laughs] What do you want?
Alicia: Well, how about telling me about how things are going at home?
Craig: Home? Who’s got a home?
Alicia: Are you feeling that you don’t have a home?
Craig: They say I do, but who knows? I could be out tomorrow.
Alicia: Are you thinking that the Smiths would put you out?
Craig: Well, my so-called “mom” did.
Alicia: Tell me what you remember about that.
Craig: Look, I have gone through all of this before. I was a little kid, she was a drunk -- she left me by myself and the police came.
Alicia: You were about 5 years old, weren’t you?
Craig: Yeah – what a thing to do to a little kid!
Alicia: Little kids cannot fend for themselves.
Craig: You got that right!
Alicia: You were a little boy – and you wondered where your mom was and why the police were there. It had to be really scary.
Craig: [Looks down – stares at his shoes] Yeah.

Alicia: Your mom was not able to be the parent that you needed. She had lots of problems of her own that she just could not get on top of.

Craig: Well, she should have! [Still staring down at his feet]

Alicia: [waits silently]

Craig: [after a pause] I guess you don’t like kids getting mad in here.

Alicia: I think that it is fine to get mad when someone like your mom lets you down. We all get mad when people we care about hurt us.

Craig: I’d like to just punch her!

Alicia: It is sometimes hard to know what to do with our hurt feelings.

Craig: Yeah – well, I can’t punch her because no one knows where she is.

Alicia: That’s a hard thing, too.

Craig: Okay, can we stop for today?

Alicia: Sure. Let’s plan to talk again next week.
Attachment B: Completed Genograms for Reference for Exercise on Handout #3.12

[in pdf]
Module #3
Clinical Issues in Planning, Preparing for and Supporting Adoption

Handouts
Handout #3.1

Should I adopt?

“I have always been a strong supporter of adoption, especially since my younger brother is adopted. I am torn between desiring children of my own and adopting a child to make my own. I know from experience what a big difference genetics and raising a child from the first day make (I have another brother the same age as my adopted brother whom my mother birthed). My adopted brother has some emotional and physical problems left over from his previous caretakers.

So, the question: which is the better option?

To adopt and help a child who may not have another chance, with financial and more possible emotional/functioning problems

Or to have your own child who is a genetic combination of you and your partner, and who you get to mold even in the womb.

My boyfriend completely wants to have his own children, but I am not sure – it seems like the more selfish thing to do, to me.

Maybe neither – maybe the best option is to have your own child, then adopt/foster children later, once you are financially more stable, and know how to be a good enough parent to take care of an older child.

What do you guys think?”
Don’t be surprised if your mate resists adoption even as you’re embracing it.

By Jill Smolowe

Reprinted with permission from Adoptive Families Magazine

It had been a long haul to convince my husband to start a family. When biology failed us, he felt the subject of children was closed. By then past 50, Joe was not interested in raising a child whom he inelegantly described as someone else’s kid. That was before we went to China in January 1995 and held an adorable, alert seven-month-old girl, who cast her spell over Joe in about five minutes flat. By the time we got home two weeks later, Joe was undeniably, smittenly, inalterably Becky’s father.

Now that there’s a happy ending, Joe and I can laugh about some of our more heated debates, and share our experiences with other couples who are thinking about or pursuing adoption. But when we were in the midst of the decision-making process, I thought Joe and I were a seriously defective marital unit.

At the time, nobody I knew had a spouse so reluctant about children in general, and adoption in particular. Why couldn’t we get it together? It should not be this hard, I told myself, even as I persevered. What is wrong with us? Everybody else manages to have kids without all this sturm and drang.

Or so I thought, until I published an account that spoke candidly of the stresses that the long journey to parenthood had put on our marriage. Suddenly, total strangers opened up to us. And, lo! I discovered that Joe and I were not unique. Perhaps not even unusual. Many, many couples, we learned, had been or currently are deeply divided over the issue of adoption.

By that, I don’t mean the sort of frustrations that draw appreciative laughs from an adoption audience. (Say, she’s got her birth certificate in hand for the home study, while he hasn’t sent away for his yet.) Rather, I mean bone marrow deep differences that, as happened in my case, can put a marriage on the line. I mean differences so fundamental that some marriages bust up as a result.

Sadly, such couples often struggle in isolation, when some empathy and support, particularly from other adoptive couples who have worked through their differences, might ease the strain. Often, fear of the unknown stands in the way, says Jan Garten, a Manhattan marriage therapist who counsels many couples divided about adoption. It’s good to talk to people who have gone through the process.

