Module #7.  
Adopted Adolescents and Identity Formation  
Teaching Script
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Module #7 Adopted Adolescents and Identity Formation

Overview of Module

In this Module, students will briefly review adolescent development; the key areas of development in early, middle and late adolescence; and the concept of emerging adulthood. Students will review the effects of abuse and neglect on adolescent development. The process of identity development for all adolescents is discussed as a foundation for discussing the specific identity development process for adopted adolescents. Students develop an understanding of adoptive identity formation and the role of parenting in strengthening their youth’s identity formation. Students learn about and practice clinical interventions to help adopted adolescents strengthen identity development. The Module ends with a consideration of the role of positive youth development in supporting adopted adolescents’ identity development.

Learning Objectives

Students will be able to:

#1. Describe three ways that young people develop in early, middle and late adolescence.
#2. List four factors related to earlier maltreatment that can impact an adolescent’s developmental outcomes.
#3. Describe four key aspects of identity development that take place in adolescence.
#4. Identify four issues that can impact adopted adolescents’ identity development.
#5. Describe three factors that can negatively impact an adopted adolescent’s ability to develop a coherent adoptive identity narrative.
#6. Describe the aspects of authoritative parenting that can support an adopted adolescent’s identity development.
#7. Describe how to work with an adopted adolescent using a birth parent puzzle mural.
#8. Describe Narrative Therapy and how it can be used with adopted adolescents.
#9. Describe the role of positive youth development in strengthening adoptive adolescents’ identity development.

Materials Needed

- 2 Flip charts and markers
- LCD Projector and Screen
- Agenda
- Copy of PowerPoint Slides
- Handouts:
  - Handout #7.1 Your Own Adolescence
  - Handout #7.2 Adolescent Development Quick Reference Chart
  - Handout #7.3 Theories of Adolescence
  - Handout #7.4 The Effect of Abuse and Neglect on the Development of Adolescents

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- Handout #7.5  Adoptive Identity Formation
- Handout #7.6  Parenting Patterns
- Handout #7.7  Birth Parent Puzzle Mural: Leah
- Handout #7.8  Writing Therapy as a Form of Narrative Therapy
- Handout #7.9  Strengthening Identity Development: Clinical Interventions
- Handout #7.10  40 Development Aspects for Adolescents (ages 12-18)
Module #7: Adopted Adolescents and Identity Development

Pre-Module Assignments

Student Assignment Checklist

✓ Read *6 Questions Every Adopted Teen Wants Answered* by Debbie Riley
✓ Read *Raising an Adopted Child #6 Adolescence Abstract Thinking* by Anna Glendenning

Students’ Assignments

Pre-Module Assignment #7.1. Read *6 Questions Every Adopted Teen Wants Answered* by Debbie Riley at: [http://www.adoptivefamilies.com/articles.php?aid=2011](http://www.adoptivefamilies.com/articles.php?aid=2011) This article provides excellent background information for the issues we will be discussing in class.

Pre-Module Assignment #7.2: Read *Raising an Adopted Child #6 Adolescence Abstract Thinking* by Anna Glendenning at: [http://adoption.families.com/blog/raising-an-adopted-child-6-adolescence-abstract-thinking](http://adoption.families.com/blog/raising-an-adopted-child-6-adolescence-abstract-thinking) This article also provided excellent background materials for the issues we will discuss in class.

Pre-Module Assignment Checklist for Teachers

**Student Assignments:** Students are to read two background articles in preparation for the Module:

- *Questions Every Adopted Teen Wants Answered* by Debbie Riley
- *Raising an Adopted Child #6 Adolescence Abstract Thinking* by Anna Glendenning

**Teacher Assignments:** None for this Module.
Module #7: Adopted Adolescents and Identity Development

Agenda

9:00AM – 9:15AM  Welcome and Announcements

9:15AM – 10:15AM  Overview: Adolescent Development

10:15AM – 10:50AM  The Effects of Abuse and Neglect on the Development of Adolescents

10:50AM – 11:05AM  Break

11:05AM – 11:30AM  Identity Development in Adolescence

11:30AM – 12:15PM  Introduction: Identity Issues for Adopted Adolescents

12:15PM – 1:15PM  Lunch

1:15PM – 2:00PM  Adoptive Identity Formation

2:00PM – 2:30PM  Identity Formation and Parenting

2:30PM – 2:45PM  Break

2:45PM – 4:00PM  Strengthening Identity Development: Clinical Interventions

4:00PM – 4:20PM  Positive Youth Development

4:20PM – 4:30PM  Closing and Summary
Module #7. Adopted Adolescents and Identity Development

PPT Slide #1

9:00AM – 9:15AM  Welcome; Announcements

PPT #2

Welcome to this Module which will focus on adopted adolescents and identity development. In this Module, we will briefly review adolescent development; the key areas of development in early, middle and late adolescence; and the concept of emerging adulthood. We will also review the effects of abuse and neglect on adolescent development. Next, we will discuss the process of identity development for all adolescents as a foundation and then focus on the specific identity development process for adopted adolescents. We will look at adoptive identity formation and the role of parenting in strengthening their youth’s identity formation. This afternoon, we will learn about and practice clinical interventions to help adopted adolescents strengthen identity development. We will end the Module with a consideration of the role of positive youth development in supporting adopted adolescents’ identity development.

PPT #3 and #4

Learning Objectives

Here are our learning objectives for today. You will be able to:

#1. Describe three ways that young people develop in early, middle and late adolescence.
#2. List four factors related to earlier maltreatment that can impact an adolescent’s developmental outcomes.
#3. Describe four key aspects of identity development that take place in adolescence.
#4. Identify four issues that can impact adopted adolescent’s identity development.
#5. Describe three factors that can negatively impact an adopted adolescent’s ability to develop a coherent adoptive identity narrative.

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 Module #7 Adopted Adolescents and Identity Formation

#6. Describe the aspects of authoritative parenting that can support an adopted adolescent’s identity development.

#7. Describe how to work with an adopted adolescent using a birth parent puzzle mural.

#8. Describe Narrative Therapy and how it can be used with adopted adolescents.

#9. Describe the role of positive youth development in strengthening adoptive adolescents’ identity development.

PPT #5

Large Group Discussion: Before we begin our Module, what adoption issues have come up in your practice since our last Module together?

9:15AM – 10:15AM  Overview: Adolescence Development [Learning Objective #1]

PPT #6

Lecture

Before we begin talking about identity development specifically for adopted adolescents, let’s spend a bit of time talking about adolescent development in general.

PPT #7

Take a couple of minutes and write down what comes to mind when you think of adolescence. Jot down some words or phrases that you believe capture the essence of adolescence. Allow about 2 minutes for this activity.

Large Group Discussion: Let’s gather together your words and phrases. Ask participants to call out words/phrases and jot them down on a flip chart page. Guide a discussion of emerging themes from the contributed words/phrases.
Let’s move now from our perceptions of adolescence to our personal experiences in being an adolescent. In your small groups, discuss your responses to each of the questions on Handout #7.1 about your own adolescent experiences. Share only what you feel comfortable sharing. Compare your responses to those of other members of the group and consider any differences in attitudes, values and behaviors. Consider the effects of your cultural backgrounds on your development in adolescence. *Allow 12-15 minutes for this activity.*

**Report Out**

*Ask groups to report out on the similarities and differences in their adolescent experiences and what they believe might account for any differences.*

**Lecture**

Adolescence is a period of significant transition. We already talked about adolescent brain development and the dramatic changes occurring physiologically in the brain. Let’s look at what developmentally we expect to happen during the transitional period of adolescence.

Place three flip charts side by side on a wall. One page: CHILDHOOD; one page: ADOLESCENCE; one page: ADULTHOOD. Ask participants to help you fill in the characteristics that are typical for a child. Then ask participants to help you fill in the characteristics that are typical for adults. Leave the middle page (adolescence) blank and comment on all that needs to happen for an individual to move from the characteristics of childhood to those of adulthood.
Erik Erikson’s Stage 5. Adolescence: 12 to 18 Years

Erikson defines the developmental stage of adolescence as taking place between 12 to 18 years. According to Erikson, for the developmental stage of adolescence:

Ego Development Outcome: Identity vs. Role Confusion
Basic Strengths: Devotion and Fidelity

Let’s watch a somewhat artsy video on Erikson’s work on adolescence and the concept of “identity vs. role confusion”.

Erik Erikson’s Stage of Development: Adolescence (1.50 minutes)
http://www.youtube.com/watch?v=wJMXk5ibkQk

Large Group Discussion: What are your thoughts on this video?

