



the permanency continuum series

ACHIEVING PERMANENCY THROUGH ADOPTION



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DAY I: TRAINING AGENDA

10:00 A.M. – 10:15 A.M.	WELCOME AND INTRODUCTIONS
10:15 A.M. – 11:30 A.M.	OVERVIEW
.....	
11:30 A.M. – 11:40 A.M.	BREAK
.....	
11:40 A.M. – 1:00 P.M.	ASSESSING AND PREPARING CHILDREN AND YOUTH
.....	
1:00 P.M. – 1:30 P.M.	LUNCH
.....	
1:30 P.M. – 2:45 P.M.	ASSESSING AND PREPARING CHILDREN AND YOUTH (CONTINUED)
.....	
2:45 P.M. – 3:00 P.M.	BREAK
.....	
3:00 P.M. – 4:20 P.M.	ASSESSING AND PREPARING FAMILIES
4:20 P.M. – 4:30 P.M.	WRAP UP AND ADJOURN

DAY II: TRAINING AGENDA

8:30 A.M. – 9:00 A.M.	BREAKFAST
9:00 A.M. – 9:15 A.M.	WELCOME AND ANY OUTSTANDING ISSUES FROM DAY ONE
9:15 A.M. – 10:30 A.M.	CONQUERING THE “STICKY WICKETS”
.....	
10:30 A.M. – 10:45 A.M.	BREAK
.....	
10:45 A.M. – 11:15 A.M.	CONQUERING THE STICKY WICKETS (CONTINUED)
11:15 A.M. – 12:15 P.M.	TRANSITIONS: THE WORKER, THE CHILD/YOUTH AND THE FAMILIES
.....	
12:15 P.M. – 1:00 P.M.	LUNCH
.....	
1:00 P.M. – 2:15 P.M.	SUPPORTING AND SUSTAINING ADOPTIVE FAMILIES: CLINICAL ISSUES
2:15 P.M. – 2:45 P.M.	SUPPORTING AND SUSTAINING ADOPTIVE FAMILIES: PERMANENCY SUPPORT PLANNING
2:45 P.M. – 3:00 P.M.	WRAP UP AND ADJOURN

Overview

This two-day training builds on the Lifelong Families Training and the Casey Family Services Replication Manual Training. This training focuses specifically on achieving and sustaining permanency for children and youth in foster care through adoption. The emphasis is on the clinical work in preparing children and youth, resource families and newly recruited foster families for adoption, transitioning children/youth and families into adoption, and permanency support planning with adoptive families. The emphasis is on skill building through practice opportunities: role plays, case studies and other interactive activities.

Learning Objectives

Participants will be able to demonstrate and/or describe:

1. The role of the permanency social worker when adoption is the plan.
2. The benefits of adoption for children/youth, resource and birth families.
3. The challenges for all concerned associated with adoption.
4. Skills in assessing a child/youth's readiness for adoption and developing a customized approach to adoption preparation based on the child/youth's readiness.
5. Skills in assessing and preparing families to transition from their roles as foster to adoptive parents.
6. Skills in assessing newly recruited families' readiness for adoption.
7. Intervention strategies for common "sticky wickets" in adoption practice.
8. Post-permanency clinical issues for children and families.
9. Post-permanency services that support and sustain adoption.

Four Key Components

- I. Overview/Benefits and Challenges of Adoption/Roles
- II. Preparing children/youth and resource families for adoption
- III. Transitioning children/youth and resource families to adoption
- IV. Permanency support planning with adoptive families

Materials Needed

- Two flip charts and markers
- LCD Projector and Screen
- Buzzer
- Candy for prizes
- Two copies of Role Play #1: Molly (in Appendix A)
- Two copies of Role Play #2: Molly (in Appendix B)
- At least one copy each of the following “sticky wickets” on a strip of paper (depending on the size of the group, each may need to be copied more than once):
 1. When the child says “no” to adoption
 2. When the child says “yes” to adoption but the resource family does not want to adopt him/her
 3. The resource family does not wish to adopt but seems unwilling to help plan for the child’s adoption by another family
- Bag, hat or bowl for drawing the “sticky wickets”

Handouts

Handout #1: Agenda

Handout #2: What Is Your Anxiety Quotient?

Handout #3: The BEST: Youth Version

Handout #4: Adoption Quiz #1

Handout #5: The BEST: Caregiver Version

Handout #6: Openness in Adoption Scenarios

Handout #7: Adoption Quiz #2

Handout #8: Adoptions Scenarios

Handout #9: Permanency Support Planning: Services, Supports and Resources

Preparation for Training: Recommended Reading

1. The Seven Core Issues in Adoption: <http://www.adoptionsupport.org/res/7core.php>
2. *The 3-5-7 Model: Preparing Children for Permanency*. By Darla Henry.
<http://humanservices.ucdavis.edu/academy/pdf/The357model.pdf>

3. *Normative Crisis in the Development of the Adoptive Family: A Model for Professionals Working with Adoptive Families.* By Dr. Joyce Maguire Pavao. <http://e-magazine.adoption.com/articles/269/normative-crisis-in-the-development-of-the-adoptive-family-a-model-for-professionals-working-with-adoptive-families.php>

4. *Achieving Permanency for Youth in Foster Care: Assessing and Strengthening Emotional Security.* By Lauren Frey, Gretta Cushing, Madelyn Freundlich and Eliot Brenner. <http://www.caseyfamilyservices.org/userfiles/pdf/Article-Achieving-Permanency-for-Youth-in-Foster-Care-BEST-03-2008.pdf>

DAY I: TEACHING SCRIPT, 10:00 A.M. TO 4:00 P.M.

10:00 A.M. TO 10:15 A.M. WELCOME AND INTRODUCTIONS

10:15 A.M. TO 12:00 P.M. OVERVIEW

Trainer welcomes participants to the Achieving Permanency through Adoption Training and introduces the Learning Objectives for the training:

Learning Objectives

Participants will be able to demonstrate and/or describe:

- The role of the permanency social worker when adoption is the plan.
- The benefits of adoption for children/youth, resource and birth families.
- The challenges for all concerned associated with adoption.
- Skills in assessing a child/youth’s readiness for adoption and developing a customized approach to adoption preparation based on the child/youth’s readiness.
- Skills in assessing and preparing families to transition from their roles as foster to adoptive parents.
- Skills in assessing newly recruited families’ readiness for adoption.
- Intervention strategies for common “sticky wickets” in adoption practice.
- Post-permanency clinical issues for children and families.
- Post-permanency services that support and sustain adoption.