The toughest decision, of course, is the first: Will we adopt, or won’t we? Marriage counselors, adoption specialists, and social workers agree that when a couple is not in lockstep, it’s usually the wife who wants to proceed, and the husband who doesn’t. (Anecdotal evidence suggests...
that reluctant men are often ambivalent about adoption, but resistant women tend to be inflexible.)

Some adoption experts maintain that it’s wrong to press ahead with an adoption before a reluctant spouse is fully on board. They argue that before launching a search, a couple needs not only to confront, but sort out and resolve all uncertainties, ambivalences, and concerns about adoption.

For many couples, though, you might as well ask them to foresee and figure out the rest of their lives. Why? Consider the range of concerns that fuel reluctance:

Age. (Am I too old to be a parent? Will I have enough energy? Enough patience? Enough love?)

Money. (How can I save for a college education when I need to save for retirement? Will an adoption eat up all my savings? Will we ever get to take a vacation again?)

Time. (Will a child be too disruptive? Will I have to curb my work hours? Do I want to?)

Family. (Will my parents reject an adopted child? Will my children from a prior marriage resent me for starting a new family? Will I make the same parenting mistakes again?)

The unknown. (Who will the child be? What genetic surprises might be in store? Will I be able to love an adopted child as much as a biological one?)

Such questions are important, legitimate and often unanswerable until a couple is actually living the changes a child brings. They reflect the reluctant spouse’s focus on what may be lost: financial security, spousal attention, uninterrupted work time, a biological connection. Until the spouse experiences the benefits that come with parenting, there is essentially nothing to mitigate those fears.

Even after a spouse agrees reluctantly to move forward, there may be backsliding. This is understandable when you contrast a pregnancy with the adoption process. Typically, a pregnancy is a fait accompli that gives a reluctant spouse nine months to ease into the idea of parenthood. Greeted with joy and excitement by friends and relatives, a pregnancy tends to inspire questions like: Do you know if it’s a boy or girl? Have you picked a name? How much time do you plan to take off from work?

Now, consider the kinds of issues that couples are forced to confront during the adoption process. What age child do you want? What sex? What health condition? What ethnicity? What race? How much contact do you want with birthparents? How do you plan to raise this child?
How will you speak of adoption to him? What role will the child’s ethnic heritage play in her life? How will you cope with an emotional or physical disability? What will you do if your relatives don’t embrace this child? And that doesn’t even begin to touch on the procedural aspects. Lawyer or agency? Public or private? Open or closed? Domestic or overseas?

Such questions not only thrust the issue of baby at a reluctant spouse over and over, but demand repeatedly that he opt in or out. In essence, the process requires that he try to envision the child’s entire upbringing at a time when he might prefer not to think about children at all.

The upside is that this insistent probing gives adoptive couples a rigorous preparation for parenting that the biological route rarely affords. The downside is that every new question and issue risks reigniting or ratcheting up a reluctant spouse’s resistance. My own husband signed on and off to adoption so often that by the time we boarded the plane for China, neither one of us could have said for certain whether he would stick around after we returned home.

He did.

In fact, the man who for years had insisted that he was too old, too busy, too uninterested in kids, is a wonderful, involved father who resents even the occasional business trip that keeps him from tucking Becky in at night. These days when a call comes in from a distressed couple, Joe gets on the phone with the reluctant spouse sometimes, literally, for hours. He listens. He empathizes and commiserates. He reassures them that their fears and concerns are legitimate. Then, ever so subtly, he encourages them to take the plunge.

*Jill Smolowe, an adoptive parent, is a journalist and the author of* An Empty Lap (Pocket Books). *She lives in New Jersey with her husband, Joe Treen, and with their daughter, Becky.*
Handout #3.3 An Adoptive Parent Talks About Adoption

Kathryn and Patrick are parents of Alex, age 36 (their biological child) and Bianca, age 27 (their adopted child). They live in Albury, New South Wales. Here, Kathryn shares the challenges and rewards of raising an adopted child.

Kathryn “It took three years for me to fall pregnant with Alex and for many years afterward we tried unsuccessfully to have another child. It had always been our dream to have more than one child. So when he was around four years old, we decided to register with an adoption agency.

“Seven years later we finally received a letter telling us there was a girl we could possibly adopt. The next year was the most grueling year of my life. The interview and assessment process was unbelievably traumatic and we’d travel to Melbourne for meetings and interviews, not knowing whether we’d pass. There were so many single parents hoping to adopt. But in the end, having Alex worked in our favor as it proved we were capable parents.