Lecture

Up to the stage of adolescence, according to Erikson, development mostly depends upon what is done to us. From here on out, development depends primarily upon what we do. And while adolescence is a stage at which we are neither a child nor an adult, life becomes more complex as we attempt to find our own identity, struggle with social interactions, and grapple with moral issues.
Our task is to discover who we are as individuals separate from our family of origin and as members of a wider society. Unfortunately for those around us, in this process many of us go into a period of withdrawing from responsibilities, which Erikson called a "moratorium." And if we are unsuccessful in navigating this stage, we will experience role confusion and upheaval.

A significant task for us is to establish a philosophy of life and in this process we tend to think in terms of ideals, which are conflict free, rather than reality, which is not. The problem is that we don't have much experience and find it easy to substitute ideals for experience. However, we can also develop strong devotion to friends and causes.

It is no surprise that our most significant relationships are with peer groups.

Now, let’s briefly review the primary developmental milestones for early, middle and late adolescence and look at “emerging adulthood.”

PPT #10 and #11

Early Adolescence (ages 11-14)

Early adolescence is a critical phase of development, a period of accelerated growth and change. Generally, this period is considered to range from 11 through 14 but there are variations given in the age range by different sources.

During early adolescence: a child develops in four main areas:

- **Physical development.** Adolescence is a time of change throughout the body. A growth spurt usually occurs near the time of puberty. Girls begin to develop breasts and start their periods. Boys grow facial hair. Both boys and girls grow pubic hair. Boys may lag behind girls in height during these years, but they usually end up taller.

- **Cognitive development.** This is how the brain develops the abilities to think, learn, reason, and remember. Young people this age typically focus on the present, but they are starting to understand that what they do now can have long-term effects. They are also beginning to see that issues are not just clear-cut and that information can be interpreted in different ways.

- **Emotional and social development.** As they start to move from childhood into adulthood, adolescents feel the urge to be more independent from their families. Often, friends replace parents as a source of advice. When at home, adolescents may prefer spending time alone to being part of the family. Still, family support is important to help them build a strong sense of self.
• **Sensory and motor development.** Young people at this age may be a little awkward or clumsy. Their brains need time to adjust to longer limbs and bigger bodies.

Here is a quote from a 13-year old:

‘Thirteen is a hard age, very hard. A lot of people say you have it easy, you’re a kid, but there’s a lot of pressure being thirteen-to be respected by people in your school, to be liked, always feeling like you have to be good. There’s pressure to do drugs, too, so you try not to succumb to that. But you don’t want to be made fun of, so you have to look cool You gotta wear the right shoes, the right clothes-if you have Jordans, then it’s all right. From, like, twelve to seventeen, there are a lot of transitions going on, a lot of moving around. It’s not like you know what’s going to happen tomorrow. Life gets different when you get older-there’s more work. And when you go to college it’s hard because you’re alone for the first time. But when you get out of college you start to establish yourself and who you think you are and what you’re about. That’s a good time.’

- Carlos Quintana, New York City, 1998

*Source: “The Men They Will Become” by Eli H. Newberger, M.D.*


**PPT #12**

**Middle Adolescence**

- Around age 15 to 16, teens enter what is known as middle adolescence. During this phase, adolescents undergo notable cognitive, physical, emotional, and social changes that represent important milestones in the journey to adulthood.

- Teens in middle adolescence are gaining greater self-awareness and sense of identity. As middle adolescents grow into their adult bodies, their heightened self-awareness can lead to greater concerns about how their appearance is perceived by peers. Furthermore, changes in relationships can lead to emotional changes.

- During middle adulthood, adolescents continue to shift away from familial relationships, as peer relationships—both platonic and romantic—take precedence. Teens aged 15 to 16 are increasingly concerned with gaining autonomy, especially in terms of their social choices.

- Teens in middle adolescence often strive enthusiastically for increased independence, while simultaneously withdrawing from family life. That blend of pushing the limits and pulling away can place a strain on a middle adolescent’s family life. Middle teens’ newly acquired reasoning skills also may lead them to question family rules. It is important
that parents provide rational, reasoned explanations for rules and decisions. Including the middle adolescent in family decision-making can ease the strain on family relationships.

- At school, the middle adolescent may be more skeptical about authority, questioning teachers and other adults about the logic behind policies, procedures, and guidelines. At the same time, many middle adolescents pursue intellectual interests on their own. They also begin to think more seriously about long-term education and career goals.
- The hallmark of middle adolescence is the firm establishment of independence. Teens in this phase have attained a marked sense of intellectual, moral, and social independence. While this new sense of self means great strides in academic and social development, it also means that middle adolescents remain somewhat uncomfortable with their budding adulthood.

PPT #13

Late Adolescence

By late adolescence, teens have made significant progress in firmly establishing their identities.

The hallmark of late adolescent cognitive growth is the ability to assess long-term impact of ideas and actions. Because adolescents at this stage possess the capacity to assimilate abstract ideas, they usually have the:

- Ability to delay gratification
- Facility to weigh the impact of their ideas and choose among various intellectual options
- Ability to express abstract comments verbally
- Capability to make independent decisions

As hormone levels even out, late adolescents generally grow out of the moodiness and irritability so common among younger teens. With this hormonal plateau, teens in late adolescence usually demonstrate a more consistent emotional state:

- Greater emotional stability, with fewer mood swings
- Increased empathy and concern for others, even outside their immediate circle
- Emphasis on self-esteem and maintaining personal dignity
- Ability to regulate self-esteem independently

Late adolescence is a period of settling into oneself and one’s social group. Late adolescents usually display the following social behaviors:
More stable interests in peer groups and personal interests

Increased interest in serious relationships, resulting in deeper friendships and more serious romantic attachments

Acceptance of cultural norms and social institutions

At school and on the job, late adolescents take pride in their work. Their greater self-reliance means that they have more defined, reliable work habits. Late adolescents are generally adept at setting goals and following through with them, which allow them to work with less supervision than younger adolescents. Since late adolescents have begun to consider what their role in life will be, they are likely to pursue academic and extracurricular activities that match their long-term goals.

At home, teens in late adolescence tend to be less withdrawn and more willing to participate in family life. Late adolescents’ ability to compromise and accept responsibility means that they are prepared to take an active part in running a household. They are generally willing to take on added responsibility, especially if this is balanced with extra freedom or privileges.

Handout #7.2 provides a summary of the key developmental tasks of each of these three stages of adolescence.

Emerging Adulthood

Over the past decade, there has been increasing recognition that young people do not move seamlessly from adolescence at age 18 to young adulthood at age 19, as the traditional model as developed by Erik Erikson. Contemporary realities undermine the belief that young people become full-fledged adults in their late teens as the traditional model proposes. As a result, support has grown for the concept of emerging adulthood, a period during which a young person moves toward independence rather than achieving it at a pre-determined age. Let’s look at this figure that shows the traditional framework and where emerging adulthood fits.
The Stages of Human Growth and Development: Refining the Stages of Adolescence and Young Adulthood

Emerging adulthood describes the gradual transition that young people make to adulthood. This process is marked by gradual independence from family in the areas of residence, employment, education, finances, romance, and parenting. At the same time, the goal of “independence” has increasingly been replaced with the goal of “interdependence.” The concept of interdependence has two components. First, it refers to the ability of young people to depend upon others in areas in which they may lack the full capacity to function on their own. The goal is for young people to be able to reach out and count on others for support when they do not yet have sufficient skill, energy, confidence, and/or time to manage their own tasks and experiences. Second, interdependence allows young adults who have developed skills and confidence to connect with others. Community members and family who share the young person’s experiences, history, and culture can provide them with an ongoing sense of connectedness. Interdependent relationships are sustained over time and are based on the natural bonds that young people see as important.

As we have seen, adolescents generally are expected to achieve a range of specific tasks as they transition from adolescence to adulthood. As the understanding of the complex transition from adolescence to adulthood has deepened, there continues to be general consensus about these developmental tasks—coupled with an understanding that they now take longer to achieve. With all these complex tasks to master, researchers theorize that the consolidation of adult status likely occurs not at 18 or 21, but closer to age 30.
The video will watch provides an excellent overview of the concept of emerging adulthood and the personal reflections of emerging adults on this period of their lives.

Emerging Adulthood (6 minutes)
http://www.youtube.com/watch?v=prD3UHDQ-2M

Large Group Discussion: What are your thoughts on the concept of emerging adulthood? Is this a new concept to you or one that is familiar in terms of content but not necessarily the name that has been assigned to it? What implications might this concept have for you in your work with young adults who were adopted?

As a summary, look at Handout #7.3, a quick list of the theories of adolescence that may be helpful to you in your work with adolescents.