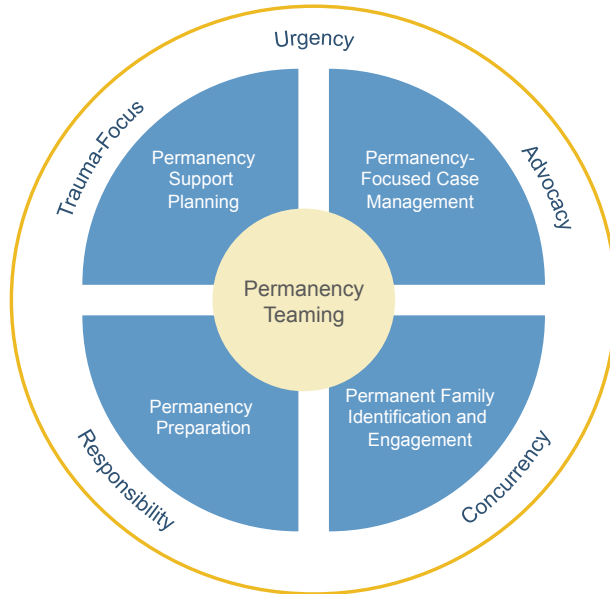
.....
HANDOUT #1: Trainer refers participants to Handout #1. Achieving Permanence through Adoption Training Agenda and briefly reviews the agenda.
.....

Overview: Why This Training Is Important (15 minutes)

When reunification cannot be safely achieved, adoption is the next most secure permanency option for a child or youth and consequently, the next permanency goal to be considered. Adoption fits within the Lifelong Families model with its emphasis on achieving permanency for all children and youth in foster care in a timely way.

Casey Family Services' adoption work takes place through the Lifelong Families model.

Casey Family Services Lifelong Families Model



PERMANENCY TEAMING involves individual meetings with youth, with adults already “on the scene” such as parents and foster parents, and with adults who are identified and engaged in planning for the youth (through the component, Permanent Family Identification and Engagement).

When adoption is the goal, we prepare both the youth and the family for adoption (through the component, PERMANENCY PREPARATION).

Through PERMANENCY-FOCUSED CARE MANAGEMENT (another component), we engage in services planning that support permanence and ensure that the youth receives trauma-informed and other services as needed.

As we move toward finalizing the adoption and closing the agency’s case, we engage in PERMANENCY SUPPORT PLANNING to ensure that the adoptive family has the resources, services and supports it needs to sustain permanence.

Our adoption work takes different forms.

We will work with children/youth in different situations.

Children/Youth on referral:

- Who come to the agency with a goal of adoption and with TPR already completed
- Who come to the agency with a different permanency goal but adoption becomes the goal

Children/Youth already served by the agency:

- Whose permanency goal becomes adoption as a result of the teaming process
- Whose concurrent permanency planning goal is adoption
- Who have had goals of APPLA (no reunification plan, no TPR) and who need advocacy with the state agency to change APPLA to an adoption or another permanency goal

We will also work with families in different situations:

- Legacy and newer resource families: In these cases, the child may have lived with the family for a period of time and the child and family know one another well.
- Families identified through general recruitment who wish to adopt a child in foster care: We will recruit adoptive families specifically for individual children and youth. Our recruitment will not be limited to foster families. In these cases, families will be new to the child, and the family and child will be just meeting one another.
- Kin and others from a child's/youth's network (but with whom the child is not living) who are interested in working toward adoption

Some of these adoptions may be transracial and/or transcultural adoptions: We will not focus on these issues specifically in this training but there are resources that you can use. These resources include:

1. California Social Work Education Center. *Enhancing Positive Outcomes in Transracial Adoptive Families*. <http://www.csulb.edu/projects/ccwrl/Transracial%20Adoption.pdf>
2. Dr. Joseph Crumbley. Transracial Adoption Training DVDs. Available through <http://www.drcrumbley.com/video.html>

Exercise: What Is Your Anxiety Quotient?

.....
HANDOUT #2: Trainer refers participants to Handout #2. What Is Your Anxiety Quotient?
.....

Trainer asks participants to review the list of items and rate each item on a scale from 1 (calm and serene) to 5 (anxious but hopeful) to 10 (apoplectic/paralyzed). Trainer reads each item aloud and asks each person to rate himself/herself. Trainer asks each person to tally up his/her scores.

Trainer reads each of the following from Handout #2 aloud:

How anxious would you or do you feel:

- Initiating a conversation with a child who has been living for a long time with a foster family and adoption has not been raised with the child?

- Sitting with a kid who says that he doesn't want to talk about adoption and that is exactly what you need to talk with him about?
- Discussing adoption with a depressed birth parent about her child being adopted?
- Talking with a legacy foster family who expresses strong negativity about adoption?
- Talking with a youth whom you know wants to be adopted by his foster family but the family is saying they will not adopt?
- About your job if you do not complete adoptions for youth in your caseload?

Trainer posts the following scale and asks for volunteers to raise a hand for the category in which their score falls:

- 1 to 9 points No anxiety and also no pulse
- 10 to 19 points Functioning well with minimal narcotic involvement
- 20 to 39 points In my supervisor's office 20 times a day
- 40 to 60 points High anxiety/apoplectic – can you say blood pressure medication?

Trainer awards prizes (chocolate) to people with highest and lowest scores.

Trainer sums up the exercise by saying that it is hoped this training will lower participants' anxiety and give them tools that enhance their skills.

Facts and Figures

Trainer shares the following:

Studies show that adoption is successful for most children whom families adopt from foster care.