“The moment I laid eyes on Bianca I instantly fell in love. She was this 14-month-old bundle of joy and from that day on she became our child and part of our family. She was a very, very easy child until she hit her teens. From day one we were open about her adoption and this wasn’t a problem until Bianca reached her teens. Between the ages of 13 to 16, when Bianca was dealing with all the typical experiences of being a teenage girl and trying to work out who she was, the adoption became an issue.

“The thing with adopted children is that they need to feel secure and loved just a bit more than other children. If they see any failure in your love towards them, they can take it and run with the idea ‘you don’t love me because I’m adopted’ or ‘I hate you and you’re not even my real mother’. As a mother it can hurt; it is like she had extra fuel for her teenage angst. But our strategy was just to respond with love. We always made a point to show her how much we loved her and made sure she felt special and she was our child and loved as much as Alex was. It was hard there for a while, but by the time she turned 18, things sort of leveled out.

“Today Bianca is the most wonderful, mature, contented, loving, gorgeous, well-adjusted woman. She has an amazing circle of friends, a fantastic career and amazing relationships. I think she’s turned out pretty well!”
Handout #3.4 The 3-5-7 Model: Clarification and Integration

Part 1. Georgia: What clarification work is needed?

Georgia, age 9, entered foster care as a three-year-old. She tells you that she barely remembers her parents and has little recall of her life with them. She came into foster care with two older sisters, Jennine and Sarah, but she not seen them in a long time. She describes them as “beautiful” and “like angels.” She believes that Jennine died because of something she overheard her caseworker saying. She was placed with two different foster families before she was placed with the Brown family but she does not remember much about them. The plan is now for the Browns to adopt here and her behavior has become increasingly agitated. Georgia says that she understands that the Browns will adopt her and she says that is “okay” with her.

Part 2. Small Group Role Play: Integration

You have been working with Georgia for six months. You have learned that her parents were immigrants from Eastern Europe and were deported, which led to their daughters coming into foster care. You have also learned the following from the Department: Georgia’s foster mother had a stroke and could no longer care for her. Her second foster family found her behaviors too challenging to manage. You have also learned that Sarah aged out of foster at age 18 and her whereabouts are not known. Jennine is alive and has been in a residential facility for the past three years after two suicide attempts.

Observation Sheet

1. Did you see examples of the therapist supporting Georgia in identifying the multiple family relationships in her life?

2. Did you see examples of the therapist helping Georgia to identify family relationships both before and after entry into foster care?

3. Did you see examples of the therapist exploring with Georgia the meaning of these different family relationship to her?
4. Did you see examples of the therapist exploring with Georgia how a person can hold and honor multiple family relationships in his/her life?
Handout #3.5. Seven Critical Elements of Preparing a Child for Adoption

<table>
<thead>
<tr>
<th>Engaging the child</th>
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</thead>
<tbody>
<tr>
<td>Listening to the child’s words</td>
</tr>
<tr>
<td>Speaking the truth</td>
</tr>
<tr>
<td>Validating the child’s life story</td>
</tr>
<tr>
<td>Creating a safe space</td>
</tr>
<tr>
<td>Going back in time</td>
</tr>
<tr>
<td>Recognizing pain as part of the process</td>
</tr>
</tbody>
</table>
Handout #3.6. Case Examples: The Differences Between Being Adopted and Being Raised in One’s Family of Origin

#1  I'm 11 and I just got adopted like 2 years ago. I feel kinda left out. My parents I never met them or have any pictures of them. I don't even know who they are! I just remember that I was at this adoption center and I was so scared. Then this couple with kids adopted me. I was so scared. But, then when I finally got to know them, I felt like they were my real parents. But of course they weren't. I feel bad. It's like not having my parents love me anymore. But, every now and then I cry at night when I think about my parents.

#2  I am 20 and I love my adoptive parents. I was adopted from Peru and I have no information on my biological parents. Sometimes I wonder where I get my traits from or what my birthfather looks like, but I understand my birthmother could not provide me with the life she wanted me to have. I love my parents and am grateful for them in every way possible.

#3 I hate being adopted. I’m 14. I never knew my biological parents. I have 3 siblings -- I don’t even know them. I have never see them in my life. I wish I had a normal life. Adoption sucks. I’ve tried looking for my parents before.

#4  I’m 19 and was adopted when I was born using a closed adoption. My adoptive parents are the best parents anyone could ask for. My mom (adoptive) had severe endometriosis and could not conceive children on her own. My birthmother (from what I've been told) was only 18 when she had me and wouldn’t have been able to care for me properly. Though I don’t know her personally (and have no desire to), I have a lot of respect and appreciation for my birthmother for not having an abortion and for giving me a wonderful life with wonderful people. Adoption was definitely a success for me and I never have had problems dealing with being adopted. It’s just a part of me and it makes me special and I know that my adoptive parents are happy I’m a part of their lives.
Handout #3.7  Examples of Lifebook Pages

THIS IS ME!