Handout #7.3 Theories of Adolescence

10:15AM –10:50AM The Effects of Abuse and Neglect on the Development of Adolescents [Learning Objective #2]

We have talked in previous Modules about the impact of abuse and neglect on children’s short and longer term well-being and development. We also know that the development outcomes of maltreatment as seen in adolescents vary considerably.
In your small groups, first discuss the question in Handout #7.4, Part 1: If you are working with an adopted adolescent who has experienced abuse and/or neglect in his/her history, what factors related to maltreatment would you want to explore to better understand the possible impact of the maltreatment on this youth’s developmental outcomes? Be prepared to report out to the larger group.

PPT #20

Facilitate the groups’ reporting out. Cover the following if not mentioned:

PPT #21

1. The age of onset of maltreatment. The effects of maltreatment are cumulative. As a result the earlier in the child’s life the maltreatment began, the more pervasive the developmental problems are likely to be. Residual effects of early maltreatment on subsequent development are common especially if appropriate interventions are not provided. The failure to master early tasks makes the mastery of later tasks – like identity development in adolescence – even more challenging. The normal and challenging that confront the youth at adolescence may be extremely challenging if they have not mastered critical early coping skills.

2. The frequency of the maltreatment. Generally, the more frequently the child has been maltreated, the more pervasive will be detrimental effects. An adolescent who has been chronically maltreated is more likely to have more developmental challenges than a child who was maltreated sporadically with generally good care provided otherwise.
3. **The severity of the maltreatment.** The more severe, painful and debilitating the maltreatment, the more likely that the adolescent’s developmental problems will be more severe and negative.

4. **The nature of the child’s relationship to the maltreating adult.** Maltreatment by adults is very traumatic and is likely to results in more serious long-term problems for the child. Maltreatment by strangers is also traumatic. However, supportive and nurturing parents can help a child cope with the trauma of maltreatment by someone outside the family and help minimize the likelihood of developmental consequences.

5. **Constitutional factors of the child.** Some youth are inherently more resilient and others are more sensitive and vulnerable, although it is important to recognize that young people can be helped to build resilience. The same degree of maltreatment may affect different children differently.

6. **The family context of maltreatment.** Maltreatment is situational when it is precipitated in a generally functional family by excessive and unusual family stress. Situational maltreatment in a family that normally provided adequate care will generally not be as traumatic for the child as chronic maltreatment in a highly dysfunctional family.

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**PPT #22**

Return to your small groups. I will assign each group one of the case scenarios provided in the handout. For the case scenario, select one person to be the therapist, one to be the adopted adolescent, and one to be the adoptive father. The remaining people will be observers and complete the observation sheet at the end of the Handout. In the role play, the therapist is to develop a better understanding of the nature and scope of the youth’s maltreatment history. At the end of the role play, discuss together the role play and then discuss how the group sees the impact of maltreatment on the youth’s development.

**Notes to Trainer:** Allow 10 minutes for the role play and call time. Allow 5 minutes for the small group discussion.

**Case Scenario #1: James**

James, age 16, and his adoptive father are meeting with you for the third time. James is struggling in school, reports he has no friends and is frequently bullied at school. He is withdrawn at home and resists participating in any family activity. His doctor has
prescribed medication for depression. James was adopted from foster care at age 11 after experiencing significant physical abuse for years at the hands of his stepfather.

Case Scenario #2: Marnie
Marnie, age 16, and her adoptive father are meeting with you for the third time. Marnie is a bright, engaging young person who makes Bs in school. She is having trouble sleeping and has nightmares that she is back with her birth mother who was substance-involved and prostituted in the home to support herself and Marnie. She did not physically abuse Marnie but did neglect the child’s needs and exposed her to a range of men coming and going from the apartment. She is not on any medication but her dad thinks that medication might help.

Case Scenario #3: Toby
Toby, age 16, and his adoptive father are meeting with you for the third time. Toby is a shy young man who is an avid reader and wants to be a scientist. He was adopted at age 12 after his father died when he was 10, his mother could no longer take care of him, no one in the family came forward to parent him, and he entered foster care. His mother relinquished her rights and has disappeared. He wants to have some contact with her and his adoptive parents have attempted to find her but to no avail.

Observation Sheet
1. Did you see examples of the therapist exploring more about:
   • The age of onset of the maltreatment
   • The frequency of the maltreatment
   • The severity of the maltreatment
   • The nature of the child’s relationship with the maltreating adult
   • Constitutional factors for the child
   • The family context of the maltreatment

2. Did you see examples of the therapist engaging the adoptive father in the exploration?
3. What other clinical skills did you see the therapist using in her work with the adolescent and parent?

Discussion:
1. Based on the role play, what are your thoughts about the impact of maltreatment on this youth’s developmental status?
2. What might you focus on in the next Module together?
In the role play, the therapist is to develop a better understanding of the nature and scope of the youth’s maltreatment history.

**PPT #23**

**Report Out**

Facilitate the reporting out by first asking observers what they saw in the role play. Then ask the role players of the therapist, adolescent and adoptive parents to comment on the experience. Next ask the groups to briefly report on the two discussion questions.

**PPT #24**

10:50AM – 11:05AM  Break

11:05AM – 11:30AM  Identity Development in Adolescence [Learning Objective #3]

**PPT #25**

The physical, cognitive, and social changes of adolescence allow the teenager to develop the identity that will serve as a basis for their adult lives. The emergence of abstract reasoning abilities allows adolescents to think about the future and experiment with different identities.

**PPT #26**

I am who I am

http://www.youtube.com/watch?v=nxg7DvRVaTc

This video reflects the responses of Grade 11 students to the question posed to them by their teacher, 'Who am I?'
Large Group Discussion: What are your thoughts about these adolescents’ responses to the core identity question: Who am I?

Lecture

James Marcia, who has conducted extensive research on adolescent identity development, states that identity development involves two steps.

- First, the adolescent must break away from childhood beliefs to explore alternatives for identity in a particular area.
- Second, the adolescent makes a commitment as to their individual identity in that area.

Marcia identified four "Identity Statuses" to describe the process of identity development.

**Foreclosure.** Some aspects of identity, especially among young adolescents, may be foreclosed. The foreclosure status is when a commitment is made without exploring alternatives. Often these commitments are based on parental ideas and beliefs that are accepted without question.

**Moratorium.** However, adolescents often begin to question their ideas and beliefs and enter what Marcia called a "moratorium." The moratorium status is characterized by the active exploration of alternatives. This may be reflected in attending different churches, changing college majors, or trying out different social roles.

**Identity Achievement.** Such exploration may be followed by identity achievement. Identity achievement occurs when the adolescent has explored and committed to important aspects of their identity. Although adolescents explore multiple aspects of their identities, commitments to occupational, religious, or ethnic identity may occur at different times.
Diffusion. Some adolescents become overwhelmed by the task of identity development and neither explore nor make commitments. This describes Marcia's diffusion status, in which adolescents may become socially isolated and withdrawn.

Supportive parents, schools, and communities that encourage exploration in communities and schools foster identity achievement. Identity achievement is important because it is associated with higher self-esteem, increased critical thinking, and advanced moral reasoning.

Aspects of Identity

Let's now review key aspects of identity development in adolescence.

Physical and Sexual Identity:

- The physical changes associated with puberty initiate adolescents' exploration of their physical and sexual identity. For females, an important component of their identity and worth is related to their physical appearance. The changes in the male body may not be as important as their timing. Early maturing males have advantages in athletics, hold more leadership roles in school, and are viewed more positively by peers and adults. The effects of timing for females are not as clear and may be less important in their development.

- The exploration of a sexual identity occurs within the context of the "presumption of heterosexuality" that exists in American culture. Heterosexual adolescents spend little or no time considering their sexual identity as anything but heterosexual. However, the same is not true for homosexual adolescents. In American culture the homosexual is often degraded and stigmatized. This cultural context makes forming a sexual identity for the homosexual adolescent more challenging than for the heterosexual adolescent. Following the pattern of identity development in general, homosexual adolescents may experience a period of confusion and exploration before accepting and committing to their homosexual identity. Adolescents who do not complete this process may feel isolated and guilty. This can lead to increased drug and alcohol abuse or even suicidal thoughts.

- Regardless of orientation, the development of a clear sexual identity is important for the transition to Erikson's early adulthood stage of intimacy versus isolation.

Religious and Spiritual Identity:
• The emergence of abstract thought in adolescence also permits the exploration of religious and spiritual beliefs.
• The development of a religious identity follows the same pattern as other aspects of the individual’s identity.
• Even though the adolescent may eventually adopt beliefs that were similar to their childhood beliefs, the process of exploration is important in achieving a religious identity and avoiding foreclosure or diffusion.