ADOPTION DISRUPTION STUDIES

Studies that have examined the rates of adoption disruption – that is, disruptions that occur after a child is placed with an adoptive family but before the adoption is finalized – have found that these rates differ, depending on the age of the child at time of placement and the child's physical, mental health and development needs. Depending on these factors, the disruption rate has been found to range from approximately 10 percent to approximately 25 percent.

- Festinger (1990) summarized more than 25 reports on disruption rates and notes that the rates reported since the mid-1980s, despite some variations, do not differ substantially. Excluding studies that singled out small groups of older children, disruption rates have mostly varied from about 9 to 15 percent. Among older children, the reported rate has reached roughly 25 percent.
- Barth, Gibbs, and Siebenaler (2001) reported in a literature review that studies show that between 10 and 16 percent of adoptions of children over age 3 disrupt; no comparable figures are available for children under age 3.

- Goerge et al. (1997) conducted a longitudinal study of disruption and dissolution in thousands of public agency adoptions in Illinois from 1976 through 1994 and found that slightly over 12 percent disrupted.
- Barth and Berry (1988) reported a disruption and dissolution rate of 10 percent for children older than 3 years in a group of more than 1,000 children adopted from the child welfare system in California. Berry and Barth (1990) found a disruption and dissolution rate of 24 percent for children ages 12 to 17 for a sample of 99 adolescents.

The U.S. Government Accounting Office (GAO) surveyed public child welfare agencies and reported that about 5 percent of planned adoptions from foster care disrupted in 1999 and 2000 (U.S. GAO, 2003). Researchers have questioned the validity of this finding because a minority of states responded, and states had differing capacities to respond as well as potentially differing interpretations of the requested information.

ADOPTION DISSOLUTION STUDIES

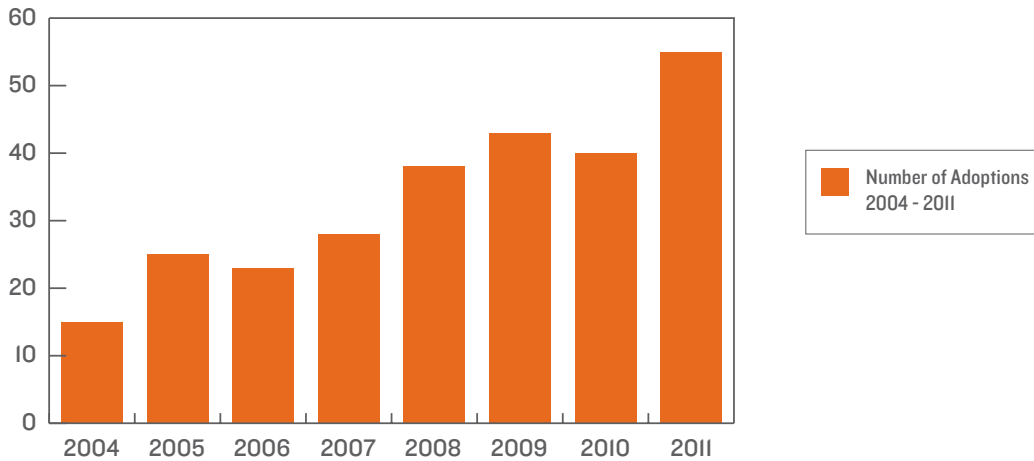
A few studies have examined the rate of adoption dissolution -- that is, the rate at which finalized adoptions are not successfully maintained. Studies show very low rates of adoption dissolution, from 3.3 percent to 6.6 percent.

- Festinger (2002) found that four years after adoption, about 3.3 percent of children adopted from public and voluntary agencies in New York City in 1996 were or had been in foster care since adoption. In most of these situations, the adoptive parent reported an expectation that the child would return to their home again.
- A study of children adopted in Kansas City showed that 3 percent of adopted children were not living with their adoptive parents 18 to 24 months after adoption (McDonald, Propp & Murphy, 2001).
- In a longitudinal study of families in Iowa who were receiving adoption subsidies, Groze (1996) found that 8 percent of the children were placed out of the home after four years. However, in all cases the families did not dissolve the adoption and were considered to be connected to and invested in the adopted child.
- A study of public agency adoptions in Illinois reported that adoptions dissolved at a rate of 6.6 percent between 1976 and 1987 (Goerge et al., 1997).
- The GAO reported that about 1 percent of the public agency adoptions finalized in fiscal years 1999 and 2000 later were legally dissolved. The report cautioned that the 1 percent figure represents only adoptions that failed relatively soon after being finalized, so the number of dissolutions could have increased with time (U.S. GAO, 2003).

This is important to recognize because our own experience may have been principally with referrals regarding disruption and dissolution. This experience may create a sense that adoption, overall, is not successful for children and youth in foster care.

Casey Family Services' data show that increasing numbers of Casey youth achieved permanency annually, including through adoption, over the implementation of the Lifelong Families model. From the beginning of the Move to Greater Permanence through 2011, 272 children/youth were adopted.

Trainer refers participants to the bar chart showing the increasing number of adoptions each year.



Youth moved more quickly to legal permanence. In 2005, 15 percent of children who achieved permanence did so in 18 months from their initial placement. In 2008, 40.7 percent reached legal permanence within 18 months of initial placement. In 2009, 69.9 percent of youth reached legal permanence within 18 months of initial placement and in 2010, 65 percent reached legal permanence within 18 months.

COMMENTS FROM CASEY FAMILY SERVICES ALUMNI

On October 6, 2007, 30 former youth in Casey's care, now "young adults," gathered with several agency staff in Lowell, Massachusetts. One of the purposes for the meeting was to summarize Casey's Move to Greater Permanence (MGP) and invite the group's response. Here are some of their thoughts about permanence after seeing the Portraits of Permanence video:

- That's how permanency work should come out.
- I want that kind of connection. I feel like I missed the boat. Why didn't I get it? Why didn't the agency make this change earlier?
- Sibling connections are really important – the video points that out. Keep foster and adoptive families connected with birth families, including siblings. I needed someone to help me bring together my birth family with my adoptive family.
- It's important to have someone who will help you through thick and thin. The video makes us think about our own permanency plans or lack of them. Begin permanency planning sooner.
- Find more foster parents interested in keeping kids for a lifetime.

Research shows that outcomes for youth who experience this kind of placement instability are not good in terms of mental health, social and educational outcomes.

We also know that when our initial efforts at finding a permanent family for a youth are not successful, the work continues! Success is being realized by programs across the country in finding new adoptive families for children for whom there has been a disruption or dissolution.

A disruption or dissolution is not the end – any more than a divorce means that we never get married again!

Some of you may be wondering:

- Do I want to do this work?
- Do I have the right knowledge to do this work?
- Do I have the right skills to do this work?
- How do I know what will work?

This training will address your questions. These also are issues that you will be talking about with your supervisor.

The Role of the Permanency Social Worker

LARGE GROUP DISCUSSION: What is the role of the permanency social worker?

Trainer posts responses on a flip chart.

Make the following key points as needed:

- The permanency social worker as a bridge:
 - The social worker is a bridge between the parent and the child. That is the primary parenting relationship. The worker is not the primary relationship.
 - The social worker is the connector, not the connection.
 - The social work relationship is a vehicle for change and the relationship with the child/youth is developed through the work.
 - Permanency work starts from day one.
 - The central relationship(s) are the child's relationships to a primary parent, birth parents, extended family members and other significant adults. The social worker is the vehicle for developing and strengthening these relationships.
 - The work is time-limited. The social worker is focused on "working himself or herself out of a job" in this child's life. There is a parallel to the social work principle that "discharge planning starts at intake."
- The permanency social worker's role is to keep the pace and maintain momentum in the permanency process. It is critical to keep momentum going in the face of ambivalence and of crisis and to anticipate normative crises. Crisis implies the opportunity to deepen the relationship and reinforce the commitment.

- The permanency social worker's role is to facilitate/choreograph. The worker is in charge of the process, not the outcome. The worker proactively and strategically engages youth and significant adults in the planning process. The permanency social worker is like the conductor of the orchestra – leading all of the musicians, who all have specific parts to play in the score.
- The permanency social worker is an educator, teaching families about the normative developmental stages of adoption.
- The permanency social worker does lifetime planning vs. long-term planning for children.
- The permanency social worker is an advocate on behalf of children/youth:
 - With the department
 - With the court
 - Within the agency

The permanency social worker does much of the work in assessing and preparing children and families and supporting families as they move toward adoption. This training is designed to enhance your skills in assessment, preparation and support of families. In some cases, particularly when children have complex histories and situations, a therapist may also be working with the child/youth on clinical issues. In these cases, it is your job to ensure that the assessment and preparation work is done well for the child. You and your supervisor will work together to decide how the work will be done and by whom – what your role will be and what the therapist's role will be.

The Challenges of Adoption Work

SMALL GROUP EXERCISE: Trainer divides participants into small groups to discuss:

What are the key challenges that you anticipate in doing adoption work – for children and youth, for adoptive/resource families, for birth families, for state and community partners and for workers?

Assign each group one of the following: children and youth, adoptive/resource families, birth families, state and community partners, workers. Depending on the number of groups, the subjects may need to be doubled up. Ask each group to create a list of what they think the greatest challenges will be in doing adoption work – for children and youth, for adoptive/resource families, for birth families, for state and community partners and/or for themselves.

Allow 10 minutes for small group discussion.

Report Out

Trainer facilitates a Report Out and captures the answers on a flip chart. Allow about 20 minutes for the Report Out.

Trainer talking points:

Challenges for children and youth:

- The complexities of adoption and need for education about them
- Divided loyalties
- Having two moms and two dads – psychological parenting/dual relationships
- Letting go of the reunification fantasy
- Concern for siblings who are not being adopted
- Worry about loss of culture, traditions in a new family
- Trusting that this will really be permanent
- Letting go of the fantasy of the “perfect” adoptive family
- Concern about resources especially for post-high-school education

Challenges for adoptive/resource families:

- The finality of adoption: parents’ loss of ability to say, “I don’t think that I want to do this anymore”
- The conflict that families feel when they can no longer call and ask the agency to come and get the child
- Mixed feelings about the foster children that they did not adopt in the past and whether what they did before was good enough
- Possibly feeling pressured to adopt
- Moving from emotional to legal commitment
- Concern about legal liability, resources and being able to meet the future needs of the child
- The fear that this is as good as it gets and the child’s behavior will not change
- Letting go of the fantasy of the “perfect” adoptive child
- Addressing the needs of birth and other adopted children in the family as a new child becomes a member of the family
- Psychological sharing of parenting – not being the only parent in the child’s life
- Navigating open adoption

Challenges for birth families:

- Sense of loss, grief and shame...even when the planning was done well
- Additional loss, grief and shame when planning was not done well
- Pressure from extended family to fight the adoption
- Possibly feeling pressured to participate in the permanency teaming process
- Letting go of the reunification fantasy

- Wanting to leave things the way they are
- Psychological sharing of parenting – not being the only parent in the child’s life
- Navigating open adoption
- Developing a sense of trust in the social workers

Challenges in developing and sustaining collaborative relationships:

- Guiding the team
- Clarifying the respective roles of the public agency and the private agency
- Clarifying the public agency’s policies and expectations regarding setting the permanency goal and engaging in permanency planning
- Engaging all team members in being open to contacting birth family members
- Advocating with supervisors so that efforts between public and private agency workers are supported on a management level
- Working with other community partners
- Developing effective working relationships with the courts
- Rejuvenating the legal case

Challenges for social workers:

- Staff discomfort: they may embrace the concept of adoption but they anticipate struggles – limited resources, diminished control
- Are we setting up families for an intensity that they are not prepared to meet? Are we doing a “sales pitch” when the families are not quite ready? Since I couldn’t see myself adopting this kid, how could anyone else?
 - “This is a great kid who I really like...I don’t think the family is good enough for him.”
 - “This is a family I really like and I think that this child will be too challenging for them.”
- Our beliefs impact the process of adoption. Getting insight into how our beliefs and feeling affect outcomes. Examining feelings...Is it really beneficial to the entire family to adopt this child with these needs? Is it ethical? Why isn’t LTFC an option given the many services that we can provide? How to assess relational permanence vs. legal permanence?
- The need to change, give up what is familiar
- Time and skill to do clarification work, to thoroughly assess attachment
- Managing multiple roles: case manager, clinical social worker, therapist, facilitator and advocate
- Post-permanency planning when community resources are scarce

The Benefits of Adoption Work (15 minutes)

LARGE GROUP EXERCISE: Trainer asks the large group: What do you see as the benefits of adoption work – for children and youth, resource families, birth families, state and community partners, and yourself?

Trainer makes the following points as needed:

The benefits to children and youth:

- The power of a permanent legal commitment for children and youth is transformative
- The finality of adoption offers a sense of security at last
- Adoption normalizes of family life
- The child is now part of a family, has a sense of belonging at last

The benefits for resource families:

- They can claim children/youth as their own. Claiming transforms families
- All children in the family become “real” siblings
- Brings recognition that there are struggles as in all parent-child relationships
- They can make the parenting decisions, be in charge
- They can parent in the way they want based on their family’s culture and values

The benefits for birth families:

- They are part of the teaming process and participate in the adoption planning
- The process helps build ongoing relationships
- They have the opportunity for choices/options, cooperative adoption/ongoing contact
- The teaming process itself may be a healing one for birth parents whose experiences with the system were negative
- They may feel that they have more resources, just in knowing that their child is safe

The benefits of working collaboratively with state agencies and the community:

- Partnerships with state workers improve chances of success
- Teaming is critical
- Having the state worker and other power brokers, such as attorneys, or GALs, on the team offers the opportunity that the process will go more smoothly
- Working collaboratively helps minimize surprises
- Relationships are strengthened
- The process moves along in a more timely fashion

The benefits to social workers:

- They have the richness of the professional and personal experience in working with families and children/youth toward adoption
- Workers have the satisfaction in helping families become autonomous with supports, services and resources
- They have the ability to impact a child for a lifetime and not simply see the child's life as 0 to 18. Workers don't have to become the "default parent" for kids who don't have families. They will have a more sophisticated role in a child's life.

The benefits are important for everyone but the clearest benefits are for children and youth who benefit from permanent adoptive families.

LARGE GROUP EXERCISE: Trainer asks participants to write down one example of when an hour seemed to pass like a minute to them and one example of when a minute felt like an hour. Trainer asks participants to share their responses.

Some responses to when an hour passed like a minute may be when:

- At a great concert
- Attending a fabulous training
- On a date with someone you love
- Enjoying the perfect beach day

Some responses to when a minute felt like an hour may be when:

- Waiting for your mother-in-law to leave after the holidays
- Waiting for the divorce decree to be final
- Waiting for labor to be over
- Having applied for a job and waiting for a call
- Waiting for medical test results

Trainer concludes this segment with the following talking points:

- Children experience time differently than adults. Time passes so slowly when we are unhappy, anxious and uncertain.
- Time is relative. For kids who don't know whether they'll ever go home or what's happening with their siblings or whether their foster family is "forever," time can be a burden. Historically, when efforts were not narrowly focused on getting children adopted, children languished in foster care, on average, between 39.4 months and 41.6 months before being adopted.
- Currently, children waiting in foster care to be adopted have been waiting, on average, two years. That

is an improvement, but it is still too long in child time.

- It's why we as workers need to keep hearing that little voice in the back of our heads...the one that sounds like a kid's voice saying, "Are we there yet?"

Transition to Next Sessions:

Trainer states that in the next sessions, we will discuss:

- Assessment and Preparation (children and youth and families)
- Transitioning
- Permanency Support Planning with Adoptive Families

The adoption process occurs along a continuum – from assessment to planning, transitioning, pre-adoption support and services, and post-adopt services and supports to sustain the adoptive family. We are talking about these phases as discrete – but we know that they are not. We are using this framework in the training to help guide us through the process.

11:30 A.M. TO 11:40 A.M.

SHORT BREAK

11:40 A.M. TO 1:00 P.M. ASSESSING & PREPARING CHILDREN & YOUTH

Trainer shares the following Learning Objectives for Assessment and Preparation:

Participants will be able to demonstrate and/or describe:

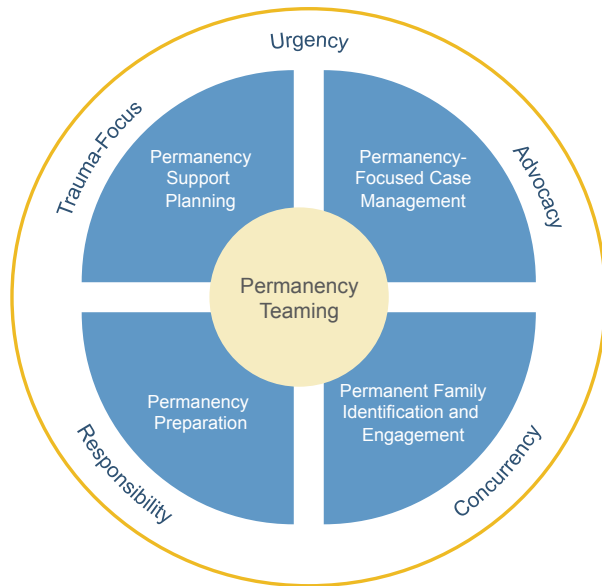
- How to assess the strengths of the child and of the system to support adoption and how to assess the child's readiness for adoption, using the five questions in the 3-5-7 article
- What the barriers to adoption are that the child and system are experiencing and where are they getting stuck
- Assessment of issues impacting the child
- Assessment of issues that the system poses to adoption
- Assessment of issues impacting a family's ability and/or willingness to adopt
- Use of assessment to educate state partners about adoption as the goal for a child for whom adoption has disrupted/dissolved in the past
- The dynamic nature of assessment as being ongoing and mutual (We want information, but the youth and family want information from us too.)

Introduction

A key component of the Lifelong Families model is PERMANENCY PREPARATION. When adoption is the goal, we prepare youth for permanency through adoption and we prepare the youth's adoptive family – who may be the youth's foster parents, a relative, an individual identified through the permanency teaming process, or a family specifically recruited for the youth through child-specific and targeted recruitment.

First, we will focus on preparing youth for adoption. Later, we will consider how we prepare families for adoption.

Trainer reminds participants of the children/youth with whom the agency works regarding adoption and notes that the child might not be freed for adoption (that is, the rights of all parents have not yet been terminated), but the goal might still be adoption.



Trainer states:

- We are focusing here on assessment for adoption and are assuming that the worker has already done a general child assessment that covers history: social, medical, academic, spiritual, sexual and placement history.
- A good assessment lays out the preparation work that needs to be done.

What Should Assessment Encompass? (15 minutes)

LARGE GROUP DISCUSSION: What areas would you look at to assess a child's readiness for adoption?
Flip chart answers.

Answers should include:

The Child's Characteristics:

- The child's developmental level
- The child's physical health status
- The child's intellectual capacity and mental health status

The Child's Experiences:

- The child's trauma history
- Whether the child knows his/her history
- Length of time that child has been in foster care

The Child's Needs:

- The child's current needs
- The child's long-term needs

The Child's Relationships:

- The child's relationship with birth family
- How the child conceptualizes family life
- Child's attachment history (birth family) and ability to form relationships
- The strength of the child's connection to current and past caregivers

The Child's Emotional Well-Being:

- How the child feels about being emotionally close
- How the child manages separation
- How secure the child will be in forming new relationships
- The child's ambivalence: We expect it. The assessment is not designed to answer "yes" or "no" to adoption, but to determine what the team's intervention needs to be in order to achieve adoption. It can be complex and starts with understanding "where the child really is" about adoption.

The Child's Beliefs and Feelings about and Experiences with Adoption:

- Child's understanding of adoption
- Child's starting point re: decision regarding adoption
- Number of families who have previously promised to be the child's forever family
- Child's fantasies re: reunification

Systemic Issues:

- Legal issues: Need to gauge where the child is in the legal process
- Status of child's siblings
- Legal status of child

Trainer adds the following:

- In addition to assessing the child, we need to assess issues that the system poses to adoption.
- We may need to use the assessment to educate team members about adoption as the goal for a child for whom adoption has disrupted/dissolved.

Assessment Tools

The 3-5-7 Model (25 minutes)

LECTURE

The 3-5-7 Model is a practice model for the preparation of children for permanency. Developed by Darla Henry, the model combines three components:

1. Completing Three Tasks
2. Answering Five Questions
3. Implementing Seven Skill Elements in the Work

THREE TASKS. The three tasks are clarification, integration of all family memberships and actualization in belonging to a new family.

1. *Clarification* is the task of assisting the child to understand what has happened in his life, to make sense out of the events, and to separate what is real from what is remembered. Clarification is a lengthy process. Progress depends upon where the child is developmentally and cognitively as well as his or her readiness to accept information about his/her history and life events. This is not a linear process, but one that ebbs and flows in the ongoing work being conducted. Without the facts, children will invent their own histories – some will be too negative and others, too positive.

2. *Integration of All Family Memberships* is the task of helping children understand their membership in numerous families with whom they have lived prior to placement and since placement. Their membership in all of these family systems needs to be explored so that children begin to understand who had meaning to them and for whom they had meaning, who impacted them and how they had impact on others. They begin to deal with loyalty issues toward their biological parents, and biological family members, if they know they are not going to return home

3. *Actualization in Belonging to a New Family* is the task of helping children visualize their membership in one specific family and what it is going to be like to be a member of the family, while maintaining important connections to other families and significant people. This process should be completed during the pre-placement phase for children who are joining new families and during the preparation phase for children who are transitioning from foster care to adoption by their foster family.

FIVE CONCEPTUAL QUESTIONS

- | | |
|---------------------------------------|-----------------|
| 1. Who am I? | Loss |
| 2. What happened to me? | Identity |
| 3. Where am I going? | Attachment |
| 4. How will I get there? | Relationships |
| 5. When and how will I know I belong? | Claiming/Safety |

Exploring these five questions and issues organizes the work which is accomplished through various activities and techniques, such as a lifebook, timelines and collages. The questions provide a framework to address issues of loss, identity, attachment, relationship building and claiming/safety and help the child move through the tasks of clarification, integration and actualization.

SEVEN CRITICAL ELEMENTS TO PREPARING CHILDREN

1. Engaging the youth
2. Listening to the youth's words
3. Speaking the truth
4. Validating the youth's life story
5. Creating a safe space
6. Going back in time
7. Recognizing pain as part of the process

The seven critical elements form the context for the work.

- Engaging the child and listening to his/her words in a safe space where the child can do this work, sets the tone for giving the child facts about her/his life and telling the truth using pictures, timelines and life history grids (McInturf 1986).
- Validating of the child and his/her life story encompasses addressing the child's interpretation of life (the whys) and helps eliminate self-blaming, fantasies or magical thinking (Fahlberg & Jewett, 1982).
- Validating the youth's memories and feelings about the past does not cancel out "speaking the truth."

The worker acknowledges the youth's story while helping him understand the missing pieces of the family story. It is never too late to go back and take children through their life story. This is done while asking why they think particular events happened, expressing feelings and understanding, and eliciting their emotional response to the story. The process is painful but children carry around their unspoken memories and are helped by voicing them. "What is sharable is bearable." The process may also carry pain for the worker and for birth and resource families.

In addition to the 3-5-7 Model, other useful tools and techniques include life maps, timelines, collages, water, clay, pictures, role plays, picture-taking books, movies, audio and video taping, and genograms.

Demonstrated Role Play (15 minutes)

Trainer introduces background information on Molly prior to the role play:

13-year-old Molly has lived with a foster family for two years. The social worker introduces the idea of adoption: demonstrates how to introduce the social worker's role to the child as the child's planning person, making sure that she has a family. The social worker asks Molly to think about where she has lived, the reasons she moved, what she wants for the future and demonstrates the role of the worker in holding the child's anxiety in the process.

Trainer shares the following:

- Let's take a look at the 3-5-7 Model in practice.
- Molly, as you will see, is a very verbal child – many children may not be so verbal and the social worker will have to work with the child to understand his/her feelings.

NOTES TO TRAINER:

- Ask for a participant to read the role of Molly.
- Leave the PowerPoint slide up on the seven critical elements as the role play is taking place.

.....
ROLE PLAY #1: Molly
.....

Note: Two copies of this role play are in Appendix A at the end of the Teaching Script. One copy is given to the volunteer playing Molly and one copy is used by the Trainer playing Jennifer, the social worker.

SOCIAL WORKER JENNIFER: Hey Molly, how are you doing today?

MOLLY: Hey Jennifer. Okay. Same old stuff.

SOCIAL WORKER JENNIFER: Well, remember we've been talking about my role as your permanency worker... about being your planning person?

MOLLY: Yeah, right.

SOCIAL WORKER JENNIFER: So I want to spend a little bit of time on that today with you.

MOLLY: Is all this because my brother John got adopted?

SOCIAL WORKER JENNIFER: Would you like to talk about that?

MOLLY: John called, actually and told me that he went to see the judge and they had a party and stuff. He seemed pretty happy.

SOCIAL WORKER JENNIFER: And how do you feel about that?

MOLLY: I'm glad for him. You know, we were pretty close when we were back at our house and stuff, so I'm glad he's okay. I don't have to worry about him so much anymore now. I used to worry about him a lot.

SOCIAL WORKER JENNIFER: I know you did.

MOLLY: Yeah. But I just really want to make sure that we get to go see him because I don't want him to forget me.

SOCIAL WORKER JENNIFER: Mm-hm. Okay.

MOLLY: I told him he couldn't; you know, I said, "Just because you have a new family doesn't mean that I'm not your sister anymore."

SOCIAL WORKER JENNIFER: Absolutely. Part of my job is to try and make sure that that doesn't happen.

MOLLY: That's good.

SOCIAL WORKER JENNIFER: Molly, you had said that you worried for John. You know, I worry about you.

MOLLY: You worry about me?

SOCIAL WORKER JENNIFER: I do. I want to make sure that you're safe and that you're going have a family that you can rely on like your brother John.

MOLLY: I don't know who that's gonna' be.

SOCIAL WORKER JENNIFER: Mm-hm. Well –

MOLLY: Hey, my big brother Tony called me. He called because it was his birthday.

SOCIAL WORKER JENNIFER: How is he?

MOLLY: He was in a residential home, but they kicked him out because he was 18 and stuff. Well, he's in some kind of a shelter right now. You know, I hadn't heard from him for a while. Maybe I can worry about him now that I don't have to worry about John.

SOCIAL WORKER JENNIFER: You've got a lot of people to worry about.

MOLLY: I do.

SOCIAL WORKER JENNIFER: Do you ever worry about yourself in that way?

MOLLY: What way?

SOCIAL WORKER JENNIFER: Thinking about where you'll be in the next few years?

MOLLY: Well, I kind of wonder – actually, I was wondering one way that John wouldn't forget me is if his maybe his parents would adopt me.

SOCIAL WORKER JENNIFER: Mm-hm. So you've thought about that?

MOLLY: Kind of. I know it's stupid.

SOCIAL WORKER JENNIFER: No, it's not stupid at all. I know many kids who have lived in lots of different places just like you have Molly and they wonder when they'll be moving again. Do you think that way sometimes?

MOLLY: Well, I guess I'll be here until at least I'm 18 if nothing goes wrong. So far things seem to be going okay, but –

SOCIAL WORKER JENNIFER: You think that if something went wrong that you'd have to leave this place?

MOLLY: Yeah. Isn't that how it works? That's how it worked all the times before.

SOCIAL WORKER JENNIFER: You've had a lot of moves. Do you remember how many different places you've lived?

MOLLY: A lot. I don't know. Me and Tony and John started out together but it didn't last long. I don't remember all that stuff.

SOCIAL WORKER JENNIFER: One thing we might do together is to go back and try to remember all the families that you lived with.

MOLLY: And all the places?

SOCIAL WORKER JENNIFER: Yes and how long you were there and what happened. Would that be something, Molly, that you'd like to do...have me go back and take a look at your record so we get the facts about where you've lived?

MOLLY: Yeah. I guess so.

SOCIAL WORKER JENNIFER: And we could talk about what it was like for you.

MOLLY: Yeah, because I really can't remember all of them. I know I had some pictures in my stuff when I moved here; do you want me to get those out?

SOCIAL WORKER JENNIFER: That would be great. Maybe we could even go back to some of those places together.

MOLLY: You mean meet the people?

SOCIAL WORKER JENNIFER: We could go back to some of the families with whom you lived and we could certainly try to contact them or at least help you remember those people and places.

MOLLY: There was one of them that had a daughter, Elizabeth. She was a really cool kid. I wouldn't mind getting back in touch with her.

SOCIAL WORKER JENNIFER: Mm-hm. So you have some good memories of those places, too?

MOLLY: Some.

SOCIAL WORKER JENNIFER: I'm hoping, Molly, that we can also think about your future.

MOLLY: Would you ever talk to John's family maybe about maybe adopting me?

SOCIAL WORKER JENNIFER: Mm-hm. Well, we could certainly talk about that, Molly and about the family that you're in now.

MOLLY: They're all right.

SOCIAL WORKER JENNIFER: They're all right?

MOLLY: Yeah. Betty and Joe have been pretty good, you know, they haven't kicked me out but I don't know what they're thinking about me being here.

SOCIAL WORKER JENNIFER: So you've thought about that?

MOLLY: Yeah. I have a little bit. Not a lot. Just a little bit.

SOCIAL WORKER JENNIFER: That's something that we can talk more about and not only just you and I, but also to include Betty and Joe in that conversation at some point.

MOLLY: Yeah, well, not right away.

SOCIAL WORKER JENNIFER: OK. We'll take it one step at a time. So do I have your permission to go back and look over your record again?

MOLLY: Yeah. Go ahead. You do that and I'll look for the pictures.

SOCIAL WORKER JENNIFER: Great!

Feedback

Trainer asks participants to comment on how they saw the 3-5-7 Model integrated in the conversation between Jennifer and Molly.

Note that depending on the circumstances, a worker might pick up on Molly's questions about her brother's adoptive family in this conversation or might go back to it at a future date.

Talking Points

Molly was verbal and easily expressed ideas and feelings. The role play would have been different if she were less verbal or resisted talking about her feelings. Sometimes kids have a hard time talking and sometimes even Molly will have trouble. You'll hear a lot of "whatevers" or see body language that cuts you off. Trainer imitates what this might look like.

Casey's BEST Tool (*35 minutes*)

Lecture

Research suggests that emotional security is a critical component of successful family permanence for youth in foster care. Casey Family Services developed the Belonging and Emotional Security Tool (BEST) to assist social workers in exploring youth's sense of emotional security with their foster parents and foster parents' sense of claiming and attachment with youth in their care.

- The BEST has two versions: one for the youth in care and one for the parents. Both versions consist of 25 items that mirror one another. For example, one youth item states, "My foster parent(s) would not kick me out of the family, no matter what I do." The corresponding foster parent item states, "I would not kick this youth out of the family, no matter what."
- Upon completing the tool, the social worker will usually schedule sessions with the parents to compare their responses and then arrange for the parents and the youth to discuss their responses.
- These meetings provide opportunities for deeper conversations about commitment, emotional security and claiming. It can take time and skill to get parents and kids to be totally honest in their responses so using this tool is often a process taking place over time.

Setting the Stage for Using the BEST with Youth

One way to introduce the BEST to a young person is to say something like the following:

“Johnny, you have been living with the Smiths for some time now -- and I’d like to get a better sense of how you think things are going with the Smiths. I’m wondering how you are feeling about being a part of their family. If you are willing, I’d like you to complete a tool that will help us talk about this. I will also ask the Smiths to complete a similar tool and after you have both finished them and discussed them with me, we will sit down together and talk about what we learned. You will decide what you choose to share and what you do not.

On this form, there are some statements. For each one, please write a few sentences about your relationship with the Smiths. Write whatever comes to mind; there isn’t any right or wrong answers. Put down anything you think or feel about them. Take as much time as you would like. Do you have any questions?”

The worker can also use the questions on the BEST by weaving them into a conversation instead of having the youth fill in answers on the form. The decision about which way is most appropriate for a particular youth is based on your knowledge of that youth’s situation.

BEST Exercise

.....
HANDOUT #3: Trainer refers participants to Handout #3: The BEST: Youth Version
.....

Trainer asks participants to think of a child/youth on their caseload with whom they want to use the BEST. Trainer asks participants to think about how the child might respond to use of the BEST. Trainer instructs dyads to use the tool through role plays with one another in which each role plays a child on their caseload and the other uses the BEST. Allow about 10 minutes for the first role play, call time, and allow about 10 minutes for the second role play (total: 20 minutes).

DEBRIEF IN LARGER GROUP (10 MINUTES)

Trainer asks participants about their experience in using the BEST with the “child”:

- How did you introduce the BEST to the child?
- How did you decide to use the BEST in your role play?
- What are your thoughts about using the BEST with “real” children on your caseload?

The trainer may bring up the following points if they are not raised by the group in the debrief:

- It is wise to complete the BEST with the family first before doing it with the youth.
- Sometimes children/youth are hesitant to answer the questions honestly. They may not want their answers to reflect negatively on the family or they may think that their answer will be used against them. Workers should see the BEST as an ongoing tool to help deepen conversations.

- It is not always how the youth feels about the family that will inform his answers. There can be more complicated reasons that need to be explored.

1:00 P.M. TO 1:30 P.M. LUNCH

1:30 P.M. TO 2:45 P.M. ASSESSING & PREPARING CHILDREN & YOUTH (CONTINUED)

Trainer shares the following:

In this session, we will move from assessment to preparation/tools to help prepare the child/youth for adoption. Before we begin, however, we have a competition for you – winners get chocolate to reward their great performance! Test your IQ on adoption in movie, sports, politics and entertainment.

.....
HANDOUT #4: Trainer refers participants to Handout #4: Adoption Quiz #1
.....

Trainer asks participants to follow along as he/she reads aloud each question. Ask participants to mark the correct answer for each question on their sheet; read aloud the correct answer; and ask participants to give themselves credit for a correct answer. After completing all questions, ask participants to tally the total number of correct answers. Award chocolates to highest scorers.

NOTE TO TRAINER: The following provides the questions, possible answers and the correct answer for each item.

Handout #4. Adoption Quiz #1

1. *The Bad Seed* upsets many adoptive families because it is a movie about an adoptee who is a:

- A. Murderer
- B. Thief
- C. Junkie
- D. Multiple personality

Answer: A

2. In *The Blind Side*; a movie based on the life of adoptee and now pro-football player, Michael Oher, Michael accepts a football scholarship to what university?

- A. University of Tennessee
- B. Louisiana State University
- C. Howard University
- D. University of Mississippi

Answer: D

3. Who among the following Gold Medal Olympians is both gay and adopted?

- A. Scott Hamilton (Figure Skating)
- B. Sarah Vailancourt (Hockey)
- C. Greg Louganis (Diving)
- D. Mark Tewsberry (Swimming)

Answer: C

4. The guitarist born Ellas Otha Bates, who was adopted by his mother's cousin, Gussie McDaniel, is more familiarly known as

- A. Buddy Holly
- B. Eric Clapton
- C. Bo Diddley
- D. Jimi Hendrix

Answer: C

5. Following the death of his father, this signer of the *Declaration of Independence*, was adopted by his uncle.

- A. John Adams
- B. John Hancock
- C. Ben Franklin
- D. Samuel Adams

Answer: B

6. What is the name of the NFL Quarterback who was born in prison and later adopted?

- A. Drew Brees
- B. Mark Sanchez
- C. Daunte Culpepper
- D. Tim Tebow

Answer: C

7. Which Hollywood hunk has two adopted children?

- A. Hugh Jackman
- B. