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ADOPTION COMPETENCY CURRICULUM



NATIONAL CHILD WELFARE
RESOURCE CENTER
for Adoption

At  Spaulding
for Children

-A Service of the Children's Bureau-

Child/Youth Assessment
and Preparation

Participant's Handouts

Module: Child/Youth Assessment and Preparation

Objectives:

- *To examine the current needs of the adoption field and the participants within it.*
- *To build knowledge and skills in conducting an adoption process based on empowering children/youth and prospective adoptive parents.*
- *Build knowledge and skills in writing a child/youth assessment and preparation.*
- *Identify ways in which adoption impacts growth and development.*
- *Understand the unique needs of adopted children/youths.*
- *Heighten participant awareness of the need for preparation of children/youth who are being adopted by the current foster parents or relatives.*
- *Help clarify, from the child/youth's perspective, the differences between being a child/youth in foster care and being a child/youth who has been adopted.*
- *Practice reframing "problem" behaviors as "survival" behaviors.*

Competencies: Participants will be able to:

- *Complete a comprehensive child/youth assessment.*
- *Utilize an assessment and preparation process to make placement decisions, develop service plans, and prepare a child/youth for any change in placement or relationship with current foster family or relatives.*
- *Utilize a variety of tools and techniques to better engage, assess and prepare children/youth for placement.*
- *Collaborate with others more effectively in the assessment and preparation process.*
- *Assist a child/youth in understanding the role the practitioner plays in the assessment and preparation process.*
- *Assist children/youth to better understand of what has happened, what will be happening, and to engage children/youth in the planning for their present and future.*
- *Prepare children/youth to transition from being a child/youth in foster care to being a child/youth who has been adopted in the same household.*
- *Engage the children/youth actively in preparing to be adopted by the current foster parents or other parents.*

Content

This module contains the following segments:

- Self-assessment, Trends and Issues, Guiding Principles
- Adoption Worker Roles, Policies, Processes, and Procedures
- Older Child/Youth and Adolescent Adoption
- Sibling Adoption of Sibling Groups
- Recording and Assessing Information in the Child Profile and Assessment





Child/Youth Assessment and Preparation Definitions

- **Child/Youth Assessment** is the process of developing the document that reports information which is gathered and evaluated or assessed to identify or to understand the child/youth's past and current experiences, how they relate to current behavior, development and functioning, and make projections for the child/youth's future needs. It includes factual information and is child-focused. It has the child's needs for safety, permanency and well-being as primary concerns to facilitate timely decision making, planning, and placement with a permanent family. It is the foundation for developing service plans.
- **Child/Youth Preparation** is the process of information sharing with the child/youth to help him/her to understand past experiences and to engage in planning for the future, including placement with a permanent family.

The process helps the child/youth understand, adjust and relate to adoptive placement. At the same time, it helps the practitioner to develop an adequate service plan and to identify appropriate resources to get the child/youth ready for adoptive placement. The best interest of the child/youth guides all decisions and plans.

- **Collaboration** is the structured cooperation of practitioner, family, other service providers, caregivers, and other relevant persons. Together, they work on shared goals to ensure that the child/youth's best interests are the primary consideration during the assessment, decision making, planning, preparation, and placement process. Collaboration is a partnership that blends services and resources to meet the child/youth's needs in the best way possible.
- **Concurrent Planning** is a process of establishing and acting on multiple, acceptable permanency plans at the same time. Concurrent planning rather than sequential planning efforts enable children/youth to move more quickly to the security of a safe and stable permanent family. (National Child Welfare Center for Organizational Improvement, 2001)
- **Reasonable Efforts** to reunify are efforts made by practitioners to and to reunite children with the families from which they were removed. Efforts should take place both prior to the placement of a child/youth to prevent or to eliminate the need for removal and, after placement, to return the child/youth safely home to the family. In making such efforts, the child/youth's safety and well-being are the paramount concerns. The Adoption and Safe Family Act of 1997 allows moving children/youth towards adoption or other permanent homes, if reasonable efforts to reunify are inconsistent with the child/youth's safety.

Adapted from *Child Assessment and Preparation* curriculum, 1998, Spaulding for Children.





Child/Youth Assessment Format

(State's own specific format and policies for child assessment and placement)





Checklist: The Framework and Process for a High Quality Assessment

High Quality Assessment:

- Gather information that is accurate, complete and up to date.
- Identify the health- and safety- needs of the child/youth.
- Provide and/or clarify information about a child/youth's history and identity.
- Use an ecological perspective, identifying the impact of environmental factors on the child/youth.
- Reflect caseworker, family and child/youth's perceptions of the situation, including its strengths, problems and growth areas.
- Identify and use appropriate assessment tools to minimize gaps in information and to prevent misinformation.
- Individualize and empower the child/youth in the permanency planning process.
- Support concurrent planning to minimize trauma to the child/youth and the length of time that the child/youth is in the child welfare system.
- Provide the foundation for decision making and provision of services that best meet the needs of the child/youth.

The Assessment Process:

- Review case records.
- Review reports (medical, educational, social, developmental) and progress notes.
- Meet with previous and current resource families.
- Meet with other professionals who are and have been involved with the child/youth.
- Meet with other individuals who have significant relationships with the child/youth.
- Meet and observe the child/youth.
- Obtain information from the child/youth's birth family and kin.
- Identify and fill gaps in information.

Adapted from Child Assessment and Preparation curriculum, Spaulding for Children, 1998.





Child/Youth Assessment Format

Identifying Information

- Name
- Race
- Birthplace
- Current placement
- Physical description of child/youth
- Age (identify developmental issues that may have affected or are affecting this child/youth)

Legal Status

- State the reason the child/youth was removed from the birth family.
- Describe efforts to be made or that have been made to reunite the child/youth with birth family.
- Identify why efforts are not being made or were not made to reunify the child/youth with the birth family. (per ASFA)
- Describe, if relevant, events leading to termination of parental rights/permanent wardship.

Physical Description

- Describe the child/youth's physical appearance, such as height and weight, hair color, eye color, etc.
- Indicate any outstanding or unusual features or birthmarks.
- Describe the child/youth's level of physical functioning and activity.

Culture

- What is the child/youth's religion?
- What is the child/youth's cultural background?
- With what ethnic/cultural group does the child/youth identify?
- What experiences has the child/youth had with this ethnic/cultural group?
- Which language(s) does the child/youth speak or understand?
- Which cultural traditions, values and beliefs are important to the child/youth?

Daily Routine

- Describe the child/youth's daily routine.
- List the child/youth's favorite books, toys and games, foods, possessions, hobbies, interests, and special activities.
- Identify any special pet the child/youth has or had.
- Describe the child/youth's level of care of possessions.
- List suggestions that the child/youth's current caregiver has for future caregivers regarding what works best for this child/youth in terms of a daily routine.

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Placement History (Child/Youth's Placement History Summary)

- List the child/youth's out-of-home placements (where, when and the age of the child/youth at the time of placement), including those occurring prior to entry into care (with relatives, hospitalizations, etc.).
- Identify significant people and events in the child/youth's life, explaining each relationship and what happened.
- Explain the child/youth's perception of these events and relationships; for example, describe messages to the child/youth.

Family History (Genogram)

Birth Family

- Family history information based on interviews with family members, current and prior caregivers, information from records, the initial service plan for the child/youth/family, etc.
- Factual, historical information about family members, including birth dates, physical descriptions, health information, relationship with the child/youth.
- Parents' and siblings' birth dates, ethnicity and last known location.
- Identify extended family members with whom the child/youth has had or has expressed an interest in having ongoing contact.
- Identify any extended family members who may be available for permanency planning or permanency supports.

Siblings

- Indicate the current status of all siblings. Are they with parents, relatives, in placement, previously adopted, etc.?
- Indicate whether the siblings are in care; placed in same family as this child/youth; or, if not placed with this child/youth, why the child/youth and sibling(s) were not placed together and should not be placed together in adoption.
- What are the permanency plans for the other children?
- What is or will be the plan for contact between siblings?
- What is the expectation or plan for parental and sibling visitation if the permanent plan for this child/youth is not to return home or to be placed with siblings?
- If the child/youth has sibling-like relationships with children/youth who are not related by birth, describe each relationship and the plans for future contact.

Perception of Birth Family

- Define the child/youth's own understanding of why he/she was removed from the home and the permanent plan made for the child/youth.
- Indicate whether the child/youth currently has contact with the birth family.
- List the child/youth's stated feelings about the birth family.
- List the caseworker's impressions of the child/youth's true feelings about the birth family.
- What issues need to be addressed prior to and after permanent placement, such as close, open or semi-open adoption?
- What can the adoptive parent(s) or other permanent family expect in terms of the child/youth's attachment to the birth family?

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- If not returned to parent(s), what interest does the child/youth's have in locating birth parents, either now or in the future?
- If the child/youth has a significant relationship with another family (relative, foster parent, etc.), describe the child/youth's perception of this relationship, possibility of permanency in this relationship, and plans for contact once the permanent plan is implemented if not with this relationship.

Relationships

Adult

- Describe the child/youth's interaction with birth parents during visits, or the nature of past visits with birth parents if there is no contact with them at this time.
- Who are the significant adults in this child/youth's life?
- Are any of the adults someone whom the child/youth considers as a "psychological parent"?
- How does the child/youth relate to the significant adults in his/her life and to strangers?
- How does the child/youth interact with the caseworker?
- Does the child/youth seem to express any significant differences in relating to males or females?
- How does the child/youth relate to authority figures, such as teachers, counselors, therapists, caseworker, etc.?

Others Living in Child/Youth's Home

- Indicate the child/youth's interaction pattern with other persons living in the home/residential setting.
- Are there persons to whom the child/youth feels closer to than others?
- Does the child/youth react to other children/youth being placed or leaving the foster home/residential setting? If so, how?

Peers

- What is the child/youth's level of interaction with peers?
- Describe any differences between the child/youth's interaction with school and neighborhood peers.
- Does the child/youth relate better to children/youth who are younger, older, or the same age?
- Is there a significant difference in relating to males or females?
- Does the child/youth relate better in large groups, small groups, or one on one?
- Does the child/youth have one or two special friends?
- Does the child/youth make friends easily, or is he/she a loner?

Community

- Is the child/youth involved in community or social activities such as, YWCA/YMCA, Girl/Boy Scouts, sports, dance, etc.?
- Does the child/youth identify with a specific community?
- Are there any other special relationships that the child/youth has in the community (church, teachers, etc.)?

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Medical History

- Indicate all significant medical information on the child/youth including birth history and a record of the child/youth's immunizations. (*Ensure that medical records are in the child/youth's file.*)
- When was the child/youth's most recent physical examination?
- Are there any medical issues that require follow-up?
- Does the child/youth have any physical conditions requiring ongoing attention?
- Indicate any known family illnesses or history of disease, such as heart problems, high blood pressure, diabetes, sickle cell anemia, etc.
- Describe the child/youth's dental health.
- Are there any dental needs that require follow-up, such as braces, filling of cavities, or treatment of gum disease?
- What is the child/youth's level of eyesight, hearing, etc.
- Is there a need for corrective lenses or a hearing aid?
- List all injuries with dates, treatment, and long-term impact.

Developmental History

- Indicate developmental milestones. Were they age appropriate?
- Indicate any developmental delays or reactions to stress.

Sexual Development

- Indicate age appropriateness of the child/youth's sexual development.
- Is there a known history of sexual abuse?
- Is there a suspicion of sexual abuse?
- Is there a history of sexual acting out? (*be specific*) If so, has treatment been provided?
- Is there a current pattern of sexual acting out? If so, has treatment been provided?
- What is the child/youth's level of understanding of sexual behavior?
- What have been the child/youth's sexual experiences? Are they age appropriate?
- Are there any sexual identity issues with this child/youth?

Academic Functioning

Educational History

- What is the child/youth's educational history? (*Be as specific as possible about where and when the child/youth has attended school, starting with preschool. List reasons for changes in schools.*)
- What was the child/youth's level of scholastic achievement in each grade?
- Has special education ever been recommended? If so, has it been provided?
- What is the reason for special education?

Current School Placement

- Indicate the name of the child/youth's school, grade and teacher.
- Is there a school social worker involved with the child/youth?
- What are the child/youth's strengths and weaknesses in academic functioning?
- What are the child's academic interests?
- What are the child/youth's most recent report card grades?

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- Would the child/youth benefit from academic tutoring?
- If the child/youth has been placed in special education, when was this determination made?
- What was the date of the child/youth's most recent Individualized Educational Planning Consultation (IEPC) Testing?
- What special education services are needed?
- What special education services are provided?
- What is the child/youth's level of accomplishment?

Testing

- Indicate results of all testing done with this child/youth. (*Ensure that copies of test reports are included in the child/youth's record.*)
- Who was the examiner? When and where was the testing completed? What were the findings?
- Is there a need for further testing of the child/youth?

Educational Plan

- What are this child/youth's educational goals or projection for the future?
- What do the child/youth's current family and eventual, permanent family need to do to assist the child/youth in meeting educational goals or projections?
- Also, note whether or not the child has developed a strong and positive relationship in the academic environment.

Emotional Functioning

- Give a brief history of the emotional development of the child/youth.
- How are the child/youth's emotional history and experiences impacting current behavior?
- What might the child/youth's permanent family expect in the future as a result of early experiences in the birth family, such as violence, neglect and the number and types of moves.
- What is the child/youth's self-image?
- What is the child/youth's level of self-esteem?
- Describe times or situations in which the child/youth regresses, is afraid, experiences loneliness, withdraws, is aggressive, or acts out.
- Describe what the child/youth needs from a parent (what type and amount of affection, attention, discipline, need for closeness or distance, bedtime preparation, support during night fears).
- What are the child/youth's relationships with adults and peers?
- Indicate the child/youth's existing attachments.
- With whom or what has the child/youth had a prior emotional attachment?
- Is there evidence that the child/youth has difficulty with attachment?
- Which defenses does the child/youth employ to cope with strong feelings of anger, rejection, abandonment, separation/attachment, etc.?
- Does the child/youth play appropriately with children/youth of the same age?
- Does the child/youth act out behaviorally in the foster home/residential setting? What is the acting out behavior?
- Is there a history of lying, stealing, fire setting or any destructive behaviors with the child/youth? If so, what has been done to address these behaviors?

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- What is the child/youth's sense of right and wrong?
- What is the child/youth's level of cooperation and attention span?
- What controls need to be in place for this child/youth?
- Has the child/youth been in therapy? If so, when and where?
- If the child/youth is or has been in therapy, who is the therapist; and what are the findings and recommendations? (*Note any testing, medication, psychiatric history.*)
- How has the child/youth dealt with separation from these people/places/things?
- What does the child/youth need in order to separate from the current caregiver, if possible?
- What is the child/youth's level of emotional functioning?

Attitude Toward and Readiness for Placement

- What are the child/youth's stated feelings about returning home or another permanent placement?
- Has the child/youth identified any preferences and concerns about placement? If so, what are these?
- Has the child/youth identified situations and placements that would make her/him most comfortable? If so, what are these?
- What is the child/youth understanding of permanency options: return home, relative or foster care, become adopted and how each of these placement options does or does not provide permanency for him/her.
- What is the child/youth's ability to attach to new parents and at what level can the child/youth attach?
- Which services are needed to prepare the child/youth for placement with a permanent family?

Adapted from Child Assessment and Preparation curriculum, Spaulding for Children, 1998.



Developmental Milestones for Children

Growth and development are influenced by many factors including social, and cultural. Each child is an individual who will develop at his or her own pace. The milestones presented here are averages.

Age	Physical	Mental	Social	Language
Birth to 3 months	<ul style="list-style-type: none"> • Raises head slightly • Hold head up for a few seconds when supported • Lifts head and chest while lying on stomach • Use sucking, grasping, and rooting reflexes 	<ul style="list-style-type: none"> • Sees clearly within 13 inches • Focuses on and follows objects, including human faces • Sees all colors and distinguishes hue and brightness • Distinguishes sweet, sour, bitter, and salty tastes • Responds with facial expressions to strong stimuli (like odors) • Prefers high contrast items and geometric shapes • Begins to anticipate events (i.e., sucking at the sight of a nipple) 	<ul style="list-style-type: none"> • Sucks own fingers • Observes own hands • Looks at the place on their body that is being touched • Can be comforted by a familiar adult • Responds positively to touch • Interacts best when in an alert state or in an inactive and attentive state • Benefits more from short, frequent interaction, more than long, infrequent ones • Smiles and shows pleasure in response to social stimulation 	<ul style="list-style-type: none"> • Responds to speech by looking at the speaker • Reacts to changes in the speaker's tone, pitch, volume, and intonation • Responds differently to the voice of a parent than to other voices • Responds differently to their home language and another language • Communicates with bodily movements, by crying, babbling, and laughing • Attempts to imitate sounds
3 to 6 months	<ul style="list-style-type: none"> • Rolls over • Pushes body forward and pulls body up by grabbing the edge of the crib • Reaches for and touches objects • Reach, grasp, and put objects in mouth • Make discoveries with objects (i.e., a rattle makes noise when moved) 	<ul style="list-style-type: none"> • Recognizes faces • Differentiates between different people based on the way they sound, feel, or look • Reacts to and imitates the facial expressions of others • Responds to familiar sounds 	<ul style="list-style-type: none"> • Can play peek-a-boo • Pays attention to own name • Smiles spontaneously • Laughs out loud 	<ul style="list-style-type: none"> • Exchanges sounds, facial expressions, or gestures with a parent or caregiver • Listens to conversations • Repeats some vowel and some consonant sounds
6 to 9 months	<ul style="list-style-type: none"> • Crawls • Grasps and pulls things toward self • Transfers objects between hands 	<ul style="list-style-type: none"> • Stares longer at "impossible" events (like ordinary objects suspended in midair) 	<ul style="list-style-type: none"> • Expresses several clearly differentiated emotions • Distinguishes friends from strangers 	<ul style="list-style-type: none"> • Begins repetitive babbling • Associates gestures with simple words and two-word phrases, like "hi" and "bye"

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Age	Physical	Mental	Social	Language
6 to 9 months (cont.)		<ul style="list-style-type: none"> • Distinguishes among pictures that show different numbers or items • Uses the relative size of objects to show how close or how far away they are 	<ul style="list-style-type: none"> • Responds actively to language and gestures • Shows displeasure at the loss of a toy 	<ul style="list-style-type: none"> • Uses vocal and non-vocal communication to express interest and to influence others
9 to 12 months	<ul style="list-style-type: none"> • Sits without support • Stands unaided • Walks with aid • Rolls a ball • Throws objects • Picks things up with a thumb and one finger 	<ul style="list-style-type: none"> • Understands that an object still exists even when it's not in view • Responds to simple directions and questions with gestures, sounds, and perhaps words • Imitates actions and gestures • Experiments with how an objects fits into a container • Enjoys looking at picture books 	<ul style="list-style-type: none"> • Find themselves with finger foods • Holds a cup with both hands and drinks with assistance • Holds out arms and legs while getting dressed • Mimics simple actions • Shows anxiety when separated from primary caretaker 	<ul style="list-style-type: none"> • Understands the names of familiar people and objects • Shows understanding with responsive body language and facial expressions • Says a few words • Responds to a firm "no" by stopping what they are doing
1 to 2 years	<ul style="list-style-type: none"> • Can walk alone • Can walk backwards • Picks up toys from a standing position • Pushes and pulls objects • Seats self in a child's chair • Can walk up and down stairs with assistance 	<ul style="list-style-type: none"> • Imitates adult's language and actions • Understands words and commands and responds appropriately • Begins to match similar objects • Recognizes and identifies familiar objects in storybooks with adult assistance • Distinguishes between "you" and "me" 	<ul style="list-style-type: none"> • Recognizes self in pictures or the mirror and smiles or make faces at self • Shows intense feelings for parents and shows affection for other familiar people • Plays alone and initiates their own play • Expresses negative feelings • Shows pride and pleasure at new accomplishments • Imitates adult's behaviors in play • Shows a strong sense of assertiveness of self through assertiveness, directing others 	<ul style="list-style-type: none"> • Understands many words, as well as simple phrases and directions ("Drink your juice") • Follows a series of two simple but related directions • Responds correctly when asked "where?" • Says a few words clearly, and a few dozen additional words so that family members can understand • Says successive single words to describe an event • From about 18 months, begins learning about nine words a day

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Age	Physical	Mental	Social	Language
1 to 2 Years (cont.)			<ul style="list-style-type: none"> Begins to be helpful, such as by helping to put things away 	<ul style="list-style-type: none"> Uses “my” or “mine” to indicate possession; begins to use “me,” “I,” and “you”
2 to 3 years	<ul style="list-style-type: none"> Can run forward Jumps in place with both feet together Stands on one foot, with aid Walks on tiptoes Kicks ball forward Most children at this age are able to manipulate small objects with increased control: <ul style="list-style-type: none"> Strings large beads. Turns pages one by one Holds crayon with thumb and fingers instead of fist Draws a circle 	<ul style="list-style-type: none"> Responds to simple directions Chooses picture books, name pictured objects, and can identify several objects within one picture Stacks rings on peg in order and size Identifies themselves in mirror, saying “baby” or their own name Observes and imitates more complex adult actions 	<ul style="list-style-type: none"> Shows awareness of gender identity Indicates toilet needs Helps to dress and undress themselves Is assertive about preferences and says “no” to adult requests Begins self-evaluation and develops notions of themselves as good, bad, attractive, etc. Shows awareness of their own feelings and those of others, and talks about feelings Experiences rapid mood shifts and shows increased fearfulness (fear of the dark, etc.) Displays aggressive feelings and behaviors Defends their possessions Begins to play house Participates in group activities, such as singing clapping or dancing Knows gender identity 	<ul style="list-style-type: none"> Joins familiar words into phrases Begins to use modifiers (adverbs and adjectives) Points to common objects when they are named Names objects based on their descriptions Responds to “what?” and “where?” questions Enjoys listening to stories and asking for favorite stories Recounts events that happened that day
3 to 4 years	<ul style="list-style-type: none"> Movement and balance improve. Most children can: <ul style="list-style-type: none"> Run around obstacles Walk on a line Balance on one foot Push, pull, and steer toys 	<ul style="list-style-type: none"> As children have more experiences in the world, their analytic abilities grow. Now most children can: <ul style="list-style-type: none"> Understand concepts like grouping and matching, i.e., matching colors Organize 	<ul style="list-style-type: none"> As their dexterity and self-help skills improve, 3- year-olds become more independent. Most can: <ul style="list-style-type: none"> Follow a series of simple directions 	<ul style="list-style-type: none"> Language usage becomes more complex. Most 3-year-olds can: <ul style="list-style-type: none"> Make themselves understood to strangers, despite some sound errors

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Age	Physical	Mental	Social	Language
3 to 4 years (cont.)	<ul style="list-style-type: none"> • Ride a tricycle • Use a slide without help • Throw and catch ball 	<ul style="list-style-type: none"> • Materials on their own such as stacking blocks or rings in order and size • Draws, names, and briefly explains somewhat recognizable pictures that are meaningful to them • Actively seeks information through why and how questions • Tells their full name and age • Attends to activities for a longer periods of time • Learns both by observing and listening to adults' explanations 	<ul style="list-style-type: none"> • Complete simple tasks with food without assistance, such as spreading soft butter with a dull knife and pouring from a small pitcher • Wash hands unassisted and blow nose when reminded • They become more interested in other children; they are more likely to: <ul style="list-style-type: none"> • Share toys, taking turns with assistance • Initiate or join in play with other children and make up games 	<ul style="list-style-type: none"> • Use and understand sentences • Use more complex grammar, such as plurals and past tense • Understand sentences involving time concepts • Understand relationships expressed by "if...then" or "because" sentences • Follow a series of two to four related directions • Sing a song and repeat at least one nursery rhyme
4 to 5 years	<ul style="list-style-type: none"> • Children are now more confident, and most are able to: <ul style="list-style-type: none"> • Walk backwards • Jump forward many times without falling • Jump on one foot • Walk up and down stairs without assistance, alternating feet • Turn somersaults • Children develop skills that will help them as they enter school and begin writing. Most children can: 	<ul style="list-style-type: none"> • At this age, children actively seek information and new experiences from the people in their environment. Most can: <ul style="list-style-type: none"> • Play with words, mimicking and creating sounds, and make rhymes • Point to and name many colors • Understand order and process • Draw a person with detail • Draw, name, and describe pictures • Tell you their street and town 	<ul style="list-style-type: none"> • At this age children are more aware of themselves as individuals. They: <ul style="list-style-type: none"> • Show some understanding of moral reasoning (exploring ideas about fairness and good or bad behavior) • Compare themselves with others • Develop friendships • Express more awareness of other people's feelings 	<ul style="list-style-type: none"> • 4-year-olds use language not only to converse, but also to exchange information. Most can: <ul style="list-style-type: none"> • Retell a story (but may confuse facts) • Combine thoughts into one sentence • Ask "when?" "how?" and "why?" questions • Use words like "can," "will," "should," and "might"

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Age	Physical	Mental	Social	Language
4 to 5 years (cont.)	<ul style="list-style-type: none"> • Use safety scissors • Cut on a line continuously • Copy squares and crosses • Print a few capital letters 		<ul style="list-style-type: none"> • Show interest in exploring sex differences • Enjoy imaginative play with other children, like dress up or house 	<ul style="list-style-type: none"> • Refer to causality by using "because" and "so" • Follow three unrelated commands appropriately • Understand comparatives like loud, louder, loudest • Speaks clearly enough for strangers to understand
5 years	<ul style="list-style-type: none"> • Hops, somersaults, swings, climbs • May be able to skip 	<ul style="list-style-type: none"> • Can count 10 or more objects • Correctly names more than four colors • Better understands concept of time 	<ul style="list-style-type: none"> • Wants to please friends • More likely to agree to rules • Likes to sing, dance and act • Shows more independence and may even visit a next-door neighbor by herself 	<ul style="list-style-type: none"> • Recalls part of a story • Speaks sentences of more than five words • Uses future tense • Tells longer stories • Says name and address
6 years	<ul style="list-style-type: none"> • May still be somewhat uncoordinated and gawky • Able to learn to ride a bicycle • Can move in time with music or a beat 	<ul style="list-style-type: none"> • Moving toward abstract thinking • Develops reasoning skills 	<ul style="list-style-type: none"> • Grows more independent, yet feels less secure • Needs to win and will change rules to suit her/himself • May be hurt by criticism, blame, or punishment 	<ul style="list-style-type: none"> • Shifts from learning through observation and experience to learning via language and logic
7 years	<ul style="list-style-type: none"> • Hand-eye coordination is well developed • Has good balance • Can execute simple gymnastic movements, such as somersaults 	<ul style="list-style-type: none"> • Demonstrates a longer attention span • Uses serious, logical thinking; is thoughtful and reflective • Can tell time; knows the days, months, and seasons 	<ul style="list-style-type: none"> • Desires to be perfect and is quite self-critical • Worries more, may have low self-confidence • Understands the difference between right and wrong 	<ul style="list-style-type: none"> • Uses a vocabulary of several thousand words • Able to solve more complex problems • Begins to grasp that letters represent the sounds that form words

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Age	Physical	Mental	Social	Language
7 years (cont.)		<ul style="list-style-type: none"> • Can describe points of similarity between two objects • Able to solve more complex problems 	<ul style="list-style-type: none"> • Avoids and withdraws from adults • Is a better loser and less likely to place blame • Waits for their turn in activities • Starts to feel guilt and shame 	<ul style="list-style-type: none"> • Individual learning style becomes more clear-cut
8 years	<ul style="list-style-type: none"> • Finger control is more defined • Stamina increases 	<ul style="list-style-type: none"> • Reading may be a major interest • Seeks to understand the reasons for things • Begins to feel competent in skills and have preferences for some activities and subjects • Thinking is organized and logical 	<ul style="list-style-type: none"> • Emotions change quickly • Impatient: finds waiting for special events tortuous • Makes friends easily; develops close friends of same sex • Favors group play, clubs, and team sports, wants to be part of a group • More influenced by peer pressure 	<ul style="list-style-type: none"> • Can converse at an almost adult level • Begins to recognize concept of reversibility ($4+2=6$ and $6-2=4$)
9 years	<ul style="list-style-type: none"> • Uses tools, such as a hammer or small garden tools, fairly well • Capable of fine hand and finger movements • Draws with great detail • May persist with an activity until exhausted • Interested in own strength; boys enjoy wrestling 	<ul style="list-style-type: none"> • Memorizes and recites facts but may not show deep understanding • Reads to learn (rather than learning to read) • Keeps train of thought and will continue to work even after interruptions • Able to use dictionary • Beginning to be aware of right and wrong vs. good and bad • Critical thinking starting to emerge 	<ul style="list-style-type: none"> • May experience mood swings • May be critical of self and others • May use physical complaints to avoid unpleasant tasks • Often dislikes the opposite sex intensely • Responsible: can be depended upon and trusted • Puts great importance on fairness, in self and in others 	<ul style="list-style-type: none"> • Can communicate as an adult
10 years	<ul style="list-style-type: none"> • Has both skill and stamina for gross motor activities such as biking, skating, and team sports • Personality traits may be revealed by posture and movement habits 	<ul style="list-style-type: none"> • Aware of time, but needs help to plan in a practical way • Still certain that own beliefs are correct and are universally shared by others 	<ul style="list-style-type: none"> • Fears which was previously bothersome are now minimal • May be quick to anger but expression of anger differs according to situation 	<ul style="list-style-type: none"> • Communicates as an adult

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Age	Physical	Mental	Social	Language
10 years (cont.)	<ul style="list-style-type: none"> Girls may show signs of approaching puberty 		<ul style="list-style-type: none"> Friendships are quite important; friends are of the same sex Enjoys clubs and group activities Still not interested in the opposite sex 	
11 years	<ul style="list-style-type: none"> Very active and energetic; constantly wiggles and moves Boys show few outward signs of puberty Boys show more muscle development than girls Girls display more physical changes Development of some soft pubic hair; breast development is still minimal, but of great interest; rapid height gains 	<ul style="list-style-type: none"> Combines oral, visual, and written material in school reports Decision-making skills improves Starts to realize that others may hold beliefs different than their own 	<ul style="list-style-type: none"> May be fearful, tearful, and full of worries Relationship with mother is particularly thorny Displays anger physically—fights, slams doors, kicks Behavior is well-mannered when away from home Friendships are still important but with more quarrels than before May have a “best friend” Not actively interested in opposite sex, but on the verge 	
12 years	<ul style="list-style-type: none"> Both boys and girls are always hungry Girls are at the peak of physical change: Still growing rapidly in height and weight Growth may taper off toward the end of the year Menstruation is likely to start Breast fill out Underarm hair and pubic hair thickens 	<ul style="list-style-type: none"> Categorizes information in order to make sense of it Summarizes information from a book into own words Reads newspapers or magazines, particularly those sections about topics of special interest 	<ul style="list-style-type: none"> Generally pleasant and good natured Very enthusiastic about likes and equally passionate about dislikes Strong need to conform to peers Friendships are calm, without turmoil seen at eleven Shows interest in the opposite sex (girls more than boys) 	<ul style="list-style-type: none"> Language skills continue to increase

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Age	Physical	Mental	Social	Language
12 years (cont.)	<ul style="list-style-type: none"> • Boys show a wide range of growth rates: • Soft pubic hair develops • Penis and scrotum enlarge • Erections are frequent, with or without an obvious case 			
Adolescence	<ul style="list-style-type: none"> • Characteristically agile, but still has clumsiness • Rapid physical development and maturation • Feeling awkward and strange 	<ul style="list-style-type: none"> • Uses thought more flexibly and can handle hypothetical issues • Can reason logically about statements, objects, events • Has well-developed perception of physical volume • Able to formulate ideals, to make assumptions, and to draw conclusions • Tends to intellectualize • Moody 	<ul style="list-style-type: none"> • Disoriented by rapid physical growth, worries about being normal • Interested in opposite sex and may begin sexual activity • Emotional development swings from unstable to well-balanced, between 11-16 years • By 13, is generally withdrawn and pessimistic • Rapidly forms and dissolves relationships • Doesn't feel understood and distrusts adults • Is independent, yet dependent • Often idealistic • Often unaware of consequences of words or acts, rude to adults • Struggles between the security of childhood and the expectations of adult world, sense of identity • By 16, is adjusting to future role as an adult • Focuses on self, alternating between high expectations and poor self-esteem 	<ul style="list-style-type: none"> • Can communicate as an adult

Adapted from Parenting corner Q&A: Developmental Milestones at American Academy of Pediatrics at www.aap.org/publiced/BK0_DevMile_1mos.htm and www.pbs.org/wholechild/abc/cognitive.html and Developmental Milestones of Children, *Child Assessment and Preparation* curriculum, Spaulding for Children, 1998. Retrieved May 28, 2007.



Preparing Youth for Permanency: 3-5-7 Model

It is known that many children/youth in care have unresolved losses. The 3-5-7 Model incorporates activities to assist those working with children and youth in the reconciliation of those losses and the building of relationships through the attachment process. This can be accomplished through the exploration of three tasks, the answering of five conceptual questions, and the incorporation of seven critical-skill elements.

An abused and/or neglected child/youth has an enduring need for safety. The child/youth's perception of safety subsequently becomes a critical element in the placement of many children/youth. Although foster care is meant to provide a safe environment for the child/youth, the child/youth's perception is that foster care is a change that results in feeling unsafe.

The 3-5-7 Model is a method that provides an approach for those who work and live with child/youth in temporary care, who remain in care, and who are making the transition to permanency through reunification, kinship care, adoption, or permanent legal custody. This Model was developed by Darla Henry of Temple University and Family Design Resources, Inc.

3 Tasks — CIA: Clarification, Integration, Actualization

Clarification

- Clarification is the task of assisting the child/youth in understanding what has happened in life.
- Clarification is a lengthy process. Progress depends upon where the child/youth is developmentally and cognitively as well as his/her readiness to accept information about his/her history and life events.
- Clarification is not a linear process. It ebbs and flows in the ongoing work being conducted with the child/youth.

Integration

- Integration is the process through which children/youth develop the ability to understand their membership in many families.
- Many children/youth in placement have lived with a variety of individuals or families prior to coming into care.
- Their membership in all these families needs to be explored so that the children/youth begin to understand who had meaning to them and for whom they have meaning.
- During integration, children/youth accept that they do not have to choose membership in one particular family.
- Children/youth begin to deal with loyalty issues towards their biological parents and biological family members if they are not going to return home.

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Actualization

- Actualization is the ability of children/youth to begin visualizing their membership in one specific family.
- They visualize what it is going to be like to be a member of a family whether they move towards permanence through reunification, adoption, permanent legal custody, or kinship care.
- Ideally, this process would be conducted or completed during the pre-placement phase when children/youth are developing relationships with their new permanent family.
- Actualization is a life-long process of feeling a sense of belonging to a family or permanent relationship.

Five Questions

Many children/youth in the child welfare system have not grieved their losses. This can be related to behavioral difficulties and behaviors that are difficult to manage for child welfare staff, foster families and subsequently in permanency homes.

The impact of separation and loss influences the behaviors of children/youth who present behavioral reactions. It is imperative that workers have critical knowledge of the impact of loss on the children/youth in the child welfare system.

Children have many conceptual questions related to their losses, subsequent feelings, and uncertainties about where they will be living. The answers to these questions are critical to their readiness to transition to permanency.

In the 3-5-7 Model, five questions emerge to provide a framework of reference that addresses the issues of loss, identity formation, attachment, relationship building, and claiming/safety. Each question correlates to these five issues listed below:

1. What happened to me? - (Loss)

This question addresses all children/youth's losses before and during placement. Children/youth in the child welfare system experience the loss of their biological family members, friends, pets, schools, familiar environment, community, and established relationships.

- Clarification makes efforts to answer why they may no longer be returning to the care of their biological family member.
- Children/youth will grieve the loss of their family even though their life may have not been perfect.
- Grief work should start during the clarification task.
- Where possible, biological or previous families can assist children/youth in forming relationships with new caregivers by giving them their blessing to do so.

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- Adults must understand the intensely painful response to trauma and loss by children/youth expressed through their behaviors.
- Children/youth who begin to resolve these issues of loss often start to move on.
- If children/youth are not assisted in grieving, they may experience increasing intensity of their unexpressed feelings and behaviors, deepening depression and the progression of protest into anger and ultimately into rage.
- Children/youth who do well in foster homes and adoptive homes may do so because of the conscious or unconscious ability of those foster or adoptive parents to assist children/youth in grieving their losses.
- Children do not understand the meaning of “temporary” and they are expected to absorb anger from all of the moves.
- Adults look at loss from an adult perspective and concerns of the child/youth frequently differ from the grief experience of an adult.
- Children/youth who work through grief issues are better able to bond with the new family.
- The use of life books, timelines, life maps and collages are excellent tools for this process.

2. Who am I? - (Identity)

Identity formation is a developmental process which traditionally culminates in adolescence with a sense of self. The loss experienced by adopted children/youth centers on self-identity as on the lost relationship with the birth parents. The lives of children in the child welfare system will forever be changed. Identity confusion can result from the loss of biological parents and subsequently having a variety of caregivers in the placement system.

The question of “Who am I?” is a difficult question to answer due to children/youth in care living in a variety of home environments. The challenge for children/youth in terms of knowing who they are, is putting together fragments of information in a confusing puzzle. Studies suggest that a clear achievement of a sense of identity and sense of knowing oneself are linked to several factors:

- The childhood experience of being wanted and loved within a secure environment with quality attachments.
- Knowledge and awareness about personal history, heritage, and genealogy.
- The experience of being perceived by others as a worthwhile person.
- The need for connectedness and continuity in family ties is crucial for emotional growth.
- Through clarification and integration, children/youth develop a more complete picture of self, a sense of identity, and an integration of life events and family memberships.
- The integration process involves dialogue and interactions with children/youth to help look at membership all of their families.
- It provides an opportunity for children/youth to think about their own family, what have been their memories of those individuals, and what messages they have been given about who they are.

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3. Where am I Going? - (Attachment)

This question integrates aspects of all five questions for children/youth: losses, identity, and forming new relationships (attachment) in a perceived safe environment.

- Relationships are central to helping children/youth make the transition from the past to the present and develop a plan for the future.
- Children in the child welfare system know that there are no guarantees or assurances that when they wake up in the morning, that they will be sleeping in the same place at night.
- Children living in placement have experienced numerous disruptions to their relationships.
- If they receive prompt, accurate information about what has happened, are permitted to ask questions and receive honest answers, then they usually have the capacity to establish new relationships and form attachments within the construct of family settings.

4. How will I get there? - (Building Relationships)

“How will I get there?” is an extension of the third question, “Where am I going?” Children/youth grieve and reconcile losses in the context of a relationship. When the relationship building process is terminated, children/youth experience new losses and their grieving process continues. As the attachment process is recycled, the children/youth:

- Build relationships through establishment of trust and perceptions of security and safety.
- Safe relationships enable children/youth to reconcile losses as they move through placement into relationships within new families.
- As children/youth begin to reconcile losses, they are moving through integration into the actualization phase.

5. When will I belong? - (Claiming/Safety)

The fifth question advances the resolution of issues from the previous four questions. This question is answered in the claiming process that occurs between children/youth and families:

- It should be noted that feelings of belonging frequently occur at different times for a child/youth and family.
- Repetition of the attachment cycle ensures ongoing interaction between the caregiver and child/youth as they attempt to build a relationship around the meeting of needs.
- This is an ongoing life-long process for many children/youth and families that requires steady attention and conscious effort.
- When children/youth have a sense of safety and where family is sensitive to their loss issues, helps the child/youth with the process of recognizing who they are in new family relationships.

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These five questions are intertwined and ongoing. The length of time needed to answer these questions to assist children/youth in their readiness for permanency is undetermined. It is specific to each individual child/youth.

The following is also specific to each individual worker in their engaging of the child/youth as they prepare the child/youth for permanency:

- understanding the grief process, child development, and response to abuse and neglect
- patience
- skills to work with children and adolescences

Seven Critical Elements to Preparing Children

Children/youth must be assisted in mourning their loss and separation from loved ones. For many this must mean going back and re-experiencing the traumatic events. Workers must set the tone and philosophy for working with children/youth by using the seven critical elements:

- Engage the child/youth in the process
- Listen to the child/youth's words
- Speak the truth
- Validate the child/youth and the child/youth's life story
- Create a safe place for the child/youth to do his/her work
- Allow that it is never too late to go back in time
- Acknowledge that pain is part of the process

Preparing children/youth for permanent placements depends on age and circumstances, the philosophy and techniques of those doing the preparation, and the agency's approach to the work done.

Several things must happen for children/youth before they are ready for adoption/permanency:

- Exploring feelings about their biological family and the separation from them.
- Dealing with feelings about various moves that may have occurred while in placement.
- Expressing feelings of sadness, anger, rejection about the moves.
- Understanding of adoption and their entitlement to a permanent family should also be addressed.

Children/youth are often presumed to be prepared for their move into an adoptive home, but they may have never been helped to understand their past separations and grieve their past losses.

Social work practitioners must deal with their own feelings of loss while preparing a child/youth for permanency. The key to implementing the preparation process rests on the knowledge and skills of the worker.

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If workers have their own unresolved, unpleasant or threatening feelings, if they have avoided helping the child/youth to deal with loss and rejection, the child/youth may enter into a new family still hurting from the past.

More time is needed to heal and the trust-building relationship requires continuity, stability, and mutuality between the child/youth and their caregivers.