**Employment/Career Identity:**

• Although young children often say things like "I want to be a doctor," it is not until adolescence that career goals are clarified in the context of identity development.
• Young adolescents explore career goals that fit with their personality and interests.
• By late adolescence, many teenagers make choices that limit career options by choosing a job or additional education and/or training. With this the career path begins to be incorporated into their identity. Once individuals enter their chosen job or career, it becomes a part of how they see themselves.

**Racial/Cultural Identity:**

Unlike most Caucasian adolescents, minority adolescents must decide the degree to which their racial or cultural background will be part of their identity. We will talk in detail about these issues in Module #12. For now, however, here are some key considerations:

• Painful issues surrounding identification with a minority subculture, such as racism and inequality, can lead some minority adolescents to avoid the issue through foreclosure or diffusion. In particular, during early adolescence minority teenagers may deny any interest in their racial or cultural background.
• However, as they become more aware of the conflicts between their subculture and the dominant culture, minority adolescents often begin to explore their heritage. Interactions with other members of the same culture, and attendance at religious services or cultural celebrations, can increase the adolescents' knowledge and encourage a sense of pride in their ethnic background.
• Achieving a positive ethnic identity is associated with higher self-esteem and better grades, as well as better relations with family and friends. The most positive outcome appears to be achievement of a bicultural identity that allows the adolescent to function effectively in either setting.
Identity achievement during adolescence serves as a basis for our adult expectations and goals for ourselves. Identity development is ultimately the result of a lifelong journey. The person that people ultimately become is unique; however the process by which identity develops is similar among individuals. Although identity development is most often associated with adolescence, each developmental stage offers opportunities for reevaluation and modification.


Today, we will focus on identity formation specifically for adopted teens – a process which can be more challenging because these adolescents have two sets of parents. Adopted teens must sort out how they are similar to and different from both sets of parents. As you read in Debbie Riley’s article, teens may want answers to many questions. Their adoptive parents may not be able to provide answers to specific questions, such as:

- Where do I get my artistic talent?
- Was everyone in my birth family short?
- What is my ethnic background?
- Do I have brothers and sisters?

Some teens may feel more angry at their adoptive parents than they have ever felt before. They may be critical of how their parents helped them adjust to their adoptive status. They may withdraw into themselves or feel they need to stray far from home to find their true identity. We will talk about these issues in detail after lunch.

Before we focus specifically on identity formation, let’s consider other aspects of adolescence that impact the identity development.
Small Group Work

Return to your small group work and discuss the following four issues that can impact an adopted adolescent’s identity development:

- Fear of abandonment
- Issues of control
- The feeling of not belonging
- The need to connect with the past

Develop at least two talking points for each issue that you could use with adoptive parents in helping them understand their adopted adolescent’s potential challenges.

PPT #31

Report Out

*Facilitate the groups’ reporting out on each issue. Make the following points for each issue as needed:*

1. **Fear of abandonment**
   - Adopted teens frequently ask, “if my own parents did not want me, how could anyone else?”
   - It is not unusual for adopted teenagers to fear leaving home.
   - Leaving home is scary for most adolescents, but because adoptees have already suffered the loss of one set of parents, it is even more frightening.

2. **Issues of personal control**
   - The tension between parents who do not want to give up control and the teenager who wants independence is the hallmark of adolescence. This tension may be especially intense for adopted teens who feel that someone else has always made decisions for them: the birthmother made the decision to place them for adoption or a court that terminated their parents’ rights; the adoptive parents decided whether to accept them.
• Parents may feel pressure to control their teens, sometimes motivated by concerns that their teens have a predisposition toward antisocial behavior—especially when their teens’ birthparents have a history of alcoholism or drug abuse.
• Parents worry, too, about their teens’ sexual behavior. Adopted girls may have particular concerns about sexuality and motherhood. On the one hand, they have the adoptive mother, frequently infertile, and on the other, the birthmother, who had a child but chose not to raise the child or who was determined by a court to be an unfit parent. How do adoptive parents help their daughters come to terms with these different role models? Because of their fears, many adoptive parents tighten the reins precisely when their teenagers want more freedom.
• In order to regain a sense of control, some adopted teens act out, using drugs or alcohol or engaging in risky behaviors to “take claim” over their own lives.

3. The feeling of not belonging
• Teens raised in their birth families can easily see ways in which they are like their family members. Teens who were adopted may not have a relative they resemble.
• Friends who comment, “You look like your sister,” often make an adopted teen even more aware of his or her “outsider” status, even if he or she happens to look like the sister. Sometimes, adopted teenagers won’t even correct friends who comment on a family resemblance. It is easier than having to answer the questions that are sure to follow: Who are your real parents? What do they look like? Why didn’t they keep you?
• Teens who have been adopted into a family of a different race (transracial adoption) often feel more alienated from their families than they did when they were younger. They become highly conscious of the obvious physical differences between themselves and their families, and they struggle to integrate their cultural backgrounds into their perceptions of who they are. We will talk more about these issues in a later Module.
• Some adopted teens may doubt their authenticity as “real” family members and, therefore, feel uncertain about their futures.

4. The need to connect with the past
• As adopted teens mature, they think more about how their lives would have been different if they had not been adopted or if they had been adopted by another family. They frequently wonder who they would have become under other circumstances. For them, the need to try on different personalities is particularly meaningful.
• In addition to all of the possibilities life holds, adoptees realize the possibilities that were lost. For some adopted teenagers, the feelings of loss and abandonment cause them to think and want more information about their original families. We talked about grief and loss in an earlier Module but it is important to note that these feeling can arise again in adolescence.
Adopted teens may start to fantasize about their biological parents, thinking, “they wouldn’t care if I smoked pot” or “they wouldn’t set such unfair rules.”

PPT #32

Here is a quote from 17 year old male high school senior who was adopted:

“My first year of high school was a particularly bad time. I am adopted and I spent a lot of time thinking and feeling confused about who I was and that I didn’t belong to my family. In my junior year, I spent more time out of class than in class and my grades reflected this. At one point that year, I left home for a month and went to stay at a friend’s place. I remember around this time, my attitude was really negative, and I seemed not to care about anything at all. All of this came as a shock to my parents, and they contacted the school counselor. All of this just confirmed to me that I was ‘mixed up’ and not particularly nice to be around.”

Large Group Discussion: What are your thoughts about this young man’s description of his attitudes and behavior as an early adolescent? How does his description relate to the issues we just discussed?

PPT #33

12:15PM – 1:15PM Lunch

1:15PM -- 2:00PM Adoptive Identity Formation [Learning Objective #5]

PPT #34

Lecture

We know that identity formation lays a foundation for adult psychosocial development. It is a time when all young people reflect on and experiment with goals, values and beliefs in order to develop as sense of self.

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Young people who are adopted face the challenge of developing a sense of self as adopted persons – a developmental process that Dr. Hal Grotevant calls “adoptive identity formation.” Dr. Grotevant explains that particularly during adolescence, young people begin to reflect on the meaning of being adopted and integrate their thoughts and experiences into coherent adoptive identity narratives.

- Adoptive identity surfaces when adopted youth reflect on what it means to be raised by adoptive parents while being genetically related to birth parents.
- Adoptive identity also surfaces when adopted youth manage family boundaries or competing loyalties; respond to public perceptions about adoption or contact with birth relatives; and interact with others about complex personal issues such as searching for birth parents or birth parents’ placement decisions.

PPT #35

Let’s consider what it means for a young adopted person to develop a coherent adoptive identity narrative.

Small Group Discussion

Handout #7.5

In your small groups, discuss the two case scenarios in Handout #7.5, Adoptive Identity Formation. Discuss the question posed after each case scenario.

PPT #36

Report Out

Facilitate the groups’ reporting out of each case scenario, making the point below in italics as needed.

Case Scenario #1: Rosita, age 15, was adopted from foster care at age 11, after she was sexually abused by two different family members – an uncle and a cousin. Her parents, who immigrated to the US from Cuba, were constantly moving from place to place when evicted,
staying with family members or friends. She frequently moved in the middle of the night and changed schools so often that today, she cannot say how many schools she attended. Once Rosita entered foster care, her parents essentially disappeared, failing to attend meetings at the agency after a couple of months and never attending a court hearing. Rosita’s younger sisters were also brought into foster care (they were ages 3 and 5) and were placed with separate foster family who subsequently adopted them. Rosita lost contact with them after they were adopted. Rosita lived in at least three different foster home placements (2 foster family homes and 1 group home) before she was adopted. Her adoptive mother, Helene, is trying to get as much information about Rosita’s history as she can but is having difficulty. She believes that she has found the right person at the public child welfare agency that may help her and Rosita review the foster care file. She is also trying to learn more about Cuban culture which she knows very little.

*What are the key challenges in Rosita developing a coherent adoptive identity narrative?*

*Makes the following points if not mentioned:*

- Rosita had many disruptions and dislocations in her life – both from her family and cultural contexts
- She cannot remember pieces of her history because of the many moves and changes while with her birth family
- Her history of sexual abuse may impact her recall of her earlier life
- There is a poverty of information about Rosita’s history – prior to foster care, during foster care, and after her siblings were adopted by another family
- It is not certain if her foster care record will be available and if so, will it be complete and accurate?

*Case Scenario #2: Marla and David, who are white, adopted Serena, who is African American, as an infant. When she was younger, they told Serena that her mother was not able to take care of her and for that reason, placed her for adoption. They never mentioned her father. As she grew and asked more questions about her adoption, they told her that her mother was poor and lived in a dangerous part of town and had decided that she would have a better life with adoptive parents. When pressed, they tell her that her father was never involved in her life. Family members tell her how “lucky” she is to have such wonderful parents. Now that she is 14, Serena wants to know more about her birth mother and her birth father. She has begun to physically develop and already has much fuller breasts than her adoptive mother.*

*What issues can be expected for Serena as she tries to find anchoring points for identification?*
Make the following points if needed:

1. Serena not only is struggling with the usual adolescent challenges of establishing a sense of self and identity, she also is struggling with the competing and conflictual issues of “good” and “bad” parents which may have important meanings for her as a “good” or “bad” person.

2. She is faced with separating from her adoptive parents and images she has formed of her birth parents.

3. She has only small bits of information about her birth parents which she is trying to pull together to better understand who she is and how she will likely turn out.

4. She is aware at this age that her birth parents were sexually active and probably irresponsible about birth control. She may have formed images of her birth parents as promiscuous.

5. With the physical changes in her body, she may see herself as sexier than her adoptive mother and may conclude that she must be a “slut” as she imagines her birth mother to be.

Large Group Discussion

Let’s look at two more examples of how an adopted adolescent might construct an adoptive identity narrative. What are your thoughts on these cases?

PPT #37

Janie, now age 16, was adopted by a highly educated adoptive family. Her adoptive parents told her that her birth mother did not finish high school. Janie is doing well in high school. She has noticed that school friends who dropped out of school went on to beauty school. Janie tells her therapist that based on this, she believes that her birth mother was a hairdresser and that she too will take up that career path.

PPT #38

Jeremy, who is a handsome, bright 14-year-old, is notably unsuccessful in virtually all areas of his life and seems satisfied with this state of affairs. His adoptive parents are extremely frustrated. They told Jeremy that his birth parents were unable to take care
of him. He imagines them to be street people who were not able to function at any level. When he talks with his therapist, he tells her that he is afraid that if he becomes “too successful,” they will figure out who he is and come to him for help with all of their problems. To avoid this, he maintains a low profile of mediocrity.

2:00PM – 2:30PM  Identity Formation and Parenting [Learning Objective #6]

PPT #39

Lecture

It is important to recognize that adoptive status, alone, is not associated with positive or negative identity resolutions among adolescents. Many additional factors -- including ease and style of family communication within the adoptive family and other personality variables – play key roles in the identity formation process of adolescent adoptees. Based on research in this area, family functioning appears to be an extremely important variable in the identity formation process for these young people. See information about these studies on your reading list.

PPT #40

Studies have identified emotionally-based parenting practices and conduct-oriented parent factors that facilitate or impede their adolescents’ identity development. None of the findings will surprise you:

<table>
<thead>
<tr>
<th>Emotionally-Based Facilitative Factors</th>
<th>Conduct-Oriented Facilitative Factors</th>
<th>Emotionally-Based Impeding Factors</th>
<th>Conduct-Oriented Impeding Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Warmth</td>
<td>• Setting reasonable behavioral standards</td>
<td>• Hostility</td>
<td>• High frequencies of parental binding behaviors</td>
</tr>
<tr>
<td>• Companionship</td>
<td>• Independence training</td>
<td>• Restrictiveness</td>
<td>• Systemic rigidity</td>
</tr>
<tr>
<td>• Acceptance</td>
<td>• Acceptance of others</td>
<td>• Emotional distance</td>
<td>• Chaos in the family’s ability to adjust to the child’s growth</td>
</tr>
</tbody>
</table>

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Large Group Discussion: What are your thoughts on these parenting factors?

Research has documented that adolescents benefit the most from having authoritative parents – compared to authoritarian, indulgent or neglectful parents.

Small Group Work

In your small groups, review the graphic of the four parenting patterns developed by Baumrind (1971) and Maccoby and Martin (1983). Then discuss your answers to the questions. Be prepared to report out to the large group.

1. How would you describe the four patterns of parenting along the dimensions of responsiveness and acceptance in conjunction with the dimensions of demandingness and control? What features characterize each type of parenting?
Raise the following if not mentioned:

**Authoritative Parents:** High Demandingness/Controlling & Responsive/Accepting
- Encourage autonomy but with clear standards of conduct
- Warm and nurturing to their children
- Apply firm control in a rational, issue-oriented manner that allows for a verbal give and take

**Authoritarian Parents:** High Demandingness/Controlling & Unresponsive/Rejecting
- Value obedience and conformity
- Tend to favor punitive and forceful measures of discipline
- Tend not to encourage independence
- Style of parenting restricts the child’s autonomy

**Indulgent Parents:** Low Demandingness/Uncontrolling & Responsive/Accepting
- Permissive style
- Parents are highly involved with their children but place very few controls
- More passive in disciplinary actions

**Neglectful Parents:** Low Demandingness/Uncontrolling & Unresponsive/Rejecting
- Extremely uninvolved
- Indifferent with their children
- Pattern LEAST likely to assist adolescents in their identity development

2. Why do you think that the authoritative parenting pattern has been found to best support adolescents’ identity development?

Raise the following if not mentioned:

- Authoritative parents are high on demandingness and they expect and demand mature, responsible behavior from the child but respond to the child’s needs with warmth and acceptance.
- Authoritative parenting has been found to transcend the home environment and allows for achievement in contexts outside the family.

3. How would you help adoptive parents think about their parenting pattern in relation to facilitating their adolescents’ identity development?

Facilitate the ideas that the groups generate.
Based on what we have been discussing, the treatment goal for teens who are adopted is to support them in the integration of a cohesive self. Identity development is an active process, one that engages the adopted person in many settings and with many people over a lifetime. Different adoptees will traverse this process differently, because we each bring our own individuality to the process and we encounter different experiences along the way.

Thus, there is no single best way to “do” identity, whether it’s about adoption or other core aspects of ourselves. A liberating conclusion of current research and theory is that identity is not something done to us; it is something that we shape, interacting with others, over the course of a lifetime.

The Center for Adoption Support and Education: Clinical Approaches

The Center for Adoption Support and Education has developed a number of clinical interventions that have proven successful in supporting adolescents in their search for identity.

Birth Parent Puzzle Mural

The purpose of this clinical work is to help teens identify questions about their birth families in order to normalize thinking and fantasizing about them. This work can be done in a group.
Here is the format:

- Give each teen at least four large cut-out puzzle pieces and instruct them to write questions they would like to have answered about their birth parents.
- After individual members have completed their pieces, instruct them to attach a piece to another group member’s piece to eventually form an entire puzzle. There is no set order regarding the connection of the pieces.
- The group can be asked to glue all pieces onto a large piece of butcher paper and if they choose to, develop a title for the group puzzle.
- Proceed with an overall group discussion about the questions posed and how others may have similar questions or completely different ones.

Some of the questions may never have entered the participants’ minds before the exercise. As a result, the exercise may elicit new feelings and thoughts. It is important to acknowledge that some questions will never be answered and some can be answered through information that the adoptive parents have but have not shared. Other answers must wait until the teen can legally search. There will always be gaps, however: it is unavoidable. This group exercise usually requires two sessions. It can also be used as a final session with teens and parents, either as an individual family group or as an exercise for a final multifamily group session.

**Large Group Discussion:** What types of questions might you expect teens to have for their birth parents?

*Note to Trainer: Jot down the group’s ideas on a flip chart.*
Here are some questions that a group of eighth graders developed in an 8-week Kids Adoption Network Group at the Center for Adoption Support and Education:

- What instrument do you play?
- How tall are you?
- What are you doing now?
- What do you know about me?
- How would you feel if I told you to get lost?
- Where do you live?
- Are my birth parents like me?
- I want to know if you loved me.
- Do you have other kids?
- Does my dad look like me? And my mom?
- Do they remember me?

The puzzle can also be used in an individual session with a teen.

Read Leah’s case (Handout #7.7). Then discuss how you might use the puzzle in your own practice with adopted adolescents.
Report Out

Facilitate the groups’ reports on how individual participants might use the puzzle as they work with adopted adolescents in their own practices.

Conclude with:
The Center for Adoption Support and Education has found that the use of a puzzle is a significant therapeutic tool in helping adopted teens acknowledge the missing pieces of their stories and identify the questions that occupy their minds about their adoptions.

PPT #51

Lecture

Other activities that the Center for Adoption Support and Education uses in its clinical work with teens to support their identity development are:

Writing
Reflective writing can challenge the status quo of one’s identity and lead toward new growth. For some teens, documenting their thoughts as they use therapy to assist them in resolving adoption issues may be of value. Teens may or may not choose to share their writings in therapy.

There are several types of writing to consider: blogging, journaling, writing stories or memoirs, maintaining a life book. Blogging is an intriguing example. It provides a way to proclaim one’s sense of identity to the world without interference, develop an online community that is one step removed in reach, and explore the intersection of multiple identities (such as adoption, ethnicity, sexual orientation, and gender). It allows the blogger to externalize thoughts and feelings into cyberspace in order to examine and work through them, perhaps with the benefit
of comments from readers. It also provides a venue for developing solidarity with other adopted persons and perhaps even organizing for change or reform.

**Reading and Discussion**

Sharing adoption-related books with adolescents during therapy can help them normalize their feelings by exposing them to the experiences of others who are adopted. Sometimes just reading the words of another adopted person validates teens’ feelings and can help reduce their sense of isolation and differentness.

**Mask Making**

Masks can be a significant therapeutic tool – they provide teens with an opportunity to represent their inner thoughts, feelings, and perceptions of who they are – how they see themselves and how they believe or want others to see them. Some teens are so confused about their identity that making masks affords them the opportunity to begin to solidify those aspects of themselves that they feel uncertain about. The masks can reveal “faces” that have been hidden or used as protective shields. The Center for Adoption Support and Education has found that purchasing precut and formed masks. Teens are given a wide range of materials – paints, pastel chalks, charcoal, feathers, jewels, glitter – to create their masks. Many teens will engage in dialogue during the mask-making process; others prefer silence. Following the completion of the mask, the therapist encourages processing.

**Conversation**

Identity is also challenged and strengthened in conversation. These discussions might be with other adopted persons, birth relatives, adoptive family members, friends, or therapists. They might take place in a support group, at culture camp, in a college dorm, or in an army barracks. Any of these can provide opportunities for the next round of identity exploration and growth. Therapists can help identify forums for discussion that might be suitable for particular clients.

**PPT #52**

**Narrative Therapy**

**Large Group Discussion:** Who has used Narrative Therapy with adolescents or is familiar with this intervention?
Facilitate participant sharing of their experiences with Narrative Therapy.

- Narrative therapy is an approach to counseling that focuses on the stories of people’s lives and is based on the idea that problems are manufactured in social, cultural and political contexts. Each person produces the meaning of their life from the stories that are available in these contexts.

- A wider meaning of narrative therapy relates significantly to a relatively recent way of thinking about the nature of human life and knowledge which has come to be known as ‘postmodernism’ – which believes there is no one objective ‘truth’ and that there are many multiple possible interpretations of any event. Thus within a narrative approach, our lives are seen as multi-storied vs. single-storied.

- Stories in a ‘narrative’ context are made up of events, linked by a theme, occurring over time and according to a plot. A story emerges as certain events are privileged and selected out over other events as more important or true. As the story takes shape, it invites the teller to further select only certain information while ignoring other events so that the same story is continually told.

- Often by the time a person has come to therapy the stories they have for themselves and their lives become completely dominated by problems that work to oppress them. These are sometimes called ‘problem-saturated’ stories. Problem-saturated stories can also become identities (“I’ve always been a depressed person” or “My parents did not want me and no one else does” ).

- These kinds of stories can invite a powerful negative influence in the way people see their lives and capabilities (e.g. “I’m hopeless”). Therapists interested in narrative ideas
and practices collaborate with people in stepping away from problem saturated and oppressive stories to discovering the ‘untold’ story which includes the preferred accounts of people’s lives (their intentions, hopes, commitments, values, desires and dreams). Therapists are listening to stories of people’s lives, cultures and religions and looking for clues of knowledges and skills which might assist people to live in accordance with their preferred way of being.

• In essence, within a narrative therapy approach, the focus is not on ‘experts’ solving problems, ...it is on people discovering through conversations, the hopeful, preferred, and previously unrecognized and hidden possibilities contained within themselves and unseen story-lines. This is what Michael White, the developer of Narrative Therapy, would refer to as the “re-authoring” of people’s stories and lives.

**PPT #54**

Writing therapy is a form of narrative therapy. Review the steps to take in writing therapy as a form of narrative therapy. Then select a person to play the therapist and a person to play the adopted teen. Role play the use of narrative therapy with the young person taking as many of the steps as you can in the limited time available. Observers, record what you see in the role play on the Observation Sheet. I will call time on the role play. Then, debrief the experience.

**PPT #55**

Facilitate the reporting out by first asking observers for their comments. Then ask the role players for the therapist and the teen about their experiences with the role play.
Return to your small group. I will assign to each group one of the scenarios on *Handout #7.9, Strengthening Identity Development: Clinical Interventions*. In your group: (1) identify the identity issues that you as clinicians would anticipate arising with the young person/young adult in the case scenario and (2) discuss how you might work with the young person/young adult on these issues.

Ask each group to report on the identity issues they identified in each case scenario and the clinical approaches that they would use. Limit reporting out to a total of 10 minutes.

**Case Example #1**: Amelia, now age 13, was adopted as an infant. Her adoptive parents, Clyde and Ruth, were always open with her about her adoption. They told her that her father had died in an accident while her mother was pregnant, and her mother, who was grief-stricken, placed her for adoption as soon as she was born. Amelia tells you that she doesn’t believe a word of this. She wants to know who her birth parents really are and the real reason that they placed her for adoption. She says that her adoptive parents say that they don’t have any information.

**Case Example #2**: Betsy, now age 14, was adopted from Ethiopia. She lives with her white parents in an affluent suburb where there are no African Americans. She has grown
increasingly withdrawn and tells her parent that she doesn’t “fit” anywhere. She has a family in Ethiopia who don’t even know where she is and she has a family in the United States that don’t look a bit like her. And, she says, whoever heard of an Ethiopian girl named Betsy?

**Case Example #3:** David, who is American Indian by birth, was adopted from the foster care system when he was 8 years old. His parents are white and have tried to provide him with positive information on Native American culture. He is now 15 and goes to a high school with a mixture of kids – some he has known since he was adopted and others who are new in his life. Some of the new kids are calling him “Tonto.” He tells you that he hates being an Indian and he hates his adoptive parents for adopting him.

**Case Example #4:** Chuck, age 22, is seeing you because he feels lost. He was adopted when he was a baby and was raised by a family whom he describes as “kind and loving.” When he turned 18, he searched for his birth parents. His birth mother had died, according to Chuck, from alcoholism. He describes his birth father, whom he met only once as a chronic alcoholic “with the DTs.” Chuck wonders if he will be an alcoholic too. He says that he is beginning to think that he is more like his birth parents than his adoptive parents.

**4:00PM – 4:20PM  Positive Youth Development [Learning Objective #9]**

**PPT #58**

Over the past years, more attention has been brought to role of positive youth development in supporting adolescents in meeting the challenges of adolescence and young adulthood – including identity development. We will only briefly touch on positive youth development this afternoon.

**PPT #59**

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Large Group Discussion: What words or phrases come to mind when you think about positive youth development?

Note to Trainer: Make note of contributions on a flip chart.

Lecture

The Carnegie Council on Adolescent Development highlights the following attributes of providing services – including clinical services – through a positive youth development lens:

- Helps youth to become socially, morally, emotionally, physically and cognitively competent
- Focuses on youth’s strengths rather than their deficits/problems
- Strives to help young people develop inner resources and skills that they need to cope with pressures that might lead to unhealthy and antisocial behaviors
- Aims to help youth develop into self-reliant, self-confident adults who can become responsible members of society
- Is an ongoing growth process in which the youth endeavor to meet their own needs for safety, caring relationship and connections to the larger community

Karen Pittman, a leader in the field of youth development has developed a model of 6 Cs as a framework for understanding positive youth development outcomes:

- **Confidence** - a sense of self-worth and mastery; having a sense of self-efficacy (belief in one's capacity to succeed)
• **Character** - taking responsibility; a sense of independence and individuality; connection to principles and values

• **Connection** - a sense of safety, structure, and belonging; positive bonds with people and social institutions

• **Competence** - the ability to act effectively in school, in social situations, and at work

• **Contribution** - active participation and leadership in a variety of settings; making a difference

In his 2007 book "The Good Teen," Richard M. Lerner includes an additional outcome:

• **Caring** - a sense of sympathy and empathy for others; commitment to social justice

**PPT #62**

In your small groups, discuss how in your clinical work with adopted adolescents, you can incorporate three areas that are critical to positive youth development, all of which are related to identity development:

1. Sense of industry and competence
2. Sense of control over one’s fate in life
3. Connected to others

Be prepared to report out.

**PPT #63**

*Facilitate the groups’ reporting out on each critical area. Add the following in italics as needed.*
1. Sense of industry and competence
   - Help youth develop a realistic sense of their skills and abilities
   - Work with adoptive parents to create opportunities for youth to learn from mistakes and reflect on these experiences
   - “Flip the script” and ask young people, “What is right with you?”
   - Explore the individual youth’s strengths and abilities rather than making assumptions about the youth’s skill ability based on the youth’s history

2. Sense of control over one’s fate in life
   - Engage adoptive parents and youth in developing ways that they can plan together the youth’s current and future activities
   - Engage adoptive parents and youth in discussions that they can continue about the youth’s dreams and goals for the future
   - Explore with the youth opportunities to become involved in areas that are meaningful to him (such as social justice, the environment, the arts, music)

3. Connectedness to others
   - Explore with the youth the strengths in his/her relationship with adoptive parents
   - Explore with the youth the strengths in existing relationships with birth family members
   - Explore with the youth connections with peers
   - Explore with the youth community-based connections that exist and/or could be strengthened

The Search Institute has developed “40 Developmental Assets” for adolescents ages 12 through 18, which you will find in Handout #7.10. These assets were developed through broad scale
surveys of hundreds of thousands young people in the 6th to 12th grades. Look at the “external assets” at the top of the chart.

Large Group Discussion: How might you incorporate some of these external assets into your clinical work with adopted adolescents?

4:20PM – 4:30PM Closing and Summary

PPT #65, #66, and #67

We are reaching the end of our Module today. Please ask yourselves whether you can:

• Describe three ways that young people develop in early, middle and late adolescence?
• List four factors related to earlier maltreatment that can impact an adolescent’s developmental outcomes?
• Describe four key aspects of identity development that take place in adolescence?
• Identify four issues that can impact adopted adolescents’ identity development?
• Describe three factors that can negatively impact an adopted adolescent’s ability to develop a coherent adoptive identity narrative?
• Describe the aspects of authoritative parenting that can support an adopted adolescent’s identity development?
• Describe how to work with an adopted adolescent using a birth parent puzzle mural?
• Describe Narrative Therapy and how it can be used with adopted adolescents?
• Describe the role of positive youth development in strengthening adoptive adolescents’ identity development?

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 Module and please review the Module materials.

PPT #68

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.

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Module #7 Adopted Adolescents and Identity Formation

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.

PPT #69

In our next Module, we will focus on clinical issues for adoptive and birth families. Download your student packets from the C.A.S.E. website.

PPT #70

Thank you for your attention. See you next [week/month]!
Reading List

Web Based Resources

Adolescent Development


James Marcia and Identity Development. Available at: http://www.sevencounties.org/poc/view_doc.php?type=doc&id=41164&cn=1310


The Development of Gender Identity. Available at: http://www.sevencounties.org/poc/view_doc.php?type=doc&id=41177&cn=1310

Adopted Adolescents and Identity Development


Narrative Therapy


Positive Youth Development

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ACT For Youth Center for Excellence. *Positive Youth Development Outcomes*. Available at: [http://www.actforyouth.net/youth_development/development/outcomes.cfm](http://www.actforyouth.net/youth_development/development/outcomes.cfm)


**Other Resources**


**Research**


**Parenting Styles**


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Handouts
1. How did you get along with your parents? Did you fight a lot? Avoid them? Did you like to spend time with your family? Could you talk with your parents rationally? What issues could you discuss? What issues could you NOT discuss?

2. How would you describe yourself as an adolescent (cheerful, moody, easy to get along with, impossible to live with, something in between)?

3. Did you belong to a “clique” or crowd in high school? Did you belong to a group of high status? Were you “popular” or did you feel “different” or unaccepted? Left out? If you were not in the “in crowd”, how did that affect your self-esteem?

4. How positive was your self-esteem? What did you like about yourself? What didn’t you like?

5. How difficult was it to come to terms with your own sexuality? How much anxiety did you feel about your sexuality?

6. What kinds of things did you do to assert your independence?
Handout #7.2 Adolescent Development Quick Reference Chart

[download this PDF document from the C.A.S.E. website]
Handout #7.3 Theories of Adolescence (Muuss, R., et. al., 1996; Rice and Dolgin, 2002)

Developmental Area - Biological

- Primary Theorists - G. Stanley Hall, Arnold Gesell, James Tanner
- Main Focus - Physical and sexual development determined by genes and biology

Developmental Area - Psychological

- Primary Theorists - Sigmund Freud, Anna Freud
- Main Focus - Adolescence as a period of sexual excitement and anxiety

Developmental Area - Psychosocial

- Primary Theorist - Erik Erikson
- Main Focus - Identity formation; adolescents struggle between achieving identity and identity diffusion

Developmental Area - Cognitive

- Primary Theorist - Jean Piaget
- Main Focus - Formal operational thought; moving beyond concrete, actual experiences and beginning to think in logical and abstract terms

Developmental Area - Ecological (interaction between individual and environment)

- Primary Theorist - Urie Bronfenbrenner
- Main Focus - The context in which adolescents develop; adolescents are influenced by family, peers, religion, schools, the media, community, and world events.

Developmental Area - Social Cognitive Learning

- Primary Theorist - Albert Bandura
- Main Focus - The relationship between social and environmental factors and their influence on behavior. Children learn through modeling.

Developmental Area - Cultural

- Primary Theorists - Margaret Mead, Carol Gilligan
- Main Focus - The culture in which the child grows up.

Source: http://www.actforyouth.net/resources/rf/rf_stages_0504.cfm
Handout #7.4 The Effects of Abuse and Neglect on the Development of Adolescents

**Part 1.** If you are working with an adopted adolescent who has experienced abuse and/or neglect in his/her history, what factors related to maltreatment would you want to explore to better understand the possible impact of the maltreatment on this youth’s developmental outcomes?

**Part 2.** There are four steps in this part.
- Assign roles for the role play: therapist, adopted adolescent, and adoptive father; others in the group to be observers.
- Role play the assigned scenario. In the role play, the therapist is to develop a better understanding of the nature and scope of the youth’s maltreatment history.
- Observers: Complete the Observation Sheet.
- All Group Members: Discussion the questions provided.

**Case Scenario #1: James**
James, age 16, and his adoptive father are meeting with you for the third time. James is struggling in school, reports he has no friends and is frequently bullied at school. He is withdrawn at home and resists participating in any family activity. His doctor has prescribed medication for depression. James was adopted from foster care at age 11 after experiencing significant physical abuse for years at the hands of his stepfather.

**Case Scenario #2: Marnie**
Marnie, age 16, and her adoptive father are meeting with you for the third time. Marnie is a bright, engaging young person who makes Bs in school. She is having trouble sleeping and has nightmares that she is back with her birth mother who was substance-involved and prostituted in the home to support herself and Marnie. She did not physically abuse Marnie but did neglect the child’s needs and exposed her to a range of men coming and going from the apartment. She is not on any medication but her dad thinks that medication might help.

**Case Scenario #3: Toby**
Toby, age 16, and his adoptive father are meeting with you for the third time. Toby is a shy young man who is an avid reader and wants to be a scientist. He was adopted at age 12 after his father died when he was 10, his mother could no longer take care of him, no one in the family came forward to parent him, and he entered foster care. His mother relinquished her rights and has disappeared. He wants to have some contact with her and his adoptive parents have attempted to find her but to no avail.
Observation Sheet

1. Did you see examples of the therapist exploring more about:

   • The age of onset of the maltreatment
   
   • The frequency of the maltreatment
   
   • The severity of the maltreatment
   
   • The nature of the child’s relationship with the maltreating adult
   
   • Constitutional factors for the child
   
   • The family context of the maltreatment

2. Did you see examples of the therapist engaging the adoptive father in the exploration?

3. What other clinical skills did you notice the therapist using in her work with this adolescent and parent?
Module #7 Adopted Adolescents and Identity Formation

Discussion:

1. Based on the role play, what are your thoughts about the impact of maltreatment on this youth’s developmental status?

2. What might you focus on in the next Module together?
Handout #7.5 Adoptive Identity Formation

Case Scenario #1: Rosita, age 15, was adopted from foster care at age 11, after she was sexually abused by two different family members – an uncle and a cousin. Her parents, who immigrated to the US from Cuba, were constantly moving from place to place when evicted, staying with family members or friends. She frequently moved in the middle of the night and changed schools so often that today, she cannot say how many schools she attended. Once Rosita entered foster care, her parents essentially disappeared, failing to attend meetings at the agency after a couple of months and never attending a court hearing. Rosita’s younger sisters were also brought into foster care (they were ages 3 and 5) and were placed with separate foster family who subsequently adopted them. Rosita lost contact with them after they were adopted. Rosita lived in at least three different foster home placements (2 foster family homes and 1 group home) before she was adopted. Her adoptive mother, Helene, is trying to get as much information about Rosita’s history as she can but is having difficulty. She believes that she has found the right person at the public child welfare agency that may help her and Rosita review the foster care file. She is also trying to learn more about Cuban culture which she knows very little.

What are the key challenges in Rosita developing a coherent adoptive identity narrative?

Case Scenario #2: Marla and David, who are white, adopted Serena, who is African American, as an infant. When she was younger, they told Serena that her mother was not able to take care of her and for that reason, placed her for adoption. They never mentioned her father. As she grew and asked more questions about her adoption, they told her that her mother was poor and lived in a dangerous part of town and had decided that she would have a better life with adoptive parents. When pressed, they tell her that her father was never involved in her life. Family members tell her how “lucky” she is to have such wonderful parents. Now that she is 14, Serena wants to know more about her birth mother and her birth father. She has begun to physically develop and already has much fuller breasts than her adoptive mother.

What issues can be expected for Serena as she tries to find anchoring points for identification?
1. How would you describe the four patterns of parenting along the dimensions of responsiveness and acceptance in conjunction with the dimensions of demandingness and control? What features characterize each type of parenting?

2. Why do you think that the authoritative parenting pattern has been found to best support adolescents’ identity development?

3. How would you help adoptive parents think about their parenting pattern in relation to facilitating their adolescents’ identity development?
Handout # 7.7 Birth Parent Puzzle Mural: Leah

Leah is a fourteen year old adolescent who has been in therapy since she was 7. She has a very difficult adoption story. She was abandoned in a trash bag in a Dumpster shortly after her birth. A local shopkeeper found her when he was putting out his trash. The community was made aware of the abandoned child in the hope of finding the mother. Leah’s adoptive parents have been very open and honest with her from the beginning and slowly shared aspects of her story when developmentally appropriate. Leah recently shared in therapy that she was worried. She said that she had a personal dream of becoming president of the United States and that this could never happen because when people looked into her past, they would find out how she had come into the world and not vote for her. As she expressed her feelings and concerns, it became clear that she had many questions about her adoption and felt confused and shamed by the abandonment. Her concern about her candidacy for president revealed her feeling that the entire nation would know of her horrible abandonment.

Her therapist, knowing that Leah was artistic, asked her to complete a puzzle. Her puzzle had the following pieces:

Where are they right now?
Why do I reap the consequences for their choices?
Who am I really?
Why do I still feel like it is my fault?
What could I have done to change it?
Why is my life so complicated for things I had no choice about?
Why me?
Why couldn’t I stay with my biological parents?
Why would they choose to abandon me?

Here is what Leah said about the puzzle:

“I felt relieved when I could talk about and write down the questions without having to come up with a solution. I learned that I did not always have to have an answer to every question. The puzzle also helped me to realize that all the pieces would eventually come together even if I did not have all the answers. . . . The puzzle was an easy way to make my feelings and thoughts visible so that one by one, my questions could get answered. I soon was able to answer some and
leave the others to be answered another time or not be answered. I became okay with that though it was very hard.”

For Discussion: How might you use the puzzle with adopted adolescents with whom you are working?
Handout #7.8  Writing Therapy as a Form of Narrative Therapy

The Steps

**Step 1**: Ask the client to write a story using first person narrative.

**Step 2**: Ask the client to read the story.

**Step 3**: Listen actively to the client’s exiting family or cultural narratives as they externalize the story.

*Note*: In listening to client’s stories, therapists attempt to identify dichotomies, exclusions, exceptions, and hierarchies of characters or voices as well as possible alternative plots or meaning buried within the narrative.

**Step 4**: Acknowledge the issues.

**Step 5**: Discuss how others may perceive the issues.

**Step 6**: Ask the client to choose one person who they know has a different point of view regarding these issues.

**Step 7**: Ask the client to write the same story using the other person’s point of view, reminding the client to stay in character.

**Step 8**: Ask the client to read the story with the other point of view.

**Step 9**: Ask the client if he/she can identify any alternatives to how these two characters could interact yet honor each other’s point of view.

**Step 10**: Identify models for change.

The Case Example:

Aubrey, age 15, was placed in foster care at age 8 after his mother left him with a neighbor and did not return. His father visited him in foster care but made it clear that he could not be responsible for his son. His mother never reappeared. Aubrey had four foster care placements and one failed adoptive placement before he was adopted by Dwayne, a 40 year old single man. Aubrey was 13 when he was adopted. Dwayne and Aubrey have come to see you because Aubrey’s behavior has become increasingly volatile and aggressive. He is not very verbal but his father says that Aubrey likes to write. In this Module, you are using Narrative Therapy through writing a story.

In Step 1, Aubrey writes the following story from a first person perspective:

*I was in foster care a long time. I wanted my mother to come back for me. I think she did come back but they made her go away. I know that she wanted me back. I loved her and she loved me. I hate the social worker that made her go away when all she wanted was to get me back. They kept me in foster care and made other people try to love me. No one did and I kept moving around. It would all have been okay if they had let my mother back in. Now, I live with Dwayne and I like him. But, now, because of the social worker, my mother will never find me. I hate the social worker.*
Observation Sheet: Check off each step that you see being taken in the role play and make notes as requested:

___√_ Step 1: Ask the client to write a story using first person narrative.

___ Step 2: Ask the client to read the story.

___ Step 3: Listen actively to the client’s exiting family or cultural narratives as they externalize the story.

___ Step 4: Acknowledge the issues.
  What issues did you hear being acknowledged? ________________________________
  ______________________________________________________________________

___ Step 5: Discuss how others may perceive the issues.
  Which “others” were identified? ____________________________________________

Step 6: Ask the client to choose one person who they know has a different point of view regarding these issues.
  Which person with a different point of view was selected? ________________

Step 7: Ask the client to write the same story using the other person’s point of view, reminding the client to stay in character.
  How well was Aubrey able to do this? ________________________________
  ______________________________________________________________________

Step 8: Ask the client to read the story with the other point of view.

Step 9: Ask the client if he/she can identify any alternatives to how these two characters could interact yet honor each other’s point of view.
  How did the therapist facilitate this conversation? ________________________________
  ______________________________________________________________________

Step 10: Identify models for change (ways that the story can be re-conceptualized).
  How did the therapist and Aubrey discuss this issue? ____________________________
  ______________________________________________________________________
Handout #7.9. Strengthening Identity Development: Clinical Interventions

Case Example #1: Amelia, now age 13, was adopted as an infant. Her adoptive parents, Clyde and Ruth, were always open with her about her adoption. They told her that her father had died in an accident while her mother was pregnant, and her mother, who was grief-stricken, placed her for adoption as soon as she was born. Amelia tells you that she doesn’t believe a word of this. She wants to know who her birth parents really are and the real reason that they placed her for adoption. She says that her adoptive parents say that they don’t have any information.

Case Example #2: Betsy, now age 14, was adopted from Ethiopia. She lives with her white parents in an affluent suburb where there are no African Americans. She has grown increasingly withdrawn and tells her parent that she doesn’t “fit” anywhere. She has a family in Ethiopia who don’t even know where she is and she has a family in the United States that don’t look a bit like her. And, she says, whoever heard of an Ethiopian girl named Betsy?

Case Example #3: David, who is American Indian by birth, was adopted from the foster care system when he was 8 years old. His parents are white and have tried to provide him with positive information on Native American culture. He is now 15 and goes to a high school with a mixture of kids – some he has known since he was adopted and others who are new in his life. Some of the new kids are calling him “Tonto.” He tells you that he hates being an Indian and he hates his adoptive parents for adopting him.

Case Example #4: Chuck, age 22, is seeing you because he feels lost. He was adopted when he was a baby and was raised by a family whom he describes as “kind and loving.” When he turned 18, he searched for his birth parents. His birth mother had died, according to Chuck, from alcoholism. He describes his birth father, whom he met only once as a chronic alcoholic “with the DTs.” Chuck wonders if he will be an alcoholic too. He says that he is beginning to think that he is more like his birth parents than his adoptive parents.
Handout #7.10  40 Developmental Assets for Adolescents (ages 12-18): The Search Institute

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