____________________
ALL ABOUT ME!

This book is all about me,
My life, thoughts and memories.

MY NAME

____________________

MY BIRTH DATE

____________________

MY LIFEBOOK WAS STARTED ON

____________________
Copy of My Birth Certificate
Childhood Milestones

- My first word was
- My first haircut
- My first tooth:
- My first time crawling:
- My first steps:
- My first toy:
- My first pet
- My first friend
My Memories From Age Zero to Three
My Family
My Extended Family Members

Name: ____________________________
Address: ________________________
_________________________________
Phone: _____________________________
How we are related:
_________________________________
_________________________________

Celebrating the people in my life

Memories

A time we spent together:
More Examples of Lifebook Pages Can Be Found at:

http://www.ifapa.org/pdf_docs/LifebookPagesAll.pdf


http://www.adoptionlifebooks.com/for_when_i’m_famous.htm
Handout #3.8. Life Book Case Scenarios

Scenario #1: Annie and Tom adopted Gleason at age 6 from another state four years ago. The agency did not provide them with photos, letters, or other personal items from Gleason’s earlier life. They are seeing you now because Gleason has become very withdrawn. Annie recently read about life books and comes to the session with ideas on doing this for Gleason. She says that she wants to create a scrapbook to give to Gleason. She asks: Is a scrapbook appropriate for a boy Gleason’s age (he is now 10)? What should she put in it? She says that friends are doing some wonderful scrapbooks and she has gotten lots of great ideas from them. She is sure that she can make a beautiful book. How would you talk with Annie about this idea?

Scenario #2: At age 9, Brenda, who is currently in foster care, will be adopted by a family who has specifically been recruited for her. You are working with her to help her prepare for adoption. In the most recent session, Brenda focused on how parents “just left me in foster care and how her first foster parents “got rid of me.” She does not have a life book. As Brenda’s therapist, what would you take into account in working with Brenda on a life book?

Scenario #3: You are working with Helen and her daughter, Mandy, age 4, whom Helen adopted from China. Helen tells you that Mandy recently asked her why boys aren’t born in China. Helen explained that lots of boys are born in China, but Mandy said, “then how come none of my Chinese friends are boys? Why don’t they live in the big room with all the other babies and come to the United States?” Helen is wondering if a life book might be something that would help Mandy understand her adoption. How would you explore this idea with her?
Handout #3.9  EcoMap: Form and Suggestions

ME:  My name: ______________________   I am ___ years old.

<table>
<thead>
<tr>
<th>Brothers and Sisters</th>
<th>Counselor</th>
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<tbody>
<tr>
<td>Friends</td>
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Things I Like to Do:

School

My Dreams:

What Bugs Me:

I worry about:

I feel:
Suggestions:

An EcoMap can help the therapist in getting to know a school age child. One approach is to give the child a copy of the EcoMap and crayons, markers or colored pencils. Encourage the child to do the writing and coloring him-/herself as you discuss the different parts of the map with him/her. The EcoMap is designed to include both less psychologically loaded questions and those that may be more demanding.

1. Begin by asking the child to fill in the blanks at the top of the form. Please add the date to the completed EcoMap.
2. ME (in the center): Ask the child to share why he/she is in foster care and the plan for adoption.
3. Counselor: Describe your role to the child as his/her therapist. If he/she wants to put your name in the box, provide your name.
4. Homes: Encourage the child to identify the different homes. One might be the home of his/her birth family, one that of her foster parents, the third (possibly) the home of her adoptive family. Encourage the child to talk about what is alike and what is different about each home and how each family fits into his/her life.
5. Brothers and Sisters: Ask about sibling relationships. Separation from siblings may be as painful to a child as separation from birth parents.
6. I feel: Encourage the child to talk about feelings and write them down if he/she wants to.
7. Things that bug me: Let the child complete this on his/her own.
8. School: Encourage the child to talk about school experiences: where he/she has been to school, any changes in school, what school life has been like for him/her.
9. I worry about: Encourage the child to talk about worries and write them down.
10. The things I like to do: Encourage the child to talk about what he/she enjoys doing and the things that other people do that make him/her happy.
11. Dreams: Ask the child about nighttime dreams and daydreams (hopes).
12. Friends: Ask the child about his/her best friends and about making new friends.
Handout #3.10. Genogram Guidelines

(in pdf)
Handout #3.11. Genogram for Jake

(in pdf)
Handout #3.12. Practice in Genogram Construction

**Group Work #1:**

Sondra is an 8-year-old who entered foster care after her stepfather, Henry, sexually abused her. Sondra’s mother, Eileen, does not believe that the sexual abuse happened. Sondra has two younger sisters still living in the home: Rhonda, age 6 and Bea, age 4. Sondra’s birth father, Jimmy, left the family after Bea was born. He married Glenda and they have a baby, Sam, age 16 months. Sondra is close to her maternal grandparents, Lucinda and Oscar, who believe her. Sondra’s aunt, Rennie (Eileen’s sister), believes her as well, and Sondra is now living with Rennie. Eileen is furious with Rennie for taking Sondra in. Henry’s parents are no longer living and he refuses to talk about them.