Darla L. Henry. (2005). The 3-5-7 Model: Preparing Children for Permanency. *Children and Youth Services Review*, The 3-5-7 Model is licensed and can be used only in this curriculum or by permission of the author, 27, 197-212.



A Framework for Preparing Children/Youth for Adoption

Much of the work done by the practitioner in preparation mirrors the work done in assessment. All of the information gathered in the assessment affects decisions and planning. Neither should be done in isolation.

A child/youth has been prepared successfully for adoption if:

- he/she has an understanding of his/her family and placement history.
- his/her wishes have been considered.
- his/her emotional, physical, psychological, social and chronological development has been considered.
- he/she understands why the adoptive placement plan is needed and wants to proceed with it.
- appropriate assessment tools have been used to gather accurate, comprehensive information about the child/youth and family.
- a treatment plan that reflects the needs and wants of the child has been implemented.
- the practitioner has collaborated with everyone who has involvement with the child/youth.
- adequate documentation of past services provided, current services being received and future services needed has been made.
- a presentation plan has been made.
- the child/youth has been assisted to establish a transition plan.

Adapted from *Child Assessment and Preparation* curriculum, Spaulding for Children, 1998.





Communicating with Children of all Ages

Suggestions for Caseworkers

Build Rapport

Demonstrating respect, honesty, and understanding is a very important tool for building rapport. It is most important to put the child/youth at ease in order to communicate effectively. In establishing rapport, explain to the child/youth that you are there to help them in understanding the situation. Actively listen to the child/youth by responding to concerns they express. Ask clarifying questions so that the child/youth will know that you are listening and acknowledging their concerns and feelings. Use language that the child/youth can easily understand and let the child/youth direct you to the issues they would like to discuss. (Refer to Participant's Handout #4, *Developmental Milestones for Children*, the Language columns on pages 27-34).

Keep Children/Youth Informed

Be honest with the child/youth by informing them what you do or do not know in regard to their present situation. Children/youth need to know the truth, regardless of how difficult it may be. If the child/youth is uncertain about an event or the future, this may only produce anxiety in the child/youth. Convey to the child/youth that situations sometimes change and that you will update the child/youth on any new information you may receive.

Discuss Events in Age-appropriate Terms

A child/youth's development may not match their chronological age. Assess where the child/youth is developmentally and make sure that you share information with the child/youth that is appropriate for their developmental age and clarify when necessary. (Refer to Participant's Handout #4, *Developmental Milestones for Children*, the Language columns, pages 27-34).

Acknowledge and Normalize Children/Youth's Feelings

It is important to let a child/youth be able to express his/her feelings and concerns. Let the child/youth know that he/she is not alone in his/her present situation that many children/youth share the same experiences. Use empathy when listening to the child/youth expresses his/her concerns or feelings. A child/youth wants to be taken seriously when he/she finally gets comfortable enough to share his/her feelings and thoughts. Where appropriate, offer support and praise.

Adapted from Effective communication and engagement with children, young people, their families and careers. Found in *Common Core of skills and knowledge for the children's workforce*. Retrieved December 17, 2007, from www.everychildmatters.gov.uk/deliveringservices/commoncore/communication/





Tools to Assist in Child/Youth Assessment and Preparation

Life Book (0-18 years) is an account of the child/youth's life in words, pictures, photographs, and documents. Although Life Books can take many forms, each child/youth's Life Book will be unique to that individual. Adoption workers can assist in creating a Life Book for a child/youth by gathering information about the child/youth and taking pictures of people and places that are or were important to the child/youth.

Eco-Map (4-10 years) is a visual representation of a child/youth and the important people and activities in the person's life. A Eco-Map may have a circle in the middle of the page with a stick figure of a child/youth, along with the question, "Why am I here?" Lines are drawn out from the circle like spokes to other circles representing the court, other foster families, siblings, and school. An Eco-Map also can be used to address other topics such as, "Things I like to do," visually to represent what things and which people are important to the child/youth and to help the child/youth understand how he or she came to live with the adoptive family. (Fahlberg 1991)

Life Line or Life Path (6-18 years) is a visual representation to help the child/youth understand the paths that life has taken and the decision points along the way. There may be lines that go to a drawing of a house representing any foster homes where a child/youth has lived, the years that the child/youth lived there, and a mention of who lived with the child/youth in that house, if known. (Fahlberg, 1991)

Journal or Letter Writing (12-18 years) is a helpful way for children/youth to get their feelings and concerns out in the open. Journal writing can be private—something the child/youth uses only for himself/herself. Letter writing is less private because the child/youth expects others to read the letters. If the birth parents are unavailable to respond, the child/youth can write a response to his/her own letter. These writings can be discussed with adoption service providers and can be helpful in resolving past losses and facilitating attachment within the adoptive family. These tools can be modified to fit a child/youth's particular circumstances. If children/youth have difficulty writing down their thoughts, the post adoption service provider or an adoptive family member may act as recorder. Audio and DVD/videotape also can be used for these types of activities. Some people refer to letter writing as "role play," particularly when the child/youth responds to letters from a birth parent's perspective.

Family Game (3-8 years) is a unique and unobtrusive way for a child/youth to begin talking about characteristics of families that are important to him/her. The caseworker asks the child/youth to picture what a grocery store looks like, on the inside, then tells the child/youth about an imaginary store that has mommies, daddies, sisters, brothers and animals inside. To help visualize the activity the worker draws, with the child, the inside of the store. This picture includes a description of the different "aisles" in the store. The caseworker explains that each "aisle" contains different components of a family. After talking about the different components of families (moms, dads, sisters, brothers, grandmas, etc.) the worker encourages the child/youth to talk about what kind of family he/she would pick out for himself/herself. After the child/youth has picked out the

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components of the ideal family, the worker asks specific questions about the family: Why did the child/youth pick the family members that he/she did? What type of person is each member of the family? What does each family member do?

Caregiver Puzzle (6-18 years) increases the child/youth's understanding of the roles of current and former caregivers. This exercise is useful in assisting children/youth who are experiencing confusion as they enter or move through the child welfare system. Each caregiver is identified. The child/youth puts the caregiver in the sequence of their life, discusses their likes and dislikes relative to the caregiver, and receives information from the caseworker about that caregiver's role in the child/youth's life.

Adapted from *Child Assessment and Preparation* curriculum, Spaulding for Children, 1998.



Focusing on the Perceptions of Children

Please answer the following questions:

What do children/youth in foster care say about adoption in general?

What does adoption mean to them?

What do children/youth in foster care say about being adopted by their foster parents?

What do children/youth in foster care say about being adopted by their relatives?





Harris Family Summary

Isaiah, age 15; Michael, age 10; and Elizabeth, age 7, are biological siblings who are in foster care. The children currently live in two different homes. The boys have been with their foster parents, Mr. and Mrs. Williams, for about nine months, while Elizabeth has been living with her paternal grandmother since she was 4 years old.

The birth parents, Malcolm and Christine, are married. Malcolm was incarcerated at the time of Elizabeth's birth and has been since that time. According to the mother, she was able to take care of Isaiah and Michael while controlling her bipolar disorder. After the birth of Elizabeth she found it increasingly difficult to care for three children without the help of her husband. At that time, Christine began self-medicating with drugs and alcohol. Many times the children were left in the care of a family friend, "Aunt Lorita Webster," who lives nearby or, with their paternal grandmother.

The family's first incident with Protective Services occurred when Elizabeth, age 4 at the time, was found wandering the streets, trying to buy food. Her mother was found passed out on the bathroom floor. Elizabeth was placed in the care of her paternal grandmother, while Isaiah and Michael remained with their mother.

Three years later, Isaiah and Michael were unsupervised when a kitchen fire started. Michael received third-degree burns on his arm. Unable to locate the mother and not being able to place the children with the paternal grandmother, Protective Services placed Isaiah and Michael into two different foster homes.

Within the following three months, Isaiah moved two more times due to his behavior. He then was placed in the Williams home, where his brother, Michael, joined him. Meanwhile, Elizabeth continued to live with her grandmother.

Contact with the birth mother was not consistent, nor was she able to meet the recommendations of the treatment plan. Parental rights were terminated. All three children are available for adoption.

Elizabeth has a difficult time forming healthy attachments and has a tendency to build emotional walls. She is a very active child, living with her diabetic grandmother and developmentally disabled uncle. Although Elizabeth has spent almost half of her life, three years, living with her grandmother and Uncle Billy, she has indicated that she would prefer to live with her brothers.

At the time of the fire, Michael felt as though the fire and resulting situation were completely his fault. During his first foster placement, with Mr. and Mrs. Hamilton, Michael formed a bond with another boy, Alexander, who lived in the Hamilton home. It was difficult for Michael to say good-bye when he moved to the home of Mr. and Mrs. Williams. Michael has been living for the past nine months with Mr. and Mrs. Williams, along with his brother, Isaiah. Michael is very attached to both Mr. and Mrs. Williams, but also is attached to his brother and always wants to be with Isaiah.

Isaiah was placed initially in the Thompson home, but the Thompson's requested that he receive a new placement due to his behavior. Isaiah shared a room with a younger boy named Brandon, but there were a number of conflicts between the two. When the altercations between them turned physical, Isaiah was placed into another foster home. Although Isaiah has been living with Mr. and Mrs. Williams for nine months, he has said that he does not want to be adopted.





Child/Youth Preparation in Foster Care Adoption

Please answer the following questions:

What might you do with the Harris children/youth to help them prepare for adoption?

What might you do with the Williams family to help them prepare for the Harris children/youth adoption?

Which techniques would you use to give the Harris children/youth a voice in the foster parent adoption process? Why?

Where would you record the information in your child assessment format?





Aspects of Parenting Changes for Children/Youth in Placement

Birth parents give the children/youth life, gender, physical appearance, and predisposition to certain diseases, intellectual potential, temperament, and talents. These predispositions remain throughout their lives.

Legal parents provide financial responsibility, safety, and security. They make major decisions (where to live and go to school) and are legally responsible for the children/youth's actions. While children/youth are in foster care, the court/agency plays this role. Upon adoption of a child/youth in foster care, this role is transferred to the adoptive parents.

Parenting parents provide love, discipline, daily needs (food, clothes, toys, etc.), homework help, transportation, life skills, values, religion, and more. Foster and adoptive parents, relatives, caregivers and birth parents play this role for the children/youth in the child welfare system. If children/youth are in residential care, this role might be played by house parents or childcare workers.

Taken from Helping Your Foster Child Transition to Your Adopted Child, Child Welfare Information gateway, 2005, www.childwelfare.gov/pubs/f_transition.cfm. Retrieved December 17, 2007.





Questions for Children/Youth to Assess Where They Are on the Permanency Continuum

Children/youth's answers to these questions will change, depending on their developmental stage. Their responses can guide parents and caseworkers in helping the children/youth to achieve feelings of permanency. (Henry, 2005)

Who am I? (question related to identity)

What happened to me? (question related to loss)

Where am I going? (question related to attachment)

How will I get there? (question related to relationships)

When will I know I belong? (question related to claiming and safety)





Working Towards Redefining Relationships

As children/youth make his/her transition from foster care to adoption, child welfare practitioners can be extremely helpful by aiding the child/youth through the process of “redefining relationships” with the birth family and the adoptive or kinship family.

Furthermore, adoption competent caseworkers can make the most impact in accomplishing this goal by understanding:

- children/youth in general and “normal” child development. (Spaulding for Children, 1998)
- the child/youth’s emotional, physical, psychological, social and chronological development and how that plays a role in preparing the child/youth for adoption. (Spaulding for Children, 1998)
- the need to consider the child/youth’s wishes and perspectives. (Spaulding for Children, 1998)
- survival behaviors and their underlying emotional issues as well as their underlying needs. (Spaulding for Children, 1998)
- the need to include the child/youth in establishing the transition plan.

Caseworkers and families can be instrumental in helping the child/youth successfully transition to an adoptive placement by also being mindful of the needs of the child/youth in the context of his/her age; mental and physical health; personality; and cultural, ethnic and/or racial experiences.

- Help the child/youth and adoptive family to anticipate needs during transition periods, and facilitate discussions about the strengths and needs of both the child/youth and family so that needs can be addressed. (Franke, 2002)
- Be aware of the issues that may impede the child/youth’s attachment with a new family. This could possibly help in anticipating the family’s future needs after placement and also help in developing future plans for crisis.
- Develop a “crisis plan” or “anticipatory guidance plan” based on the child/youth’s previously exhibited survival behaviors. This plan can be developed during team meetings that include the family, the child/youth, and any other adults or supports to the family that are appropriate.
- Support adoptive parents who are feeling rejected by the child/youth’s withdrawn or acting-out behavior. Adoptive parents can be helped to understand and to anticipate the child/youth’s needs underlying such behavior and, therefore, not feel diminished or discounted as parents because of it. When behavioral triggers can be anticipated, supports can be developed for the child/youth to avoid the trigger; if the trigger is not or cannot be a voided, then the behavior can be managed in a nurturing, supportive way. Then, for example, when a child/youth says, “I wish I was never adopted,” the adopting parents can set aside their egos and empathize with their child/youth. The parents can allow the child/youth to mourn the loss of birth parents without feeling threatened or wounded. (Franke, 2002)

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- Involve siblings and extended family members , as appropriate, in the family team meetings. Nurture their bonding process with the adoptive parents and the adopted child/youth. Include them in the transition support plan. (Franke, 2002)
- Honor the adopted child/youth’s family and origins. The positive feelings that a child/youth has about his/her parents allow a more positive self-concept and increased self-esteem. If the child/youth is of a different race or culture than the adoptive parents, connect the child/youth and the whole family to those communities and the sense of pride it creates. This is essential to strong bonding and healthy attachment in current relationships. (Franke, 2002)

Educating adoptive parents on both the age-appropriate behaviors of children/youth, as well as survival behaviors that some children/youth display caused by prior abuse and/or neglect, can also prove helpful in the transition. The child welfare practitioner can perform this educator role by doing the following:

- Address the “real” mental health issues of the child/youth; but do not “pathologize” normal reactions of grief and loss, divided loyalties, identity crisis and other predictable adoption issues that occur in transitions. Labeling a child/youth as disordered based on the adoption-related issues is inaccurate and a disservice to both the child/youth and the family. Avoid therapists and therapies that take the view that the child/youth who has been adopted and his/her transition issues are more pathological than they truly are. Families need to be educated to discriminate between age-appropriate, acting-out behavior and inappropriate behaviors due to an underlying, mental health problem. (Franke, 2002)
- When developing the “crisis plan” or “anticipatory guidance plan,” take into account the needs and/or feelings of the adoptive parents and also help them to understand that the child/youth may “reject the family,” in an effort to protect themselves as they are struggling to adjust to the new situation.
- Help families to develop and to maintain realistic expectations for relationships. At the same time, help the child/youth and adoptive family not to sell each other short” on how much they might achieve together. Patience, time and positive shared experiences are the keys to success in any parent-and-child/youth relationship. (Franke, 2002)
- Keep the family informed about adoption support networks, respite care opportunities, and other resources to help them achieve success. Specifically, identify at least one person that the family can call for support when feeling overwhelmed. A caseworker who empowers a family to utilize resources in the community helps lead a family to success. (Franke, 2002)

Although on the surface it may seem that the transition would be easier for the foster family who is adopting the foster child/youth that has been in their care, the process can actually be more complicated than it appears. Changing the role from foster parent/child to adoptive parent/child can bring about the same issues that are faced from a child/youth who transitions into a newly recruited adoptive family. Furthermore, as placements with relatives are increasing, so is the potential for increased adoptive placements with relatives. However, the research on relative adoption continues

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to be minimal. Some relatives have known the child/youth prior to placement, and some have not. Some relatives continue to support the birth parents and also allow ongoing contact and some do not.

Child welfare placements with relatives are increasing so are adoptive placements with relatives. There is very little research to inform our adoption practice concerning adoption with relatives. We do know that some relatives were known to the child/youth prior to placement, and some were not. Some relatives continue to support the child/youth's birth parents, and some do not. Some relatives will permit ongoing contact by the birth parents after the adoption, and some will not.

Allowing a child/youth just to “drift” into adoption, without acknowledging the significant changes occurring for the child/youth and the previous foster family or relative, may lead to later difficulties. (Helping your foster child transition to your adopted child. Child Welfare Information Gateway, 2005)

Caseworkers, as well as foster, adoptive and relative adoptive parents, need to help children/youth consider and understand their own history and the reasons why they cannot live with their birth parents or birth family any longer. This can help the children/youth adjust to their loss, transfer their attachments to their foster, adoptive and relative adoptive family.

Adapted from *Child Assessment and Preparation* curriculum, Spaulding for Children, 1998, and *Adoption Support and Preparation* curriculum, Spaulding for Children, 1996.

Franke, LeRoy, *Keeping Children Attached Through Transitions* (2002). Child Welfare Information Gateway, 2005.





Helping Children/Youth Transition from Foster Care to Adoption

Which techniques have you found helpful in bringing the birth family and the adoptive family together in support of the child/youth?

What other ways can you think of to help children/youth redefine attachments during transition?





Transitions in Foster Care to Adoption: Team Guidelines

1. Transition for Birth Families

- Support is provided to the birth family after termination of parental rights.
- The team addresses the family's anger, grief and loss.
- The family is helped to reach resolution and a renewed sense of control, direction and purpose.
- The team or mediator facilitates sharing of information between the adoptive and birth families (when appropriate).

2. Transition for Adoptive Families

- The family's commitment to permanency is explored and understood.
- Full disclosure of child/youth's information, including short- and long-term needs is made.
- The family's and the child/youth's strengths identified to meet those needs are identified.
- The family's existing supports are identified.
- Additional, necessary supports and resources are identified.
- All family members are included in decision making.
- There is a realistic description of which supports will and will not be available.
- The adoptive mother understands her unique role as a target of the child/youth's anger and is prepared to deal with the child/youth's pain while not losing confidence in her mothering.
- The adoptive family members can temper their expectations and understand the need for patience over time, foremost with themselves and their own ambivalent feelings.
- The adoptive family knows how and where further help can be obtained in the future.
- The foster/adoptive family are supported if the child/youth is transitioned out of their home.

3. Transition for Adopted Children/Youth

- The team understands that there is no good way this child/youth came to adoption.
- The team can view this adoption "through the eyes of this child/youth."
- The child/youth's grief and loss are assessed and addressed.
- The child/youth's attachment to the new family is assessed and addressed.
- A structured transition experience is facilitated with the child/youth, the adoptive family and the birth family (if appropriate).
- The team has adoption expertise and employs it to manage.

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1. The child/youth's grief and loss
2. The child/youth's sense of rejection and abandonment
3. The child/youth's guilt and shame
4. The child/youth's loss of trust
5. The child/youth's loss of identity
6. The child/youth's loss of control
7. The child/youth's divided loyalty

4. System Steps for Transition to Adoption

- Change the permanency goal to adoption when reunification is ended, by amending or creating a new service plan.
- If a concurrent adoption plan is not already in place, implement or initiate one with the adoptive family.
- If the child/youth is not legally free, work with the State's attorney general to have a Terminate Parents Rights (TPR) request filed with the court. Enter the TPR filing date in the Child/Youth Assessment report.
- Establish the adoptive foster care agreement and enter the agreement date.
- If the child/youth is legally free (both parents have relinquished their rights, parental rights were terminated or parent[s] are deceased), enter the TPR finalized dates in the Child/Youth Assessment report.
- Establish the adoption agreement (formal adoptive placement), and document the adoption agreement date (even if the case is under appeal). If the case is under appeal, indicate this prior to finalization of the adoption; then prepare adoption subsidy agreements, and have them signed and put in place.

Adapted from Transitions in foster care to adoption: Team guidelines, U.S. Department of Human Services, Division of Child and Family Services, Salt Lake City, Utah, 2006.



Personalizing Adoption Work Sheet

You will have 15 minutes to answer the following questions:

What are your values and beliefs concerning older child/adolescent adoption?

What is your agency's internal attitude and message regarding older child/adolescent adoption?

What are your thoughts about engaging older child/youth in decision making regarding their permanency options?

Do you believe that older children/youth can be adopted?





Isaiah - Part 1

(Jot down your answers to the following questions.)

What might be some issues involved in preparing Isaiah to transition successfully into an adoptive family?

What information from this should be recorded in your child assessment, and where would you record it?





Five Major Issues a Child/Youth Needs to Address in the Process of Successfully Moving into a Family

1. Loyalty
2. Loss and Grief
3. Self-esteem
4. Behavior Management/Survival Behaviors
5. Self-determination

Adapted from the *Family Bound* Curriculum, Spaulding for Children, 2000.





The Five Phases of Grief

1. *Shock/Denial*

The first in the five common phases is shock/denial. During this stage, the child/youth doesn't wish to believe the loss. They cannot endure the pain. They pretend it is not so, or that it does not really matter. Sometimes, they use excessive activity to defend against the pain, or they may withdraw and sleep a lot.

2. *Anger/Blame*

When the loss can no longer be denied, another emotional response is anger. The child/youth may ask, "Why did this happen to me?" "It is not fair!" "Somebody will pay for my pain!" Sometimes the fear that their anger will hurt someone causes them to block their expression and turn it inward which can result in depression.

3. *Guilt/Bargaining*

During this phase, the child/youth may attempt to regain control and to prevent the finality of the loss. They may think that they did something to cause the loss, or that they could have done something to prevent it. They feel responsible for the loss that they are experiencing.

4. *Sadness/Depression*

With the realization that the loss occurred and that it cannot be undone, there is an intense awareness of how much the lost person is missed—particularly at moments that had been shared and treasured (mealtimes, bedtime, holidays, etc.) The child/youth may outwardly show emotion through tears or express their feelings inward via depression.

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5. *Understanding/Acceptance*

During this phase, acceptance of the loss finally comes, but there is always the possibility that it may not be total acceptance. Emotionally, the child or youth may display more energy and be able to grow and change developmentally through this stage. Each new loss, however, generates a new round of feelings.

Adapted from *The Children Who Wait*, videotape, Spaulding for Children, 1989, Key Concepts in Work with Foster Family and Children, *Special Needs Adoption Curriculum*, Spaulding for Children, 1991; and *Child Assessment and Preparation* curriculum, Spaulding for Children, 1998.

Adapted from *On death and dying*, Elisabeth Kubler-Ross, MD, 1969, and *On grief and grieving: Finding the meaning of grief through the five stages of loss*, Kubler-Ross, MD, and David Kessler, 2007.



Loss and Grief: Preparing Older/Youth for Their Transition Into Families

What each child/youth lost.

Which stage of grief he or she is in.

What each child/youth needs to do to move on to the next stage.

What you, as the adoption worker, might do to help the child/youth move on.





Underlying Socio-Emotional Issues of Survival Behaviors

Survival Behaviors	Underlying Emotional Issues
Lying/ Stealing	Value Issues “What I learned in my birth family and through the system about how to behave is very different from how your family behaves.”
Hoarding food	Control, fear of dependency “I don’t know when I’ll eat again. There was never any food in my house.”
Isolation, distancing	Fear of trust/attachment “I don’t want to get close to other people. They’ll just hurt me.”
Defiance, testing	Need of control “I feel that my life is out of control.”
Hitting, aggressiveness	Anger, communication “I’ll hurt you before you hurt me.”
Bossy, stubborn, overcompetency	Overcompensation “I am not a child! I have been taking care of myself and my brothers and sisters for years. I don’t trust you can to take care of me.”
Inappropriate sexual behavior	Seeking love, attention “This is the only way that I know to get close.”
Identity issues	Poor sense of self-esteem “Because of my abuse/neglect, many moves, or believing I was given away, I feel like a nobody.”
Anger/Depression	Underlying tension that can’t be identified or described in words. “I’m afraid to get close to you. You may hurt me too.”
Separation/Anxiety	Emotional or developmental delays. “You will leave me just like everyone else has.”

Adapted from the *Adoption Support and Preservation* curriculum, Spaulding for Children, 1996.





What You Can Do Instead of Accepting “No”

- Review the child/youth’s entire case record. Speak with any and all people to uncover clues about possible connections. (This can include previous child welfare workers, foster parents, therapists, teachers, and even the birth family, including paternal members.) (Spaulding for Children, 1998; Mallon, Lakin, Lyons, and Khoury, 2006)
- Find out the child/youth’s perception of what has happened to him or her, including personal feelings about legal status and what adoption means to them.
- Clarify any misconceptions or misinformation that the child/youth has and address the feelings underlying the desire not to be adopted. (Spaulding for Children, 1998)
- Empathetically discuss with the child/youth where he/she might like to belong. Address the feelings underlying the desire not to be adopted. (Mallon, Lakin, Lyons, and Khoury, 2006)
- Actively involve the child/youth in the permanency planning process. Include him/her in the decision that needs to be made and the actions that need to be taken on his/her behalf and actively listen to what the child/youth has to say. (Spaulding for Children, 1998; Mallon, Lakin, Lyons, and Khoury, 2006)
- During court hearings, case planning meetings, school decision making meetings, etc, encourage the child/youth to have input on what he/she wants and needs. (Mallon, Lakin, Lyons, and Khoury, 2006)
- Ask the child/youth about the important people in his/her life. Help the child/youth to recall those people with whom he/she felt most comfortable or would like to re-establish a connection. (Spaulding for Children, 1998; Mallon, Lakin, Lyons, Khoury, 2006)
- Ask with whom the child/youth wants to spend holidays, birthdays, etc. (Mallon, Lakin, Lyons and Khoury, 2006)
- Help the child/youth “look into the future,” by visioning with him/her where he/she would like to be 5, 10, or 15 years from now. Ask them “who would they like to be connected to at that time or what would their family look like?” (Mallon, Lakin, Lyons and Khoury, 2006)
- Model trustworthiness for the child/youth by following through on all commitments and verbal agreements. (Spaulding for Children, 1998)





Child Welfare Practitioners' Issues

Feel that adoption is not an achievable option for older children and youth. (Charles and Nelson, 2000)

At times, caseworkers believe that the older a child/youth is, the least likely they will become adopted. They may feel that the child/youth has too many mental health issues as a result of the abuse and neglect they have suffered. Some workers feel that there are not very many families that are willing to make the commitment to the child/youth to help them deal with the issues they have suffered. They may feel that if a structured program doesn't seem to help and meet the child/youth's needs, than how can a family help? If a worker believes a child/youth can't be adopted, then they probably won't be.

Possible Solution: Diligently recruit families who may want children/youth who are older or might have mental or physical challenges. Make contacts with agencies that specialize in finding homes for these children/youth. Utilize media to campaign for appropriate homes. Use support systems to assist in searching for a home for the older child/youth. Avoid over promising to the child/youth. Be realistic. Explain that finding the right home will take time and persistence. Make sure the child/youth has a supportive caregiver. Lastly, once a potential adoptive family is secured, provide all appropriate information regarding the child/youth to the family so that they can make an informed decision.

Feel that it is easier to accept a “No” response to adoption versus pursuing an adoption plan with and older child/youth. (Mallon, et.al, 2006).

If a caseworker truly believes that it is “way too hard” to accomplish an adoption plan for an older child/youth is, he or she will not take the effort to diligently find a family that fits. Caseworkers who believe that a child/youth will never change their mind about adoption or accept at face value a “No” response to the adoption question may contribute to the growing numbers of older youth who are aging out of the foster care system without any permanent family connection. It is our responsibility to secure permanent family connections for our youth.

Possible Solution: Encourage the child/youth to participate in his/her adoption plan. Talk with the child/youth regarding his/her feelings about belonging to a family. Ask the child/youth to identify desired family characteristics and the time to begin recruiting.

Fear that a family may be intimidated or not engage in the treatment process.

Sometimes, caseworkers believe that since foster families have been trained to become foster parents and cared for a foster child, they may feel that they are more adept about deciding what is best for the child/youth. Some caseworkers may feel that introducing a child/youth to a new family may cause the child/youth to regress after making progress in their treatment.

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Possible Solution: Encourage current caregivers to participate in the youth's treatment process. Remember, caregivers might know more about a child/youth's feelings and attitudes concerning adoption. The caregiver might have more insight into the needs of the child/youth. Discuss the child/youth's treatment process openly with the caregiver, and allow him/her to verbalize their thoughts and concerns.

Addressing Your Own Internal Issues

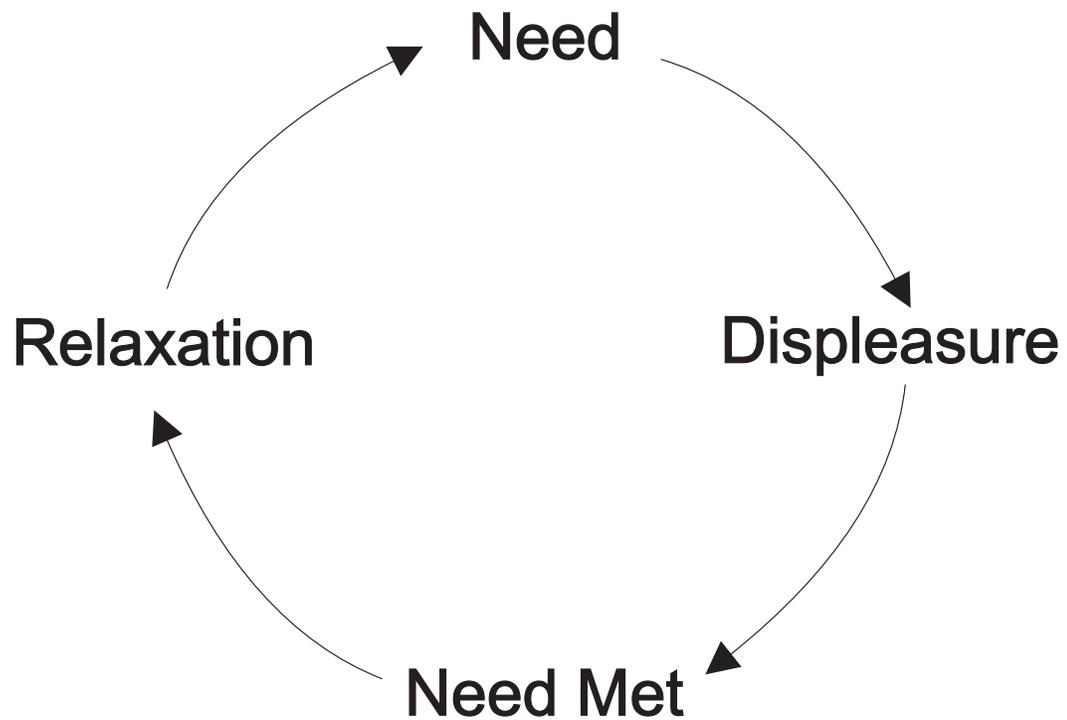
Issues of loss and grief may trigger emotional memories in the caseworkers themselves, and they may over-identify with the child/youth. These feelings may be challenging for the caseworker and he/she may focus on their own issues instead of the child/youth.

Possible Solutions: Know yourself and the personal values that you bring to your work. What are your strengths and weaknesses in working with children/youth who might not be much younger than you? How can you get the support and training that you need to do your job now and in the future? Ask every child/youth what they want—don't assume you know! Listen, hear, and act on their answers.



How Does Attachment Develop?

Cycle of Attachment

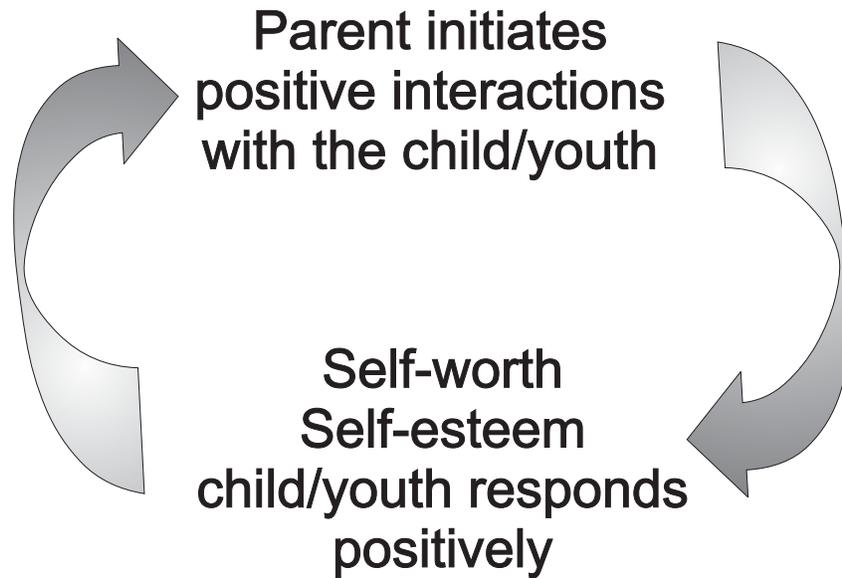


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The Positive Interaction Cycle



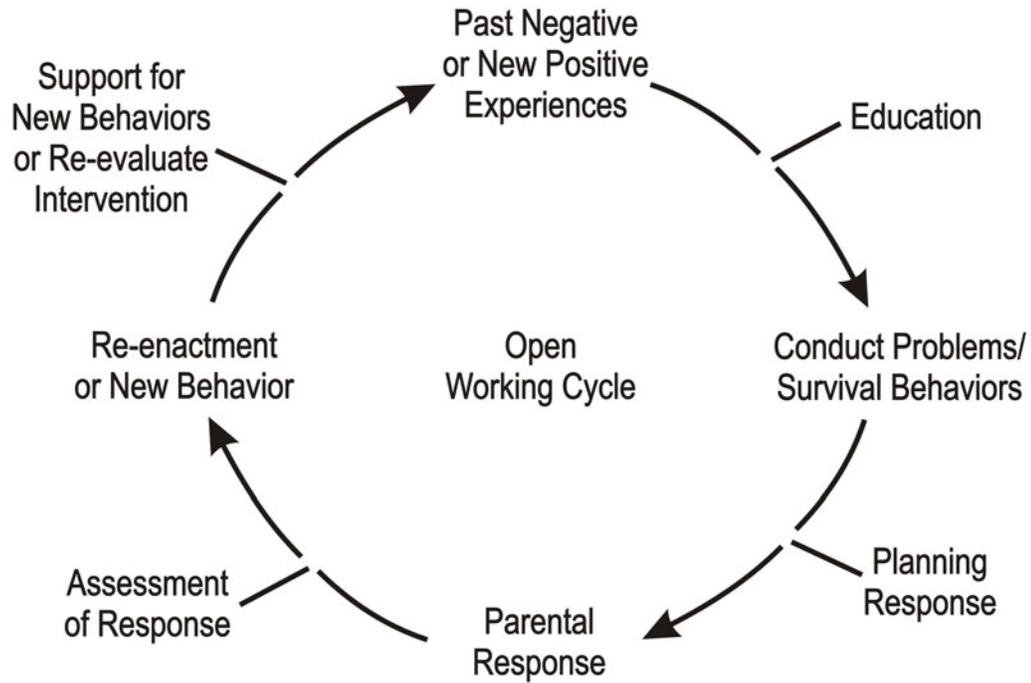
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Negative Working Model

The Child's Attempt to Repeat the Past



The *Negative Work* Model was developed by Dr. Richard Delaney and adapted by Spaulding for Children, Southfield, MI, 2007.





Isaiah's Placement History Summary

Age (When?)	People and Events in Isaiah's Life (Who? What?)	Why Things Happened (Why?)	Possible Messages Perceived by Isaiah
12 yrs.	Birth mother, Christine, left Isaiah, Michael and Elizabeth alone. Child Protective Services put Isaiah and Michael in an emergency foster home. Elizabeth was placed with their paternal grandmother, Ernestine Harris.	Sister Elizabeth was found wandering the streets alone, trying to buy food. Mother was nowhere to be found and could not be contacted by phone.	He should have been more attentive to his sister. He should be more responsible. He needs to take better care of his family.
12 yrs.	Isaiah and his brother, Michael, were returned home to their mother.	In-home services were provided to Christine, Isaiah and Michael.	Mother does care, but he needs to be more attentive and responsible.
15 yrs.	Mother left Isaiah and Michael alone. Child Protective Services put Isaiah in the home of Mr. and Mrs. Thompson.	Michael was cooking dinner and started a fire. He received third-degree burns. Child Protective Services was called.	It is his fault. He should have paid more attention to his brother. He should have cooked dinner. He is a failure as a caregiver.
15 yrs.	Isaiah moved to the home of Mrs. Butler.	Moved because he couldn't get along with another boy in the home. Foster parents requested his move.	No one wants him. He is just bad. He has to move when there are problems. He can't get along with anyone.
15 yrs.	Isaiah moved to the Williams' foster home and was reunited with his brother, Michael.	Moved because he was having a relationship with a foster sister while in the home.	He shouldn't get close to anyone. Whenever he tries to care, he has to move somewhere else.
15 yrs.	Mr. and Mrs. Williams want to adopt Isaiah and his brother, Michael.	Christine lost her parental rights. Grandmother Ernestine Harris feels that she is too old to adopt the boys.	Don't attach. He isn't worth adopting. His own grandmother doesn't want him.

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Michael's Placement History Summary

Age (When?)	People and Events in Michael's Life (Who? What?)	Why Things Happened (Why?)	Possible Messages Perceived by Michael
6 yrs.	Mother, Christine, left Isaiah, Michael and Elizabeth alone. Child Protective Services put Isaiah and Michael in an emergency foster home. Elizabeth was placed with their paternal grandmother, Ernestine Harris.	Sister Elizabeth was found wandering the streets alone, trying to buy food. Mother was nowhere to be found and could not be contacted by phone.	His mother didn't care enough about him to stay and make sure they were okay. His grandmother cares more for his sister than she does for him and Isaiah.
6 yrs.	Michael and his brother, Isaiah, were returned home to their mother.	In-home services were provide to Christine, Isaiah and Michael.	Mother does want him.
9 yrs.	Michael moved to the home of Mr. and Mrs. Hamilton, foster parents.	Michael was cooking dinner and started a fire. He received third-degree burns. Protective Services was called.	Mother doesn't want him. It's his fault; he should have never started the fire.
9 yrs.	Michael moved to the home of Mr. and Mrs. Williams and was reunited there with his brother, Isaiah.	The Hamilton's asked for Michael's removal. They described him as being emotionally draining, and they were unable to deal with his behavior.	No one wants him. He is just bad. He gets to stay with his brother.
9 yrs.	The Williamses want to adopt. Isaiah is adamant about not being adopted. Michael wants to be with Isaiah.	Christine lost her parental rights. Grandmother Ernestine Harris feels that she is too old to adopt the boys.	He might as well stay with Mr. and Mrs. Williams. His mother doesn't want him.

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Elizabeth's Placement History Summary

Age (When?)	People and Events in Elizabeth's Life (Who? What?)	Why Things Happened (Why?)	Possible Messages Perceived by Elizabeth
Birth to 4 years of age	Lived with birth mother.	Mother had physical contact with Elizabeth only when necessary, such as feeding, diaper changes or baths.	My mother doesn't really care. She doesn't help me.
4 yrs. to 7 years	Moved to her paternal grandmother's home.	Elizabeth was found wandering the streets alone, trying to buy food. Mother was nowhere to be found and could not be contacted by phone.	My mother didn't care, but she didn't want to believe that she would let her go hungry. Her grandmother and Uncle Billy love her and wants to take care of her..





Working Strategies and Solutions

(Taken directly from *Best Practices on Permanency for Older Youth Workshop Reports, National Youth Permanency Convening*. California Permanency for Youth Project. Sturgeon, V., Heffernan, M., Badeau, S. & Bell, R. (2003) Retrieved December, 2007 from <http://www.cpy.org/Files/Best%20Practices%20on%20Permanency%20for%20Older%20Youth.doc>

Concurrent Planning for Youth Permanency: For older youth in the system, a number of activities should occur simultaneously and on an ongoing basis until a permanent family is identified. For instance, while it is often likely and best that a family can be found among those already known to the youth, the utilization of traditional recruitment resources should not be delayed pending the outcome of those efforts. Similarly, the other supportive interventions described below should also be provided in order to maximize every opportunity to find, nurture and sustain permanent families.

Preparing a Child/Youth for Permanency

- Listen as the child/youth expresses hopes and fears about family life.
- Understand that a child/youth's initial "No" to adoption is only the beginning of the conversation. In should not diminish efforts to identify a permanent family whom may or may not adopt the child/youth.
- Provide individual and group therapeutic and educational interventions to help the child/youth understand his/her life and to plan for the future. Make permanency considerations a part of this planning.
- Teach interpersonal and family skills. Address emotional and behavioral issues that impact relationships.
- Provide the child/youth with opportunities for contact with other children/youth who have achieved permanence.

Identifying Potential Family Connections Already Known to the Child/Youth

- Listen for family connections that the child/youth may have already or for existing relationships that have the potential to become family.
- Contact significant adults identified by the child/youth. Engage them in helping to plan for the child/youth's permanency. Not all of these adults will have the potential to become permanency resources; but some might have the potential to form long-term, caring relationships.
- Review records carefully to identify any significant adults now or previously in the child/youth's life who can be engaged in helping with permanency planning.

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- Make a thorough search for relatives, using case record information plus specialized locator services and technology. Update searches that may have been unsuccessful in the past.
- Don't rule out adults whose relationships with the child/youth began on a professional level—therapists, teachers, child care staff, etc. Do not allow policies regarding dual relationships, which are designed to protect children/youth, to be used as a barrier to pursuing what may be the only option for permanency.

Support the Process of Family Making

- Avoid power struggles whenever possible while persistently working towards permanency. For instance, understand a child/youth's reluctance to consider adoption when there is, as yet, no specific, identified family to meet. At the same time, keep looking for a family.
- Provide reassurance that the child/youth has power in the process, but ask that he or she be willing to meet a potential family when one is identified.
- Recognize that relationship building is a process. Provide ongoing interventions and support to the child/youth and caring adults in order to move the adoption forward.
- When moving towards permanency for the older child whose birth parents or other caregivers have difficulties in functioning, develop safety plans. Provide individualized education about mental health issues, chemical dependency, and personal safety .
- Do not allow a child/youth's need for treatment in a group care setting to undermine potential connections with a permanent family. Remember, that permanency is a relationship, not a place. Encourage treatment/residential facilities to participate in planning for the child/youth's future by recommending that the child/youth have at least one visiting resource family. This can be a relative, foster family or other resource family who can assist the child/youth in forming relationships outside the facility and in "practicing" family relationships and/or family living.
- Recruit, train and pay young people who have been adopted as adolescents by the agency to serve as peer mentors or case consultants in adolescent cases.

Pursue Traditional Adoption Recruitment Avenues

- Utilize all available recruitment resources, such as state, regional and national exchanges; adoption events; recruitment via media; etc.
- With reluctant child/you, keep the conversation going regarding his/her participation in recruitment.
- Empower the child/youth to take charge of using as many recruitment tools as possible. For example, let the child/youth produce a or write a vignette, etc.

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- Update photos and materials at least yearly to reflect the child/youth's growth and development.
- Provide opportunities for the older child/youth to meet and to interact with prospective adoptive families. For example, involve the child/youth in picnics, agency mentoring programs, visits to families in residential facilities, etc. if the child/youth is comfortable with these recruitment strategies or activities.
- Implement an adoption preparation program that addresses the child/youth's questions and fears, assists the child/youth in accepting permanence and prepares him/her to move into a permanent family.

Cultural Competence

- Culture strongly impacts the meaning and boundaries of family.
- The racial and cultural characteristics of staff should reflect the racial and cultural characteristics of the children/youth and families served.
- Cultural competence is necessary to identify and to evaluate permanency options.
- Among factors that should be considered are the child/youth's sense of identity and preference regarding the racial/ethnic makeup of a potential adoptive family, as well as ways to keep the child/youth connected to his or her heritage.

Quality Assurance

- Incorporate monitoring and measurement of permanency interventions into each agency's case review and quality assurance programs. Develop such programs where they are not already in place.
- Assure that all computer-based, monitoring systems include questions that will remind caseworkers and supervisors to revisit the discussion about permanency for the child/youth in foster care. Caseworkers need to continue their efforts to find permanence for that child/youth.
- Review cases of children/youth older than a certain age for progress on permanency planning and implementation *more* frequently than other cases.





Harris Family Case Profile

(Please write your answers to the following questions on this handout.)

When you look at the Harris family, what are some of the challenges to securing adoptive placements for the children?

How would you address these challenges?

What are other challenges that you have experienced in placing siblings for adoption?





The Sibling Relationships

1. Siblings provide a **sense of connectedness**. They help to ground us in our place of belonging.
2. Sibling relationships are **lifelong**. They might have the longest duration of any human relationship.
3. The sibling relationship has the following characteristics:
 - It maintains shared memories and provides a sense of the familiar.
 - It provides a sense of support.
 - It has a different power base than the parent-and-child/youth relationship.
4. For most of us, our siblings are in the same generation as we are. They are within 5 to 10 years of own age; so, they *share memories* about our family and help us to maintain a *sense of the familiar*. For example:
 - Family stories are maintained through the sibling connection.
 - Siblings help us to maintain a sense of what is known and comfortable. There may be shared experiences between the siblings, inside jokes and the like, known only between themselves. Only siblings can reminisce about these details of their lives as children.
 - In cases where children/youth have been removed from their birth families, what remains familiar for the siblings is the relationship that they share each other.
 - Regardless of whether that relationship is positive or negative, at least it is familiar.
5. Siblings provide each other with a **sense of support** by acting as confidants and counselors for each other. For example:
 - They often act as trusted advisors for one another. They share secrets.
 - The mutual support that is developed throughout their childhood often continues into their adulthood.
 - Because siblings usually are close in age and consider themselves at the same level, they will share things with each other that they might not feel safe enough to share with a parent or other adults. They might rely on each other for support to make the successful transitions through changes in placements.
6. The sibling relationship exists within a different **framework of power** than does the parent-and-child/youth relationship:

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In most cases, our parents were authority figures in the family, even when they exerted little authority. We still had certain expectations of them as our parents that were different from our expectations of our siblings.

Therefore, the sibling relationship is a stage for the practice of important life tasks such as coming to grips with difficult emotions, learning about conflict and how to deal with it according to the family rules, and find a way of being in the world. Through interactions with siblings, we learn what situations are safe, which people are supportive and dependable.

For most of us, getting angry with our parents felt vastly different from getting angry with our siblings. We might have said things in anger to siblings that we wouldn't have dared to say to parents. We might have retaliated against siblings in ways that we would not have dreamed of retaliating with parents. We might have formed alliances with our siblings against our parents. In the case of more than two siblings, we might have allied with some siblings against others. These alliances could have been formed as a shield of protection from those completely outside the family, especially for siblings who have been removed from their birth family.

7. Research shows that these three predictable conditions contribute to the development of strong sibling connections:

a. The first is high access between siblings.

This refers to the amount of contact that exists between the siblings. Often, they have attended the same schools, shared the same friends and activities, shared same bedroom or even the same bed.

Generally, there is an age difference of less than 10 years between siblings. As family members, they needed one another; and their parents needed them to need each other. Typically, the parents, for whatever reason, lacked the time to attend to each one individually and needed the siblings to rely on each other for support, companionship, attention, supervision, etc.

In one case of a parent needing her children to need each other, a mother who was interviewed said that the birth of an infant was a wonderful addition to her family. She reasoned that her 4-year-old was a nonstop talker and now would have someone to talk to who would listen when mommy couldn't anymore.

Essentially, the more that siblings have been together and the more that they have to rely on each other, the stronger the connection between them becomes.

b Acknowledging the connection to our siblings is important in relation to filling our need for a meaningful, personal identity. Sibling roles in shaping our identity include:

- Siblings are either attracted to or repelled by one another, which directly influences their identity formation. Sibling relationships are the first social relationships within which we compare ourselves with other and find elements of ourselves either acceptable or unacceptable.

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- As some of the first experiences of socialization that we have our comparisons of gender, age, intelligence, physical appearance, abilities, health, and emotional strengths or weaknesses experienced through the sibling relationship serve to inform us about what is socially approved or disapproved.
 - We come away from these sibling experiences with self-concepts of tall/short, beautiful/ugly, artist/scientist, genius/idiot, hero/clown and confident/confused. Our family helps to inform us as we develop our self-concept around such phrases as “good boy,” “bad girl,” “she’s so smart, weak, stupid, strong, no good, etc.”
- c. Siblings begin to compare themselves with each other and to compete for parental attention based on the attributes that they perceive as desirable or undesirable.

All of these sibling experiences contribute to the development of a meaningful, personal identity. Often the exact issues that confronted us throughout life began with relationships in our family of origin.

Taken from the Sibling Group Placement PowerPoint, Spaulding for Children, 2004.





Jimmy and Judy—Together or Separate?

At 3 months of age, Jimmy was placed with a foster parent who has raised him lovingly for three years. Jimmy is very attached to his foster mother, and she wants to adopt him. Meanwhile, Jimmy's birth mother gave birth to a girl, named Judy, when Jimmy was 1 year old. She has a different father. The baby girl was placed in another foster home. She is very attached to her foster parents. Those parents want to adopt her. Jimmy and Judy are now ages 3 and 2 respectively. They have seen each other a few times at birth parent visits, but they don't know each other. Their birth mother's parental rights were terminated. The adoption worker decides it is best to place Jimmy and Judy together with a third family.

The adoption worker's reasons for this decision are:

1. Neither of the current foster families want to adopt both children.
2. The siblings are young and have no problems. They can be adopted easily by one family.
3. The caseworker has a very desirable family waiting to adopt children this age.
4. Siblings should be placed together.

Would you separate these siblings from foster parents who wish to adopt each of them separately and instead place Jimmy and Judy together with a third family? Explain.

What does your agency policy require you to do?

What would be gained and lost if the adoption worker's plan proceeded?

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If you decided to place Jimmy and Judy separately, what could you do to develop and to maintain a sibling relationship between them?

Which information would you use to determine whether these siblings should be placed together or separately?

What additional information not already provided do you need before making a decision?

Adapted from Sibling placement: Research to practice, Children's Bureau. *Children's Bureau Express*, 5(2), 2004.



Promising Practices in Sibling Placement

Research suggests that the following techniques are useful when placing sibling groups:

- Assign one worker to all of the siblings. This allows for constancy and consistency in the decision-making process.

The caseworker then needs to:

- **Consider each case on its own merits.** Although there may be similarities between cases, each one really has its own personality and energy. Approach each one with the freshest set of eyes that you can. For example, when you smell many different perfumes, between them you take a whiff of coffee beans to clear your nasal passages. Or, if you are at a cheese-tasting party, you have a taste of vanilla yogurt or raspberry sorbet, between cheeses, to clear your taste palate. Find some way to cleanse your mental palate from the last case that you worked on so that you are more sensitive to the uniqueness of the current one.
- **Assess the strength of the sibling connection.** Remember that one of the indicators of a strong connection between siblings has to do with high-access qualities, such as the siblings' ages and the length of time that the siblings have been together or apart. The more time they have spent together in a consistent manner, the greater the connection. The older the siblings are, the closer their attachment and the more traumatic their separation will be.
- **Assess the amount of contact between the siblings.** As we've discussed, more contact can mean a stronger connection. Quality of contact between the siblings also is a factor. Has the contact been meaningful? Have the siblings had time to spend interacting with one another? If so, how was that time spent?
- **Consider whether one of the siblings has assumed a parental role.** If so, has it had a positive or negative effect on the sibling group? For example, the "parentified sibling" either can work to undermine the effectiveness of the foster parents or can help the whole sibling group to make the transition into the adoptive placement.
- One example of this is a girl who had been taking care of her siblings before the group of siblings was moved into a foster care placement. The foster mother acknowledged the girl's knowledge and care for the siblings. The foster mother used that knowledge to her advantage by having the girl assist with the care of the other siblings and by asking her advice regarding their preferences concerning eating habits, bedtime rituals, etc. But the foster mother also provided the girl with a parenting experience that the girl had not had previously.
- **Consider the nature and degree of sibling rivalry, if any is apparent.** Is it extreme to the extent that it is disruptive to the whole sibling group, or is it in a more normal range?

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- **Ask the children/youth.** Give the children/youth a chance to say for themselves whether they want to be placed with their siblings. This can be a really important contribution to the decision-making process and ultimately can make or break a successful placement.
- **Assess the degree of loyalty that exists between the siblings.** The greater the degree of loyalty, the greater the risk of disruptive behavior if the siblings were to be separated. When assessing the level of sibling loyalty, look for:
 - Signs of actively trying to be together. There may be a display of negative reactions toward being separated that would help with this assessment.
 - Displays of cooperation, sympathy and mutual helpfulness.
 - Sharing of a special language, such as inside jokes.
 - Defending one another from perceived, outside threats.
 - Attending to conflicts openly, and rapidly resolving them.

Use Life Books to provide insight to the relationships among siblings and to identify other adults important to them who might act as potential placements.

Target recruitment to specific people who know the siblings and are known to the siblings.

Present the siblings together in photo listings and recruitment campaigns if they are not to be adopted by the current caregivers. Letting potential adoptive families know what to expect will enable them to self-select in or out of accepting a sibling placement.

Have older child/youth participate in the adoption planning for themselves and their younger siblings. What advantage might there be to this? It keeps them engaged as a family and reinforces the sibling connection.

Provide joint preparation sessions for adoption placement, as well as individual sessions, for all of the siblings whether they are being placed together or separately.

If the siblings are placed with separate families, place them so that they are in the same neighborhoods and schools, unless the assessment and preparation process provides information showing that this would be detrimental to the siblings or to one of them.

If siblings are placed with separate families, engage all adoptive parents in working together to maintain the sibling relationships.

Assess *resource or adoptive* parents for large groups of siblings with regard to administrative skills, coping skills, access to community resources, strength of support systems, experience with living in a large family, and support for the value of sibling ties.



Child Assessment and Preparation: References and Other Resources





**CHILD ADOPTION ASSESSMENT
Identifying Information
NOT TO BE RELEASED**

⇒ **NOTE:** Information intentionally incomplete or inconsistent to promote the learning process.

Name Isaiah Harris
Date of Birth March 9 (currently 15 years old)
Social Security Number 321-86-6458
Permanent Custody Date/County Oakland County
Date Referred for Adoption January 12
Court File Number
Worker Kate Woodbridge
FIA Case Number
Recipient ID Number
Report Date May 4

FAMILY INFORMATION

Birth Family Harris
Adoptive Family Williams

Mother

Name Christine Harris
Date of Birth February 29 (currently 35 years old)
Social Security Number 259.69.4587
Last Known Address 16250 Northland, Southfield, MI 48075
Race Caucasian
Religion Catholic
Employment Status Administrative Assistant
Marital Status Married
Education Associate's Degree, Baker College
Income/Employment \$19,750/yr

Father

Name Malcolm Harris
Date of Birth July 13 (currently 35 years old, soon to be 36)
Social Security Number 329-85-1587
Last Known Address Jackson State Prison
Race African American
Religion Baptist
Employment Status N/A
Marital Status Married
Education High School, Some College
Income/Employment N/A

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Siblings

Name Michael and Elizabeth Harris

Date of Birth August 28 (currently 10 years old) and September 17 (currently 6 years old)

Social Security Number 324-69-3589 and 320-86-6874

Legal Status Minor

Name of Person Living With / Relationship (identify foster home) Elizabeth Harris resides with Ernestine Harris; and Michael is placed with Mr. and Mrs. Williams, Foster Parents

Last Known Address 5896 S. Main, Detroit, MI 48195

PLACEMENT HISTORY

Date of Placement	Name/Address	Type of Placement
Oct. 25 - Oct. 31	Mr. and Mrs. Williams	Emergency Foster
Oct. 31 - April 31	Christine Harris	Birth Mother
0April 31 - May 17	Mr. and Mrs. Thompson	Foster Parents
May 17 - July 20	Mrs. Butler	Foster Parent
July 20 - present	Mr. and Mrs. Williams	Foster Parents

DATES OF CONTACT

Dates	With whom (incl. Role/position)	Type (HV, TC, OV)
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PROGRESS TOWARD ADOPTION

Recruitment Activities (if necessary)

The foster parents have indicated an interest in adopting Isaiah and his brother, Michael; therefore, no recruitment is necessary.

Progress Toward Adoption

A petition for termination of parental rights has been filed.

Barriers to Adoption/Action Steps to Overcome Barriers

There are no barriers to the adoption.

Projected Date for Adoption

It is anticipated that the adoption will be finalized within six to eight months.

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**NONIDENTIFYING INFORMATION
(THIS MATERIAL MUST BE SHARED)**

Child's First Name Isaiah

Date/Time of Birth March 9 (currently 15 years old)

Place of Birth Detroit Medical Center

City, County, State Detroit, Wayne County, MI

Gender Male

Is Ward a Member of or Eligible for Membership in a Tribe? Yes No
(See CFF 742)

EVENTS LEADING TO PERMANENT WARDSHIP

On October 25, Isaiah's younger sister, Elizabeth, was discovered by a Detroit police officer on the corner of a busy intersection a block from her apartment. She was wearing inappropriate clothing—jeans and a long-sleeved tee shirt and sandals; the weather that day was in the mid-40s. Elizabeth was carrying a small-change purse with approximately \$3. She indicated she was very hungry; therefore, she took some money in order to get some food from McDonald's.

A call was made to Protective Services, and Elizabeth directed the officer to her apartment. Upon arrival, the officer discovered two other children, Michael and Isaiah, in the apartment unsupervised. They did not know where their mother was, nor were they able to reach her on the telephone.

The state of the apartment, a two-bedroom, was messy, with a lack of food for the children. A paternal grandmother was located; but she was able to take Elizabeth. The boys were placed in emergency foster care.

The birth mother indicated that she thought she had left the children in the care of her neighbor, who was on vacation at the time.

On October 31, Isaiah and Michael were returned to their mother. Elizabeth remained with her paternal grandmother. This case was closed.

The following April 30, Isaiah and Michael were found to be unsupervised once again; and an accidental fire was started in the kitchen. At the time of the fire, Elizabeth was living with her paternal grandmother. It was the decision of the agency that continuing her placement with her grandmother was in the best interest of the child.

After 12 months, a petition was filed for termination of the parental rights of both the birth mother and birth father.

This petition was granted on July 31, and Isaiah is legally free for adoption.

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BIRTH PARENT'S HISTORY

Mother: (Include a physical description of birth mother.) The birth mother, age 33, was born in Pontiac MI. At age 8 she was placed in foster care because her mother died of liver failure due to Hepatitis B. The birth mother had several placements in foster care before she received a permanent foster care placement. It was in this placement that the birth mother met a lifelong friend who helps her with the children when she needs it. The birth mother graduated from high school and attended college, where she acquired an associate's degree. It was at this time that she was diagnosed as bipolar. She took medication to control her disease while functioning as an administrative assistant. At the age of 21, she became pregnant with her first child. Three years later she married the birth father. At the age of 26, she gave birth to her second child. During that time the birth mother began to develop problems with her medication and switched to a new medication. She became slightly unstable, but continued to stay employed and to care for her family. When she became pregnant with Elizabeth, at the age of 29, she began to have problems controlling her disease and began using her medication on an irregular basis. After the birth of Elizabeth, the birth mother was inconsistent with taking her medication and self-medicated with alcohol. It was also determined that the birth mother occasionally was using illegal narcotics.

The treatment plan for the birth mother included group counseling, substance abuse treatment services, random drug tests and parenting classes. Two case review hearings were scheduled for the 6-month and 9-month time marks. At the 9-month time mark, the planning to prepare for a permanency hearing began.

Although the birth mother has a number of issues in her life that impede her ability to care for her children, it is obvious that she loves them. The birth mother was inconsistent with following her treatment plan attempting to reunify her with her children. She would show up for a few months during which she seemed engaged and actively working towards bringing her children home, but then she would disappear suddenly. The birth mother also was not following the goals of attending classes to address her drug- and alcohol-problem. Many times, she either skipped her drug testing or did not pass.

When the birth mother was engaged with her children, she played games with them, joked and teased with them, and talked about good times they had as a family. Oftentimes, she would apologize for her behavior and tell the kids that she was trying and wanted them to come and live with her.

The birth mother has a variety of different moods, mostly as a result of her bipolar disease. Prior to her diagnosis she indicated that she always had been a hard worker, devoted to her job and family; and she described herself as easygoing in most situations. She feels that her time spent in foster care, although she found a lifelong friend in a foster sister, was a difficult time but that it made her a stronger person because she survived it.

The birth mother does indicate that she has some anger issues stemming from her childhood. She feels angry towards her mother and the foster care system for abandoning her in a time of need. She is angry with her mother because the mother left her at such a young age, forcing her to grow up in foster care. She does not trust the child welfare system because she grew up in the system and knows what it is all about.

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Father: The birth father is the oldest of three children. His mother is living and his father died at age 58 of a heart attack. The birth father has two younger brothers, one with a developmental disability and another brother serving overseas in the Navy. The birth father completed his high school education by earning his GED. After being employed at a grocery store for three years, he enrolled in college. He did not finish college and became employed as a security guard at a local factory. He was an active and engaged father with his two older children, but was not there for the birth of Elizabeth. The birth father occasionally abused alcohol. At the time of Elizabeth's birth, he was serving a short, prison sentence for possession of narcotics. When Elizabeth was four months old, he was in violation of his parole and in was arrested again for possession of narcotics with the intent to sell. He is currently sentenced to 20-25 years in prison.

There was not much information about the birth father's involvement in the lives of his children. While they were young, the birth father was the provider for the family. Unfortunately, he earned the majority of his income through selling drugs. Prior to his legal problems, when he was in the home, the birth father had a relationship with his two older children.

His family describes him as an outgoing, easily excited and friendly person. The birth father had a number of friends and was constantly busy. He is a very social person who likes to be in the spotlight. He has a great sense of humor and can charm almost anyone.

There is no history of mental illness in the birth father's family, only the diagnoses of his younger brother with Asperger's syndrome and his elderly aunt with Alzheimer's disease. His father died of a heart attack, and his mother was diagnosed with Type II diabetes.

CHILD'S HISTORY

Isaiah was the first child for Christine Harris; the pregnancy and delivery were both normal. As a developing infant and toddler, Isaiah was consistently within an appropriate range for his age. There were no significant injuries or illnesses that impacted Isaiah. Because Isaiah is the oldest of his siblings, and due to the transient behavior of his birth parents, he many times serves as the primary caregiver for his siblings. Because Elizabeth no longer resides in the home, most of Isaiah's attention is devoted to supervising Michael. Isaiah has watched the decline of his mother and her struggle to cope with her disease; as a result, has increased his involvement providing for the family. The peak of his parental role began to occur when his father was sent to prison and Michael had to rely mainly on Isaiah.

At about this same time, Isaiah had a few incidents with the police for shoplifting, truancy and fighting. Isaiah is on probation for shoplifting; a parole officer with whom he meets on a monthly basis monitors him.

PLACEMENT HISTORY

Birth Home:

Isaiah lived with his mother, younger brother and sister in a small apartment. He was removed after a fire in the apartment.

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Placement One:

Isaiah was placed in a foster home with another boy, 13; and within approximately three weeks, it became apparent that the boys could not get along. The foster parents indicated verbal and physical altercations, on a regular basis, between the two boys. They requested that Isaiah be moved to another placement. At this placement, it was also discovered that Isaiah has a propensity to wind up missing. After a fight with his foster brother, Isaiah returned to his old neighbor; he had left the foster home without permission. Isaiah indicated that he was unhappy being kept apart from his siblings, especially his younger brother. He repeatedly requested having Michael, or himself, change placements so they could be together.

Placement Two:

Isaiah was placed in a teen foster home for two months, but the foster parents asked for him to be removed. It was discovered that he was having a relationship with a foster sister while in the home. The foster parents did not approve of the foster children dating each other and asked to have Isaiah removed. While in this foster home, when he felt threatened, Isaiah continued to run back to his old neighborhood to stay with a friend of the family.

Placement Three:

Isaiah was placed in a foster/adoptive home and shortly thereafter, his brother joined him. Initially he was compliant with the house rules; but his acting-out behavior has begun to escalate. Isaiah attempts to provoke his foster parents by name calling, plus acting out in front of friends and family. He does not give back emotionally to his foster parents. This behavior is new to the foster parents and can be tied to Isaiah feeling threatened because he has become comfortable in his placement.

CHILD'S CURRENT LEVEL OF EMOTIONAL, PHYSICAL, AND EDUCATIONAL AND DEVELOPMENTAL FUNCTIONING**Educational Functioning:**

Cognitively, Isaiah has tested at levels similar to his peers; but his grades do not reflect his ability. The school has identified Isaiah has having an attendance problem and has warned if he does not improve his grades, he will jeopardize his involvement on the JV high-school football team. Isaiah should be in the 10th grade, but his credits place him in the 9th grade.

Emotionally, Isaiah is sullen, withdrawn and angry. Because he has provoked teachers many times at school, he has acquired a lengthy disciplinary cord. When he is interacting with his siblings in the foster home, it can be seen that Isaiah is a "parentified child." He takes a dominant role in caring for his siblings; this causes friction between Isaiah and his foster mother and foster father. Isaiah often tells his brother that they do not have to listen to their foster parents because those are not their real parents. Isaiah maintains control over his siblings, and they obey him.

Isaiah is unable to express his emotions. Occasionally, he does show his true feelings and emotions; but most often, he hides them from his foster families and caseworkers.

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Physical Functioning:

Isaiah is at an appropriate height and weight for his age. He has a slender, athletic build. He is an active child who participates on the JV football team. According to his most recent medical records, Isaiah has not had a chronic or serious medical conditions. He is up to date with his immunizations.

CURRENT IMPORTANT RELATIONSHIPS AND ATTACHMENTS

Isaiah has a strong attachment to his birth family, mainly to his siblings. Additionally he has relied heavily on his mother's friend to be a source of support and a resource when he is in need.

CHILD'S ATTITUDE, PREPARATION, AND READINESS FOR ADOPTION

Isaiah vociferously opposes adoption and believes that he would be better off providing for his siblings. He will discuss the option of independent living and would like to have a place of his own. His goal is to earn money in order to provide for his family.

INFORMATION ABOUT ALL KNOWN SIBLINGS (First Name Only)

Michael, age 10, is placed in a foster home with Isaiah. Their younger sister, Elizabeth, resides with their paternal grandmother.

BEST INTERESTS CRITERIA**SPECIAL PHYSICAL, EMOTIONAL, AND EDUCATIONAL NEEDS**

It would be useful for Isaiah to attend therapy sessions to help him deal with his grief and loss.

PLACEMENT WITH OR WITHOUT SIBLINGS

Preference indicates a placement to accommodate all three siblings, if possible.

PLACEMENT WITH RELATIVES

The only relative placement available is with the paternal grandmother. Additionally, the grandmother cares for a son who is 28 and has Asperger's. He is high-functioning and helps to provide for the family by working at the Meijer store near their house. He helps to care for Elizabeth and plays an important role in the family as an uncle. Even with his help, the paternal grandmother feels overwhelmed raising a young child.

The grandmother suffers from Type II diabetes and regulates her condition with diet, exercise and medication. Although her disease is under control, she does suffer occasionally from complications from the condition.

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MAINTAINING CONTINUITY OF CURRENT RELATIONSHIPS

It is vital that Isaiah be allowed to maintain contact and a relationship with his birth family, including his siblings.

RELIGIOUS PREFERENCE

Isaiah was not raised with a specific religion and does not indicate a religious preference.

CHILD’S WISHES REGARDING ADOPTION AND CHARACTERISTICS OF POTENTIAL ADOPTIVE FAMILY

Isaiah would like to be the provider for his siblings, and he does not entertain the topic of adoption.

OTHER FACTORS SPECIFIC TO THIS CHILD

N/A

RECOMMENDATION REGARDING ADOPTIVE PLACEMENT

Isaiah needs to be in a one- or two-parent home in which the family possibly could adopt his two siblings. Additionally, the adoptive family should be able to understand the dominant role that Isaiah plays in relation to his siblings. The family also needs to have an understanding of bipolar disorder because of the family history. Isaiah should be placed in a stable home that will provide him with the opportunity to create secure attachments to adults and will allow him to act in an age-appropriate manner.

Worker **Date**

Supervisor **Date**

CHILD ADOPTION ASSESSMENT
Identifying Information
NOT TO BE RELEASED

⇒ NOTE: Information intentionally incomplete or inconsistent to promote the learning process.

Name Michael Harris
Date of Birth August 28 (currently 10 years old)
Social Security Number 320-86-6874
Permanent Custody Date/County Oakland County
Date Referred for Adoption January 12
Court File Number
Worker Kate Woodbridge
FIA Case Number
Recipient ID Number
Report Date May 04

FAMILY INFORMATION

Birth Family Harris
Adoptive Family Williams

Mother

Name Christine Harris
Date of Birth February 29 (currently 35 years old)
Social Security Number 259-69-4587
Last Known Address 16250 Northland, Southfield, MI 48075
Race Caucasian
Religion Catholic
Employment Status Administrative Assistant
Marital Status Married
Education Associate's Degree, Baker College
Income/Employment \$19,750/yr

Father

Name Malcolm Harris
Date of Birth July 13 (currently 35 years old, soon to be 36)
Social Security Number 329-85-1587
Last Known Address Jackson State Prison
Race African American
Religion Baptist
Employment Status N/A
Marital Status Married
Education High School, Some College
Income/Employment N/A

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Siblings

Name Elizabeth and Isaiah Harris

Date of Birth September 17 (currently 6 years old) and March 9 (currently 15 years old)

Social Security Number 324-69-3589 and 321-86-6458

Legal Status Minor

Name of Person Living With / Relationship (identify foster home) Elizabeth Harris resides with Ernestine Harris; and Isaiah is placed with Mr. and Mrs. Williams, Foster Parents

Last Known Address 5896 S. Main, Detroit, MI 48195

PLACEMENT HISTORY

Date of Placement	Name/Address	Type of Placement
Oct. 25 - Oct. 31	Mr. and Mrs. Williams	Emergency Foster
Oct. 31 - April 30	Christine Harris	Birth Mother
April 30 - Sept. 30	Mr. and Mrs. Hamilton	Foster Parents
Sept. 30 - present	Mr. and Mrs. Williams	Foster Parents

DATES OF CONTACT

Dates	With whom (incl. Role/position)	Type (HV, TC, OV)
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PROGRESS TOWARD ADOPTION

Recruitment Activities (if necessary)

The foster parents have indicated an interest in adopting Michael and his brother, Isaiah; therefore, no recruitment is necessary.

Progress Toward Adoption

A petition for termination of parental rights has been filed.

Barriers to Adoption/Action Steps to Overcome Barriers

There are no barriers to the adoption.

Projected Date for Adoption

It is anticipated that the adoption will be finalized within six to eight months.

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**NONIDENTIFYING INFORMATION
(THIS MATERIAL MUST BE SHARED)**

Child's First Name Michael

Date/Time of Birth August 28 (currently 10 years old)

Place of Birth Detroit Medical Center

City, County, State Detroit, Wayne County, MI

Gender Male

Is Ward a Member of or Eligible for Membership in a Tribe? () Yes (X) No

(See CFF 742)

EVENTS LEADING TO PERMANENT WARDSHIP

On October 25, Isaiah's younger sister, Elizabeth, was discovered by a Detroit police officer on the corner of a busy intersection a block from her apartment. She was wearing inappropriate clothing—jeans and a long-sleeved tee shirt and sandals; the weather that day was in the mid-40s. Elizabeth was carrying a small-change purse with approximately \$3. She indicated she was very hungry; therefore, she took some money in order to get some food from McDonald's.

A call was made to Protective Services, and Elizabeth directed the officer to her apartment. Upon arrival, the officer discovered two other children, Michael and Isaiah, in the apartment unsupervised. They did not know where their mother was, nor were they able to reach her on the telephone.

The state of the apartment, a two-bedroom, was messy, with a lack of food for the children. A paternal grandmother was located; but she was able to take Elizabeth. The boys were placed in emergency foster care.

The birth mother indicated that she thought she had left the children in the care of her neighbor, who was on vacation at the time.

On October 31, Isaiah and Michael were returned to their mother. Elizabeth remained with her paternal grandmother. This case was closed.

The following April 30, Isaiah and Michael were found to be unsupervised once again; and an accidental fire was started in the kitchen. At the time of the fire, Elizabeth was living with her paternal grandmother. It was the decision of the agency that continuing her placement with her grandmother was in the best interest of the child.

After 12 months, a petition was filed for termination of the parental rights of both the birth mother and birth father.

This petition was granted on July 31, and Isaiah is legally free for adoption.

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BIRTH PARENT'S HISTORY

Mother: (Include a physical description of birth mother.) The birth mother, age 33, was born in Pontiac MI. At age 8 she was placed in foster care because her mother died of liver failure due to Hepatitis B. The birth mother had several placements in foster care before she received a permanent foster care placement. It was in this placement that the birth mother met a lifelong friend who helps her with the children when she needs it. The birth mother graduated from high school and attended college, where she acquired an associate's degree. It was at this time that she was diagnosed as bipolar. She took medication to control her disease while functioning as an administrative assistant. At the age of 21, she became pregnant with her first child. Three years later she married the birth father. At the age of 26, she gave birth to her second child. During that time the birth mother began to develop problems with her medication and switched to a new medication. She became slightly unstable, but continued to stay employed and to care for her family. When she became pregnant with Elizabeth, at the age of 29, she began to have problems controlling her disease and began using her medication on an irregular basis. After the birth of Elizabeth, the birth mother was inconsistent with taking her medication and self-medicated with alcohol. It was also determined that the birth mother occasionally was using illegal narcotics.

The treatment plan for the birth mother included group counseling, substance abuse treatment services, random drug tests and parenting classes. Two case review hearings were scheduled for the 6-month and 9-month time marks. At the 9-month time mark, the planning to prepare for a permanency hearing began.

Although the birth mother has a number of issues in her life that impede her ability to care for her children, it is obvious that she loves them. The birth mother was inconsistent with following her treatment plan attempting to reunify her with her children. She would show up for a few months during which she seemed engaged and actively working towards bringing her children home, but then she would disappear suddenly. The birth mother also was not following the goals of attending classes to address her drug- and alcohol-problem. Many times, she either skipped her drug testing or did not pass.

When the birth mother was engaged with her children, she played games with them, joked and teased with them, and talked about good times they had as a family. Oftentimes, she would apologize for her behavior and tell the kids that she was trying and wanted them to come and live with her.

The birth mother has a variety of different moods, mostly as a result of her bipolar disease. Prior to her diagnosis she indicated that she always had been a hard worker, devoted to her job and family; and she described herself as easygoing in most situations. She feels that her time spent in foster care, although she found a lifelong friend in a foster sister, was a difficult time but that it made her a stronger person because she survived it.

The birth mother does indicate that she has some anger issues stemming from her childhood. She feels angry towards her mother and the foster care system for abandoning her in a time of need. She is angry with her mother because the mother left her at such a young age, forcing her to grow up in foster care. She does not trust the child welfare system because she grew up in the system and knows what it is all about.

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Father: The birth father is the oldest of three children. His mother is living and his father died at age 58 of a heart attack. The birth father has two younger brothers, one with a developmental disability and another brother serving overseas in the Navy. The birth father completed his high school education by earning his GED. After being employed at a grocery store for three years, he enrolled in college. He did not finish college and became employed as a security guard at a local factory. He was an active and engaged father with his two older children, but was not there for the birth of Elizabeth. The birth father occasionally abused alcohol. At the time of Elizabeth's birth, he was serving a short, prison sentence for possession of narcotics. When Elizabeth was four months old, he was in violation of his parole and in was arrested again for possession of narcotics with the intent to sell. He is currently sentenced to 20-25 years in prison.

There was not much information about the birth father's involvement in the lives of his children. While they were young, the birth father was the provider for the family. Unfortunately, he earned the majority of his income through selling drugs. Prior to his legal problems, when he was in the home, the birth father had a relationship with his two older children.

His family describes him as an outgoing, easily excited and friendly person. The birth father had a number of friends and was constantly busy. He is a very social person who likes to be in the spotlight. He has a great sense of humor and can charm almost anyone.

There is no history of mental illness in the birth father's family, only the diagnoses of his younger brother with Asperger's syndrome and his elderly aunt with Alzheimer's disease. His father died of a heart attack, and his mother was diagnosed with Type II diabetes.

CHILD'S HISTORY

Isaiah was the first child for Christine Harris; the pregnancy and delivery were both normal. As a developing infant and toddler, Isaiah was consistently within an appropriate range for his age. There were no significant injuries or illnesses that impacted Isaiah. Because Isaiah is the oldest of his siblings, and due to the transient behavior of his birth parents, he many times serves as the primary caregiver for his siblings. Because Elizabeth no longer resides in the home, most of Isaiah's attention is devoted to supervising Michael. Isaiah has watched the decline of his mother and her struggle to cope with her disease; as a result, has increased his involvement providing for the family. The peak of his parental role began to occur when his father was sent to prison and Michael had to rely mainly on Isaiah.

At about this same time, Isaiah had a few incidents with the police for shoplifting, truancy and fighting. Isaiah is on probation for shoplifting; a parole officer with whom he meets on a monthly basis monitors him.

PLACEMENT HISTORY

Birth Home:

Michael lived with his mother, younger brother and sister in a small apartment. He was removed after a fire in the apartment.

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Placement One:

Initially, Michael and his brother were placed in temporary foster care.

Placement Two:

The agency attempted to work with the birth mother by offering in-home services. The children remained in the care of the birth mother for six months.

Placement Three:

After the fire at the apartment, Michael was placed in a foster home with another boy. The foster mother described Michael as emotionally draining. She was unable to deal with his behavior; especially difficult for her was attempting to control his temper. Additionally, the foster family indicated that one of their close family members was diagnosed with a chronic illness. The foster family felt that they no longer would be able to devote the necessary attention to Michael; so they requested his removal.

Placement Four:

Michael was moved to a foster home with his brother Isaiah.

CHILD'S CURRENT LEVEL OF EMOTIONAL, PHYSICAL, AND EDUCATIONAL AND DEVELOPMENTAL FUNCTIONING**Emotional Functioning:**

Although he does express some feelings, Michael internalizes things and blames himself for actions over which he has no control. While in their current placement, his older brother discovered that Michael hurts himself, by picking at his skin, as a way to control his feelings. Michael has a number of scars and cuts on his forearms and thighs.

Michael attends weekly therapy sessions at the agency. It is suspected that he suffers from a mild case of depression. Emotionally, Michael is overanxious and insecure. He has a fear of being alone; follows closely by his brother's side. Michael has regular nightmares with separation- and loss- themes.

Michael is described as a painfully shy child with limited social skills. It is difficult for him to understand personal boundaries. He often clings to his foster mother or brother. His foster parents indicate that Michael does not leave them alone and is a whiny child.

Physical Functioning:

Physically, Michael is slightly underweight for his age and height; this is likely due to decreased appetite. He is of average height for his age, and he has brown hair and eyes. He is African American and Caucasian. A review of Michael's medical records shows that he has not had any serious medical conditions, and his immunizations are up to date.

Educational Functioning:

Cognitively, Michael used to perform well in school; but recently his performance in the classroom has declined. He often lies about completing his homework by saying that he completed the task; but then he does not have anything to turn in because he actually did not do the assignment. This is partly due to his frequent avoidance of school.

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CURRENT IMPORTANT RELATIONSHIPS AND ATTACHMENTS

The most important relationship for Michael is with his brother, Isaiah. Michael views Isaiah as a primary caregiver and is extremely dependent on Isaiah to provide for him and to meet his needs. Michael maintains a relationship with his birth mother, but he has trouble expressing any negative thoughts about her. It is apparent that the birth mother attempts to provide for Michael; but many times, is not able. Michael views all female mother figures as similar to his birth mother—dependable nor reliable. Therefore, he has difficulty attaching to and developing a healthy relationship with his foster mother. At times, he can be clingy and follow his foster parents around. Other times, he gets angry and lashes out at them. This behavior is seen most frequently with the foster mother.

Michael also maintains a good relationship with his mother's lifelong friend, whom the birth mother met as a teen in foster care. This friend served as a resource for Michael when his mother and father were not around. Additionally, Michael has a good bond with his paternal grandmother and his uncle. He also indicates that his sister is an important part of his life.

CHILD'S ATTITUDE, PREPARATION, AND READINESS FOR ADOPTION

Michael indicates that he loves his mother but is angry with her for leaving her children alone all the time. When discussing adoption as an option, Michael has indicated mixed feelings. He feels responsible for the apartment fire that forced him and Isaiah into foster care. Michael also believes that his mother is capable of caring for the family. Although he has a somewhat unstable relationship with his foster mother, Michael indicates that he is happy and somewhat secure in his current foster home.

In Michael's therapy sessions, the option and significance of adoption have been explored. Michael has been given the task of recording his thoughts and feelings in a journal. This helps him to become reflective about how he is feeling about his current situation.

Michael indicates that he really likes his foster parents but is afraid to tell that to his brother. He does not want to disappoint Isaiah. Michael feels that he is wrong to want to stay in his current placement.

INFORMATION ABOUT ALL KNOWN SIBLINGS (First Name Only)

Isaiah, age 15, is placed in a foster home with Michael. Their younger sister, Elizabeth, resides with their paternal grandmother.

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**BEST INTERESTS CRITERIA
SPECIAL PHYSICAL, EMOTIONAL, AND EDUCATIONAL NEEDS**

Michael will need continued therapy to monitor his depression and to help him recognize his feelings. It is possible that Michael will need remedial assistance while in school; currently he is behind the learning curve of other children in his class. His educational needs should be monitored in order to help him to succeed in the classroom.

PLACEMENT WITH OR WITHOUT SIBLINGS

Preference indicates a placement to accommodate all three siblings, if possible .

PLACEMENT WITH RELATIVES

The only relative placement available is with the paternal grandmother. She already cares for a son, who is 28 and has Asperger’s syndrome. He is high-functioning and helps provide for the family by working at the Meijer store near their house. He helps to care for Elizabeth and plays an important role in the family as an uncle. Even with his help, the paternal grandmother feels overwhelmed raising a young child.

The grandmother suffers from Type II diabetes and regulates her condition with diet, exercise and medication. Although her disease is under control, she does suffer occasionally from complications from the condition.

MAINTAINING CONTINUITY OF CURRENT RELATIONSHIPS

It is important for Michael to have contact with his paternal relatives and with his mother’s friend, who is also birth family’s neighbor. Most importantly, Michael should maintain his current relationship with his siblings.

RELIGIOUS PREFERENCE

Michael was not raised with a specific religion, but he does have a sense of spirituality. There is no religious preference as indicated by the child.

**CHILD’S WISHES REGARDING ADOPTION AND CHARACTERISTICS
OF POTENTIAL ADOPTIVE FAMILY**

Michael seems to have difficulty discussing the option of adoption and the characteristics of potential adoptive families. He generally avoids the topic or ignores questions directed to him about adoption.

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OTHER FACTORS SPECIFIC TO THIS CHILD

N/A

RECOMMENDATION REGARDING ADOPTIVE PLACEMENT

The adoptive home for Michael should be a one- or two-parent family who would consider the possibility of adopting Michael and his siblings. Additionally, this family should have knowledge of bipolar disease, because of the family history. The family needs to understand and to control Michael's cutting behavior and to know how to provide a loving and stable environment for a child.

Worker **Date**

Supervisor **Date**



CHILD ADOPTION ASSESSMENT
Identifying Information
NOT TO BE RELEASED

⇒ **NOTE:** Information intentionally incomplete or inconsistent to promote the learning process.

Name Elizabeth Harris
Date of Birth September 17 (currently 6 years old)
Social Security Number 324-69-3589
Permanent Custody Date/County Oakland County
Date Referred for Adoption January 12
Court File Number
Worker Kate Woodbridge
FIA Case Number
Recipient ID Number
Report Date May 04

FAMILY INFORMATION

Birth Family Harris
Adoptive Family

Mother

Name Christine Harris
Date of Birth February 29 (currently 35 years old)
Social Security Number 259.69.4587
Last Known Address 16250 Northland, Southfield, MI 48075
Race Caucasian
Religion Catholic
Employment Status Administrative Assistant
Marital Status Married
Education Associate's Degree, Baker College
Income/Employment \$19,750/yr

Father

Name Malcolm Harris
Date of Birth July 13 (currently 35 years old, soon to be 36)
Social Security Number 329-85-1587
Last Known Address Jackson State Prison
Race African American
Religion Baptist
Employment Status N/A
Marital Status Married
Education High School, Some College
Income/Employment N/A

(continued on next page)



Siblings

Name Michael and Isaiah Harris

Date of Birth August 28 (currently 10 years old) and March 9 (currently 15 years old)

Social Security Number 320-86-6874 and 321-86-6458

Legal Status Minor

Name of Person Living With / Relationship (identify foster home) Mr. and Mrs. Williams, Foster Parents

Last Known Address 5896 S. Main, Detroit, MI 48195

PLACEMENT HISTORY

Date of Placement	Name/Address	Type of Placement
Oct. 25 - Oct. 31	Mrs. Ernestine Harris	Paternal Grandmother
Oct. 31 - April 30	Christine Harris	Birth Mother
April 30 - present	Mrs. Ernestine Harris	Paternal Grandmother

DATES OF CONTACT

Dates	With whom (incl. Role/position)	Type (HV, TC, OV)
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PROGRESS TOWARD ADOPTION

Recruitment Activities (if necessary)

The paternal grandmother and the foster parents of Elizabeth’s siblings are two potential families looking to adopt her; therefore, it is not necessary to recruit a family.

Progress Toward Adoption

The birth mother has not followed through with her treatment plan, and a petition to file for termination of parental rights has been filed.

Barriers to Adoption/Action Steps to Overcome Barriers

There are currently no barriers to the adoption of Elizabeth.

Projected Date for Adoption

This adoption should be completed in six months.

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**NONIDENTIFYING INFORMATION
(THIS MATERIAL MUST BE SHARED)**

Child's First Name Elizabeth

Date/Time of Birth September 17, 12:18 pm (currently 6 years old)

Place of Birth Detroit Medical Center

City, County, State Detroit, Wayne County, MI

Gender Female

Is Ward a Member of or Eligible for Membership in a Tribe? () Yes (X) No

(See CFF 742)

EVENTS LEADING TO PERMANENT WARDSHIP

On October 25, Elizabeth, was discovered by a Detroit police officer on the corner of a busy intersection a block from her apartment. She was wearing inappropriate clothing—jeans and a long-sleeved tee shirt and sandals; the weather that day was in the mid-40s. Elizabeth was carrying a small-change purse with approximately \$3. She indicated she was very hungry; therefore, she took some money in order to get some food from McDonald's.

A call was made to Protective Services, and Elizabeth directed the officer to her apartment. Upon arrival, the officer discovered two other children, Michael and Isaiah, in the apartment unsupervised. They did not know where their mother was, nor were they able to reach her on the telephone.

The state of the apartment, a two-bedroom, was messy, with a lack of food for the children. A paternal grandmother was located; but she was able to take Elizabeth. The boys were placed in emergency foster care.

The birth mother indicated that she thought she had left the children in the care of her neighbor, who was on vacation at the time.

On October 31, Isaiah and Michael were returned to their mother. Elizabeth remained with her paternal grandmother. This case was closed.

The following April 30, Isaiah and Michael were found to be unsupervised once again; and an accidental fire was started in the kitchen. At the time of the fire, Elizabeth was living with her paternal grandmother. It was the decision of the agency that continuing her placement with her grandmother was in the best interest of the child.

After 12 months, a petition was filed for termination of the parental rights of both the birth mother and birth father.

This petition was granted on July 31, and Isaiah is legally free for adoption.

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BIRTH PARENT'S HISTORY

Mother: (Include a physical description of birth mother.) The birth mother, age 33, was born in Pontiac MI. At age 8 she was placed in foster care because her mother died of liver failure due to Hepatitis B. The birth mother had several placements in foster care before she received a permanent foster care placement. It was in this placement that the birth mother met a lifelong friend who helps her with the children when she needs it. The birth mother graduated from high school and attended college, where she acquired an associate's degree. It was at this time that she was diagnosed as bipolar. She took medication to control her disease while functioning as an administrative assistant. At the age of 21, she became pregnant with her first child. Three years later she married the birth father. At the age of 26, she gave birth to her second child. During that time the birth mother began to develop problems with her medication and switched to a new medication. She became slightly unstable, but continued to stay employed and to care for her family. When she became pregnant with Elizabeth, at the age of 29, she began to have problems controlling her disease and began using her medication on an irregular basis. After the birth of Elizabeth, the birth mother was inconsistent with taking her medication and self-medicated with alcohol. It was also determined that the birth mother occasionally was using illegal narcotics.

The treatment plan for the birth mother included group counseling, substance abuse treatment services, random drug tests and parenting classes. Two case review hearings were scheduled for the 6-month and 9-month time marks. At the 9-month time mark, the planning to prepare for a permanency hearing began.

Although the birth mother has a number of issues in her life that impede her ability to care for her children, it is obvious that she loves them. The birth mother was inconsistent with following her treatment plan attempting to reunify her with her children. She would show up for a few months during which she seemed engaged and actively working towards bringing her children home, but then she would disappear suddenly. The birth mother also was not following the goals of attending classes to address her drug- and alcohol-problem. Many times, she either skipped her drug testing or did not pass.

When the birth mother was engaged with her children, she played games with them, joked and teased with them, and talked about good times they had as a family. Oftentimes, she would apologize for her behavior and tell the kids that she was trying and wanted them to come and live with her.

The birth mother has a variety of different moods, mostly as a result of her bipolar disease. Prior to her diagnosis she indicated that she always had been a hard worker, devoted to her job and family; and she described herself as easygoing in most situations. She feels that her time spent in foster care, although she found a lifelong friend in a foster sister, was a difficult time but that it made her a stronger person because she survived it.

The birth mother does indicate that she has some anger issues stemming from her childhood. She feels angry towards her mother and the foster care system for abandoning her in a time of need. She is angry with her mother because the mother left her at such a young age, forcing her to grow up in foster care. She does not trust the child welfare system because she grew up in the system and knows what it is all about.

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Father: The birth father is the oldest of three children. His mother is living and his father died at age 58 of a heart attack. The birth father has two younger brothers, one with a developmental disability and another brother serving overseas in the Navy. The birth father completed his high school education by earning his GED. After being employed at a grocery store for three years, he enrolled in college. He did not finish college and became employed as a security guard at a local factory. He was an active and engaged father with his two older children, but was not there for the birth of Elizabeth. The birth father occasionally abused alcohol. At the time of Elizabeth's birth, he was serving a short, prison sentence for possession of narcotics. When Elizabeth was four months old, he was in violation of his parole and in was arrested again for possession of narcotics with the intent to sell. He is currently sentenced to 20-25 years in prison.

There was not much information about the birth father's involvement in the lives of his children. While they were young, the birth father was the provider for the family. Unfortunately, he earned the majority of his income through selling drugs. Prior to his legal problems, when he was in the home, the birth father had a relationship with his two older children.

His family describes him as an outgoing, easily excited and friendly person. The birth father had a number of friends and was constantly busy. He is a very social person who likes to be in the spotlight. He has a great sense of humor and can charm almost anyone.

There is no history of mental illness in the birth father's family, only the diagnoses of his younger brother with Asperger's syndrome and his elderly aunt with Alzheimer's disease. His father died of a heart attack, and his mother was diagnosed with Type II diabetes.

CHILD'S HISTORY

Elizabeth is the youngest of three children. Elizabeth was born at Detroit Medical Center and the pregnancy and delivery were normal. At the time of her pregnancy the birth mother was taking lithium and occasional antidepressants to control her bipolar disease. Neither of the birth parents was the primary caregiver for Elizabeth; much of the responsibility fell to either the paternal grandmother or to Elizabeth's older brother.

The birth mother indicated feelings similar to postpartum depression after giving birth to Elizabeth. She did not breast-feed, nor did she spend extensive periods of time with Elizabeth when she was an infant. Oftentimes, the only physical contact between mother and child occurred when absolutely necessary. This would be when the child needed to be fed, changed and bathed. When Elizabeth was at home, she spent long periods of time in her crib, playpen or baby carrier. The birth mother described feelings of ambivalence towards Elizabeth as an infant and toddler. It seems that there is not a secure bond between mother and child.

The birth mother described Elizabeth as a fussy infant who was not easily soothed. Because the birth father was not in the home, the sole responsibility for the family was on the birth mother. She relied heavily on her eldest child to help care for the children.

Elizabeth was not easily engaged, and the birth mother indicated feelings of rejection. She was frustrated with Elizabeth because the child did not seem to want her mother's affection. Her paternal grandmother describes Elizabeth as a rambunctious child who is always getting into things. It takes all of her attention to maintain Elizabeth.

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PLACEMENT HISTORY

Birth Home:

Elizabeth lived with her mother and two brothers. It was found that the birth mother had feelings associated with postpartum depression, was diagnosed with bipolar disorder, self-medicated with alcohol and used narcotics. Elizabeth was removed from her mother's care and placed with her paternal grandmother.

Current Placement:

Elizabeth resides with her paternal grandmother and her uncle.

CHILD'S CURRENT LEVEL OF EMOTIONAL, PHYSICAL, AND EDUCATIONAL AND DEVELOPMENTAL FUNCTIONING

Physical Functioning:

Elizabeth was discovered to be slightly underweight for her age range; but since permanent placement with the paternal grandmother, she has reached an appropriate weight for her range. She is a 6-year-old African American/Caucasian female with dark hair and eyes. She has an incomplete medical record, and it is unknown whether she has received all necessary immunizations. There is no history of serious medical conditions or chronic illness on record for Elizabeth. She was born at a healthy weight and has been on target with all physical milestones. Upon observation, Elizabeth is described as a healthy, attractive child with a bright smile.

Emotional Functioning:

As a result of her birth mother's feelings of postpartum depression, bi-polar disorder, and substance abuse problems, Elizabeth has not been able to form a secure bond with her mother. The lack of interaction with an adult caregiver has impacted her emotional development. She often does not make eye contact with adults. Elizabeth does not seek out physical contact or comfort from adults. She has trouble identifying her own emotions. Either she does not react with an appropriate emotion, such as laughing at being tickled; or she shows no emotion. There have been times when she has been observed interacting with her siblings, and she seems livelier during those times. It is apparent that she feels most comfortable and safe in the presence of her siblings.

Additionally, Elizabeth has a high amount of energy. She is difficult to control. She likes to be in the center of activity and attempts to dominate situations. In order to control Elizabeth's behavior directions need to be repeated continuously.

At times, Elizabeth uses inappropriate language for a child of her age. She does not seem to understand proper, social etiquette and blurts out anything on her mind.

Although Elizabeth regularly uses the bathroom, she has been known to soil her clothes. Additionally, on three separate occasions she was discovered by her grandmother trying to hide the fact that she had a bowel movement in her clothes. On one of those incidents Elizabeth also was found using her feces to draw a picture of a sun on a newly painted wall. It is unknown whether Elizabeth was sexually abused. At times in her birth home, due to her mother's drug problem, there was a number of strange men in and out of the house. According to reports from a physician she has

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no medical condition; but it could not be determined whether any abuse had taken place. Elizabeth has not vocalized any incidents of sexual abuse, and her birth mother denies any sexual abuse of the child.

It was discovered that the paternal grandmother had been allowing the birth mother to have unsupervised visits with Elizabeth at the birth home. It was undetermined whether any inappropriate behavior occurred during those visits.

Educational Functioning:

Cognitively, Elizabeth has tested average and above average compared with those in her class. While interacting with her peers, Elizabeth is very dominant. If she does not get her way with her peers, she does not hesitate to lash out physically or verbally. Elizabeth does not appear to feel remorseful about hurting her peers.

Elizabeth does have difficulty sitting still in classroom settings and does not follow directions.

CURRENT IMPORTANT RELATIONSHIPS AND ATTACHMENTS

Elizabeth has begun to develop a relationship with her paternal grandmother and her uncle. Additionally, she maintains a strong connection to her siblings. She has begun to allow her grandmother to display affection to her, although she generally does not reciprocate. Her grandmother is learning to cope with and to calm Elizabeth when she becomes unruly. This shows the beginnings of attachment with the paternal grandmother.

CHILD’S ATTITUDE, PREPARATION, AND READINESS FOR ADOPTION

Elizabeth is ambivalent about her adoption and placement with her grandmother, but she does indicate a desire to return to her birth mother. She does not seem to understand the definition of adoption fully. Elizabeth does vocalize feelings of disconnection with her brothers and wishes to continue seeing the boys on a regular basis.

Placement options have been introduced to Elizabeth, such as remaining in her current home or moving to a placement with her brothers. She seems more inclined to having a placement with her brothers but is worried about leaving her grandmother.

To prepare Elizabeth for a transition, her grandmother, brothers and foster family need to be prepared. Elizabeth needs to be informed about the situation. This includes telling her what to expect and reassuring that she will have the support of her birth family. An extensive conversation about adoption, what it means and how it will happen will be a helpful tool for preparing Elizabeth for a transition.

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INFORMATION ABOUT ALL KNOWN SIBLINGS (First Name Only)

Isaiah, age 15, is placed in a foster home with Elizabeth's other brother, Michael, age 10. The three children meet on a regular basis either at the foster parents' home or at the home of the paternal grandmother.

BEST INTERESTS CRITERIA SPECIAL PHYSICAL, EMOTIONAL, AND EDUCATIONAL NEEDS

Emotional Needs:

Due to Elizabeth's propensity to soil her clothing, her insecure attachments to others and the parental neglect early in her life, it is recommended that she continue to receive therapy.

PLACEMENT WITH OR WITHOUT SIBLINGS

Preference indicates a placement to accommodate all three siblings, if possible .

PLACEMENT WITH RELATIVES

Elizabeth lives with her paternal grandmother, but the grandmother is reluctant to accept legal responsibility for the child and is content with her role as caretaker and grandmother. Moreover, the paternal grandmother does not want to accept the role of legal guardian because she does not want to break the bond between Elizabeth and her biological parents. The grandmother feels that her son and daughter-in-law are the rightful parents of Elizabeth and that she should not accept the role of parent. The formal adoption would signify a role change that she is not ready to accept.

Additionally, she cares for a son, who is 28 and has Asperger's syndrome. He is high functioning and helps to provide for the family by working at the Meijer store near their house. He helps to care for Elizabeth and plays an important role in the family as Uncle Billy. Even with his help, the paternal grandmother indicates that she feels overwhelmed raising a young child.

The paternal grandmother also suffers from Type II diabetes and regulates her condition with diet, exercise and medication. Although her disease is under control, she does suffer occasionally from complications from the condition.

MAINTAINING CONTINUITY OF CURRENT RELATIONSHIPS

It is vital to continue the relationship with Elizabeth's biological family members, such as her grandmother, uncle, and siblings.

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RELIGIOUS PREFERENCE

Elizabeth was not raised in a specific religion, but she does attend a Baptist church with her grandmother on a semi-regular basis.

CHILD’S WISHES REGARDING ADOPTION AND CHARACTERISTICS OF POTENTIAL ADOPTIVE FAMILY

Elizabeth indicates a preference only for living with her two brothers.

OTHER FACTORS SPECIFIC TO THIS CHILD

N/A

RECOMMENDATION REGARDING ADOPTIVE PLACEMENT

It is in the best interest of the child to be placed in a home with her two brothers. Elizabeth should be placed in a one- or two-parent household with the ability to help her to develop normal and healthy attachments with others. Additionally, the adoptive family should have an understanding of bipolar disorder because of the family history. The family also should also be able to parent a child who may have been sexually abused.

Worker **Date**

Supervisor **Date**



Family Case Profile

Isaiah, age 15, Michael, age 10, and Elizabeth, age 6, are biological siblings who are in foster care. The children currently live in two different homes; the boys have been with their foster parents, Mr. and Mrs. Williams, while Elizabeth has been living with her paternal grandmother.

The birth parents, Malcolm and Christine Harris, are married; but when Elizabeth was born, Malcolm was incarcerated and has been since that time. According to the birth mother, she was able to take care of Isaiah and Michael while controlling her bipolar disorder. After the birth of Elizabeth, she found it increasingly difficult to care for three children without the help of her husband. It was at that time that Christine began self-medicating with drugs and alcohol. Many times, the children were left in the care of a family friend who lives nearby, or with the grandmother.

The family's first incident with Protective Services occurred when Elizabeth, at the time age 4, was found wandering the streets, trying to buy food. The mother was found passed out on the bathroom floor. Elizabeth was placed in the care of her paternal grandmother, while Isaiah and Michael remained with their mother.

Less than a year, later Isaiah and Michael were unsupervised when a kitchen fire started. Michael received third-degree burns on his arm. Unable to locate the mother and not being able to place the children with the paternal grandmother, Protective Services placed Isaiah and Michael were placed into two different foster homes.

Within the following three months, Isaiah moved two more times due to his behavior. He was then placed in the Williams home, where his brother Michael joined him. Throughout this time, Elizabeth has continued to live with her grandmother.

Contact with the birth mother was not consistent, nor was she able to meet the recommendations of her treatment plan. Christine and Malcolm's parental rights were terminated. All three children are available for adoption.

Elizabeth has a difficult time forming healthy attachments and has a tendency to build emotional walls. She is a very active child living, with her diabetic grandmother and developmentally disabled uncle. Although Elizabeth has spent nearly half of her life, almost three years, living with her grandmother and Uncle Billy, she has indicated that she would like to live with her brothers.

At the time of the fire, Michael felt as though the fire and resulting situation were completely his fault. During Michael's first placement, with Mr. and Mrs. Hamilton, Michael formed a bond with another boy, Alexander, who lived in the Hamilton home. It was difficult for Michael to say good-bye when he moved to Mr. and Mrs. Williamses' home. Michael has been living for the past 19 months with Mr. and Mrs. Williams with his brother, Isaiah. Michael is very attached to both Mr. and Mrs. Williams; but he is attached to his brother, also, and always wants to be with Isaiah.

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Isaiah initially was placed in the Thompson home, but it was requested that he receive a new placement due to his behavior. Isaiah shared a room with a younger boy named Brandon, but there were a number of conflicts between the two. When the altercations between the two turned physical, Isaiah was placed into another foster home. Although Isaiah has been living with Mr. and Mrs. Williams for 22 months, he has said that he does not want to be adopted.



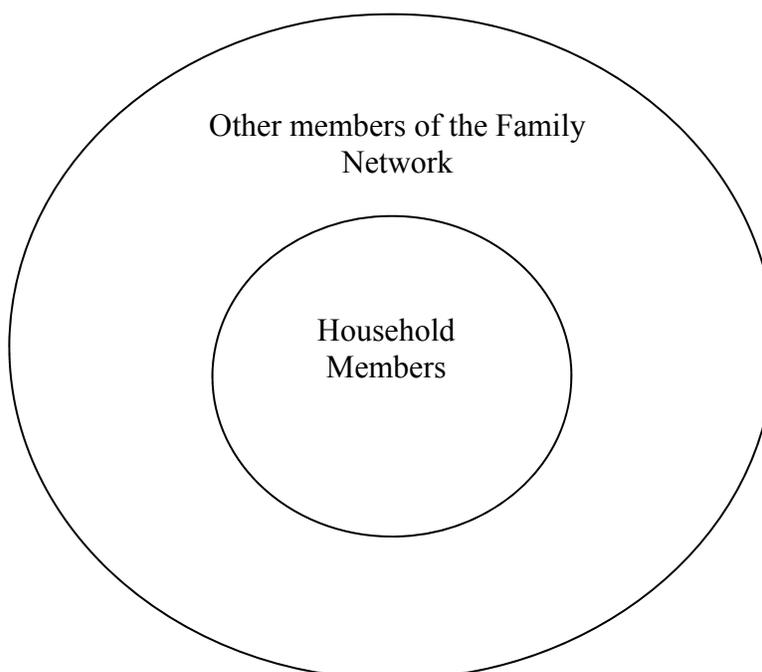
Family Network Diagram

The following questions will help the caseworker gain a basic understanding of the birth family's household arrangements.

- Who helps you to care for the children?
- Who lives in the house?
- Who visits regularly?
- Who stays overnight?
- How many children stay over often ?

Once the household arrangements have been identified, the caseworker can begin to tap the extended family organization and nonblood kin with questions such as:

- How do other family members feel about your desire to adopt?
- To whom do you go for advice?
- Have many people tried to give you their opinions about adopting?
- To whom would you listen?
- To whom would your child or children listen?
- In the past, to whom have you gone when you had something serious to deal with or to discuss?
- Who helps you when you have troubles?
- Have you experienced any recent losses (death, moves, divorces, cutoffs, etc.) within your extended family, nonblood kin, or friendship network?



Adapted from Boyd-Franklin, *Black Families in Therapy: A Multisystems Approach*, 1989.





Assessment and Preparation Activities

These activities will follow the lead of the child/youth; the caseworker can be guided by activities that the child/youth enjoys.

Elizabeth

Life Book: She should work on the Life Book with Grandma Harris or her primary caretaker extending to the significant people and activities in her life.

Eco-Map: This is the same activity mentioned previously. We can use the same activity that we used in CAP.

Grocery Store: Tell Elizabeth to picture what a grocery store looks like on the inside. Tell her about a special grocery store that has mommies, daddies, sisters, brothers and animals inside. At this grocery store, the caseworker encourages her to talk about what kind of family she would pick out for herself (having previously explained that categories she could chose from).

After she has picked out her new family, ask specific questions about the family. Why did she pick the members that she did? What type of person is each member of her family? What does each family member do?

Elizabeth might choose a mom, dad and kitty. She then might ask about a grandma. The caseworker would say, "I can't believe I forgot about grandparents! If you want a grandma, you can go down the aisle with grandparents and pick out the one that you want."

3 Wishes: This activity has the caseworker asking Elizabeth if she could have three wishes, what they would be, then the caseworker asks Elizabeth to draw or to write in a journal what those wishes would look like.

Often, children/youth will combine a number of different wishes into the first one, such as, "I wish the fire did not have to happen; I want to live at home with Mom; I want to have my brothers and Dad there; and I wish to be happy."

In general, the worker would ask open-ended questions while engaged in play with the child. If Elizabeth likes to play jump rope or hopscotch, the worker would do these activities with her while asking the questions. Additionally, if Elizabeth plays with dolls or toys, the caseworker would look for themes in the child's play.

(continued on next page)



Michael

Art Therapy: Ask Michael to draw pictures of friends, family members or life experiences. Tell him that each of the different colors of the markers/crayons represents a different feeling. The caseworker could put a label on each crayon/marker, indicating the feeling that it represents. An example is that the black crayon could represent anger.

After Michael completes his drawing, talk with him about the picture, what it represents and the symbolic nature of the colors.

Caretaker Shuffle: The purpose of this activity is for the caseworker to understand who is important in Michael's life. Lorita Webster has been mentioned previously. His activity can get the caseworker finally to realize that in the past, Lorita has provided extensive support to the Harris children. According to the child welfare system, Michael has not had many out-of-home placements. However, he has stayed with Lorita and paternal grandma a number of times. It is important for the caseworker to realize the impact of these unofficial placements.

3 Wishes: This activity has the caseworker asking Michael if he could have three wishes, what they would be. Then the caseworker asks Michael to draw or to write in his journal what those wishes would look like.

Grocery Store: Tell Michael to picture what a grocery store looks like on the inside. Tell him about a special grocery store that has mommies, daddies, sisters, brothers and animals inside. At this grocery store, encourage him to talk about what kind of family he would pick out for himself (having previously explained the categories he could choose from).

After he has picked out his new family, ask specific questions about the family. Why did he pick the family members that he did? What type of person is each member of his family? What does each family member do?

Isaiah

Book of Songs: Ask Isaiah to write a poetry journal that has raps or songs that he has written.

Video Life Book: Ask him to make a video journal of his experiences in foster care.

Future: The purpose of this activity is to understand how Isaiah views his future. The caseworker would ask Isaiah to answer specific questions about his future, such as five years. For example, the caseworker asks him to write or to draw what his future would look like five years from today.

- Where will you be living?
- Do you have a job?
- Are you in college?
- What is your plan?
- Are you taking the right steps to reach your goals?

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By working with Isaiah on his goals to get an apartment and to have his brother and sister live with him, the caseworker can help him to understand the steps necessary to reach his goals and to realize that he is sacrificing himself for his siblings. If Isaiah claims to want to become an NFL football player, the caseworker should explore with him the steps that need to be taken to get there. Can Isaiah realistically reach his goals while caring for his siblings? The caseworker needs to explore independent living with Isaiah, if he says that is an option. The caseworker also needs to explore why he is saying, “No,” to adoption.

- If you didn't have to worry about your brother and sister, what would you be doing five years from now?
- What do you think your mom would want you to be doing in five years?
- What will make you proud of yourself?
- What can you be doing now to get where you want to be in five years?
- Who do you want at your graduation/wedding?
- Where would you go for summers when you are on break from college?

Talk about planning for the next year. If Isaiah wants independent living, explain that does not happen until he reaches a certain age. What is he going to do until then? If he is not enrolled in independent living until he is 16 years old, where will he live until then?

Song/Rap: Ask Isaiah to compose a song/rap/poem. The guidelines are that Isaiah use this composition to tell the caseworker about himself. The caseworker says, “Tell me about you, I want to know what is important to you, what you are feeling.”





Family Activities

Feeling Pickup Sticks: Each color represents a feeling, such as green for jealousy. A person picks up a colored stick, then talks about the feeling that it represents and describes a time when he or she was feeling that way, how he or she coped with it, and what they this family member could do differently when experiencing the feeling again.

Jenga: In this variation of the game Jenga, each block has a number. The person drawing a block looks at the number, finds the question corresponding to that block, and then answers the question. Some blocks might say, “Ask a question to someone of your choice.” A person who wants to skip a question, must lose their next turn. Other family members can fill in their own questions during the skipped turn.

Expectations: The parents discuss, and write down on easel paper their expectations for the family. These include rules, chores, school work, jobs, dating, phone use, or any other activities important to the family. Separately the children/youth also comes up with a list. Then, with the family, the caseworker compares the two lists and finds ways to compromise with each group. The worker tells the parents that it is important for the children/youth to have a voice and some control over their situation. The worker can highlight if the family has unrealistically high of expectations for the children/youth by saying, “Wow! Look at all these rules even I as an adult think I would get into trouble at your house.” Or a child/youth might say, “My bed time will be 10 p.m.,” while a parent says, “That is not reasonable, but would you like your bedtime to be 8 or 8:30?” If the child/youth complains at bedtime, then the parent could say, “You said you wanted to go to bed at 8:30. It is now time for bed.”

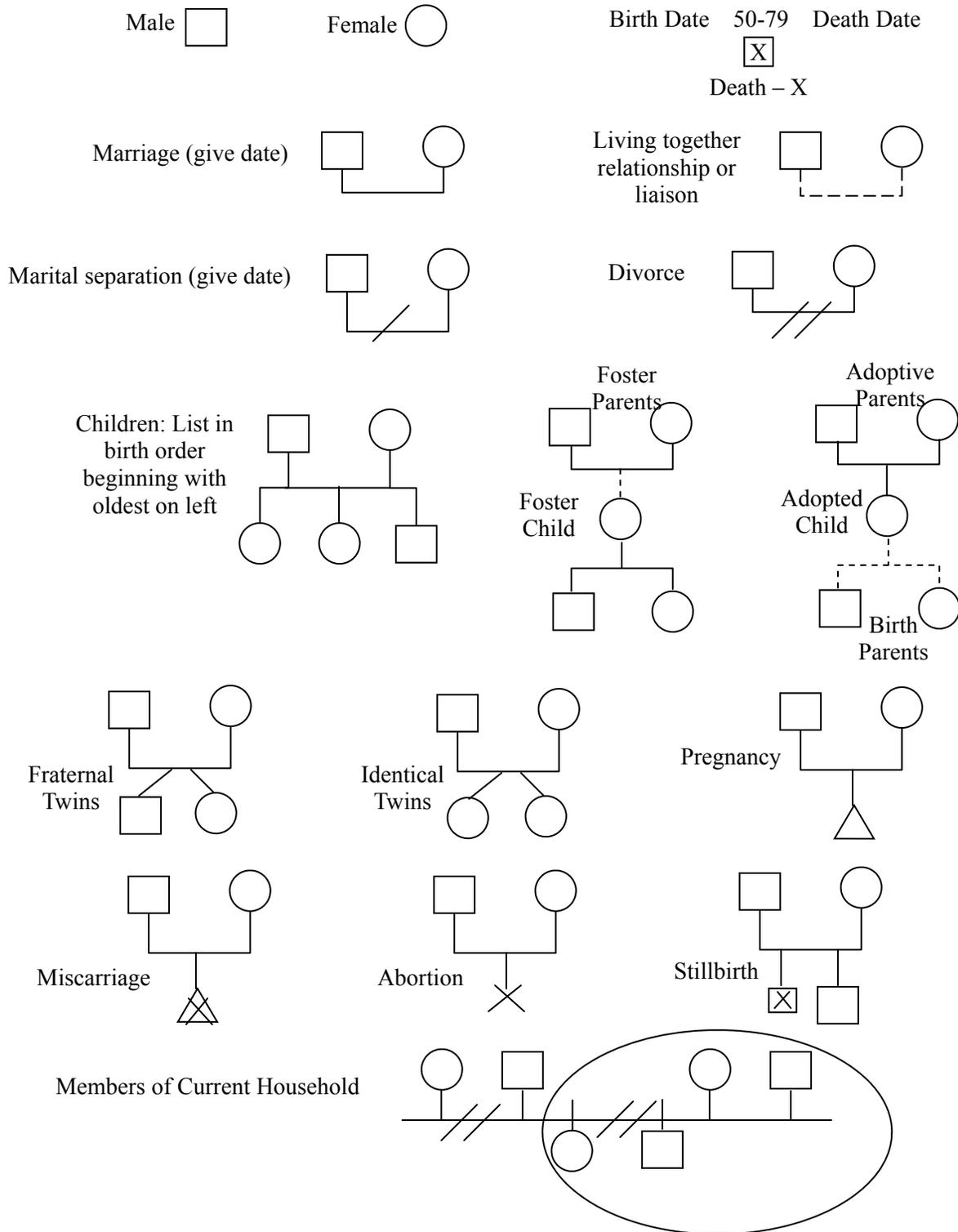
The family also might say things such, “I want Michael to sleep better because he has nightmares” or “I want Michael not to lie.” “I want Michael not to be so clingy,” or “I want Isaiah to understand that he does not need to be a parent.” This can be the introduction to survival behaviors and what they mean to each child/youth. For example, Isaiah knows only how to be a parent; his self-esteem is engineered toward his being a provider for his siblings. If that is taken from him, what does that leave for him? It would be more beneficial to reward his positive behaviors and to serve his need for being a parent: For example, the family could get a pet; and it would be Isaiah’s responsibility to care for the pet.





Genogram Symbols

Symbols to describe basic family membership and structure are used in the **Family Network Diagram**, the **Genogram**, and the **Eco-Map**, all of which are tools emphasized in training.

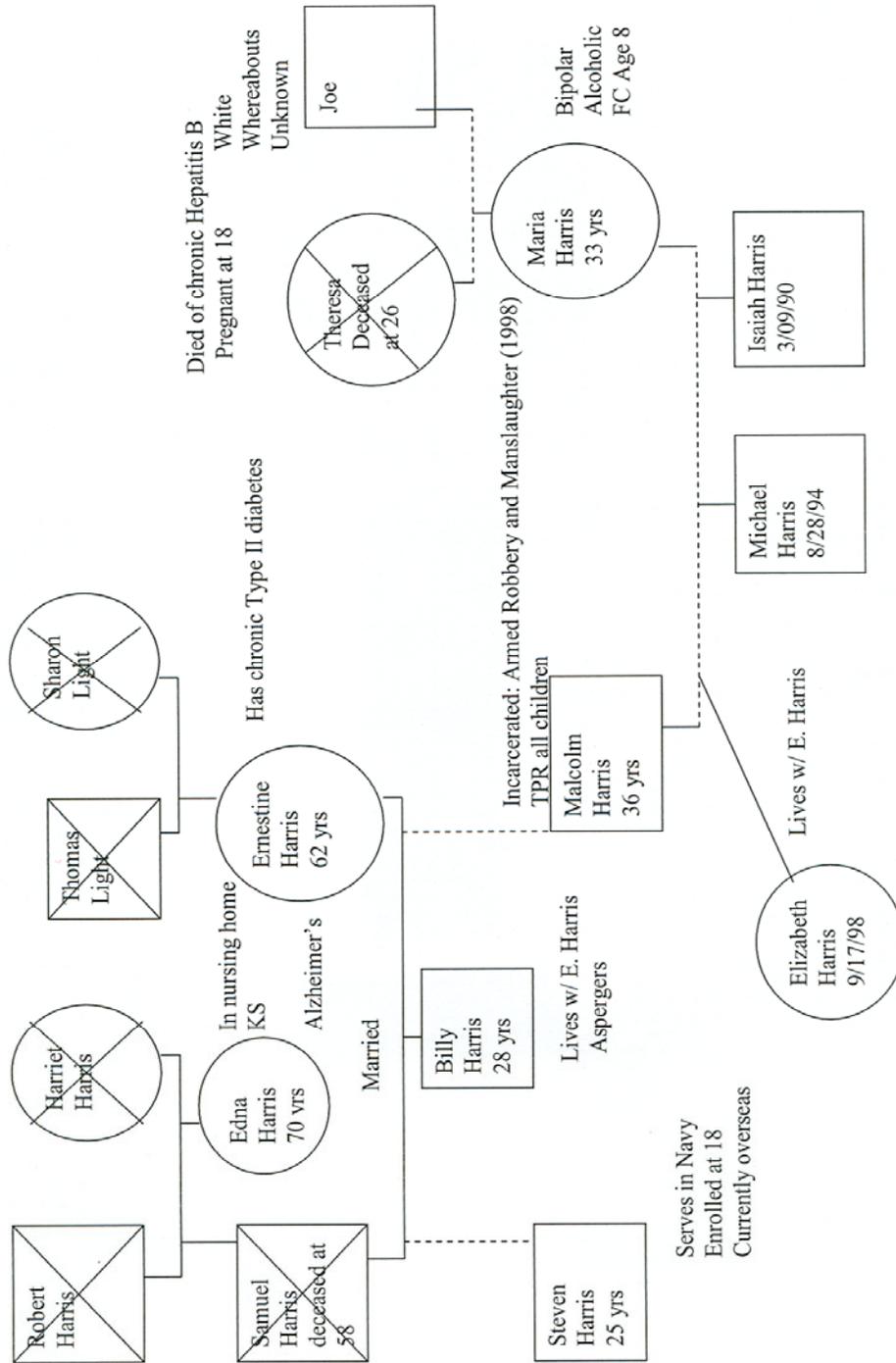


Adapted from Whitfield, Linda, et. al., *Special Needs Adoption Curriculum*, Spaulding for Children.



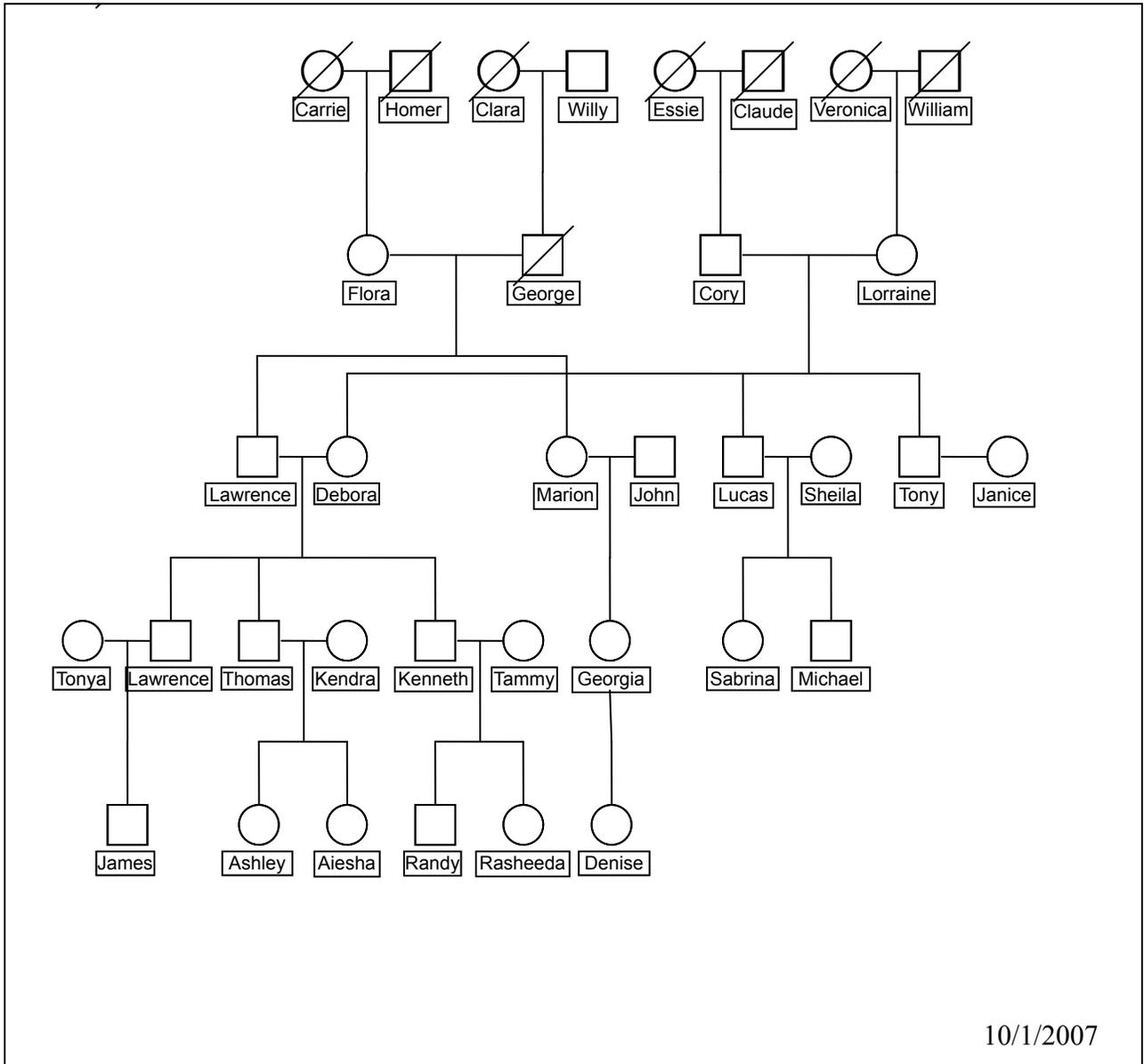


Harris Family Genogram





Williams' Family Genogram



10/1/2007





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Web Sites

AdoptUsKids. The Collaboration to AdoptUsKids is a project of The Children's Bureau, part of the Federal Department of Health and Human Services. In October 2002, The Children's Bureau contracted with The Adoption Exchange Association and its partners (The Collaboration to AdoptUsKids) to devise and implement a national adoptive family recruitment and retention strategy, operate the AdoptUsKids.org web site, encourage and enhance adoptive family support organizations and conduct a variety of adoption research projects. www.AdoptUsKids.org.

Child Welfare Information Gateway. Established by the U.S. Children's Bureau to provide access, information, and resources on all areas of child welfare to help protect children and strengthen families. www.childwelfare.gov.

Children's Bureau. The Children's Bureau is one of six bureaus within the Administration on Children, Youth and Families, Administration for Children and Families, of the Department of Health and Human Services. As the oldest Federal agency for children has primary responsibility for administering Federal child welfare programs. The Children's Bureau was created by President Taft in 1912 to investigate and report on infant mortality, birth rates, orphanages, juvenile courts, and other social issues of that time. The Children's Bureau works with State and local agencies to develop programs that focus on preventing the abuse of children in troubled families, protecting children from abuse, and finding permanent placements for those who cannot safely return to their homes. It seeks to provide for the safety, permanency and well-being of children through leadership, support for necessary services, and productive partnerships with States, Tribes, and communities.

National Child Welfare Resource Center for Adoption. Established by the U.S. Children's Bureau to assist States, Tribes, and other federally-funded entities increase capacity in adoption. Also assists in improving the effectiveness and quality of adoption and post adoption services provided to children and their families. www.nrcadoption.org.

National Data Analysis System. Integrates national child welfare data from many sources. <http://ndas.cwla.org>.