**Group Work #2:**

Don is a 10-year-old who came into foster care when his dad, Frank, a long distance truck driver, left him alone for several days. In the investigation, the social worker learned that Frank had physically abused Don. Don’s mother, Norma, abandoned the family when Don was two years old. Her parents, Sally (still alive) and Wilbur (deceased), were both alcoholic. Frank’s dad, Hank (now deceased), was also an alcoholic. Don has an older brother, Jim, who is now incarcerated. Jim has a baby, Selena, by a common law wife, Louanne. The parental rights of Frank and Norma have been terminated. Don is living in a group home. Work is underway to identify an adoptive family for Don.

**Group Work #3:**

Beth, age 15, has been in foster care for 6 years. She came into care at age 9 with her brother, Luke, because her parents abandoned them. Her parents, Erik and Terry, left the two children at a neighbor’s, saying that they had a family emergency and would return in three days. They never returned. Beth’s and Luke’s grandmother, Cindy (Terry’s mother), is elderly and could not be a resource for them. Her husband, Tom, died 20 years ago. Erik’s mother and dad (June and Jay) have divorced. Both now live in another state. June occasionally calls Beth and Luke but she says that she cannot do anything for them. The children live in different foster homes: Beth lives with Tina and Sam and Luke lives with Jonathan. It may be that these foster families would adopt Beth and Luke.

**Group Work #4:**

Andrew, a member of the Lakota Nation, came into foster care at the age of 14 after he was physically hurt by his father, Lou, when an argument ensued between Lou and Andrew’s mother, Sarah. Andrew tried to protect his mother and his arm was broken. Andrew is placed
with his grandparents, Arleta and Elijah (Sarah’s mother and father) who live on the reservation. Andrew is the youngest of 7 siblings. Andrew’s siblings are: Joshua, 24 and married to Alicia, with one son, Abraham; Nathan, age 21, not married but living with Sandy; Samuel, age 20; Noah, age 19; and John, age 18. Lou’s parents, Linda and Adam, are both deceased. Lou has not been willing to accept responsibility for his actions. Tribal social services has begun to talk with Sarah’s sister, Rachel, and her husband, Jerome, about a customary adoption for Andrew.

Group Work #5:

Henry is a 7-year-old biracial child who entered foster care at age 5 after neighbors reported that he was digging in trash cans for food. The investigation revealed that Henry’s mom, Bianca, was suffering serious mental illness. She has been diagnosed with disorganized schizophrenia. Henry’s dad, Lamond, is peripherally involved in Henry’s life. Lamond and Bianca divorced when Henry was a baby. Since the divorce, Lamond has fathered two children: Susie, age 2, with Becca, with whom he lived for about 9 months and Kendrick, age 8 months, with Lannie, with whom he is currently living. At times in the past, Henry stayed with his grandmother, Ruth (Bianca’s mother) whose husband, Artie, died two years ago. Ruth is afraid of Bianca and says she cannot get involved anymore. Lamond’s parents, Gertie and Sam, are put out with their son whom they say needs to straighten up and stop having kids. They refuse to get involved in planning for Henry, especially because, like Ruth, they are afraid of Bianca. Henry is now living with foster parents, Abe and Trish, who are interested in adopting him. They have already adopted Michelle, age 9, from foster care.
Handout #3.13 Amanda and Ally

Amanda is a single (divorced) mother, age 42, who has consulted you for help in preparing her (biological) daughter, Ally, age 9, as she makes plans to adopt another child. She says that she has always wanted to have more children. She also says that Ally loves younger children and is very sweet with them. Amanda has asked Ally what she thinks about adoption and she has said that she doesn’t know but it would be fun to have someone to play with. Amanda wants to adopt a daughter between the ages of 4 and 7 from foster care. She needs your help in helping Ally be prepared for a new sister. She says that she will bring Ally in to talk with you if you think that is a good idea.
Handout #3.13: Preparing Siblings in Waiting for Adoption

[pdf]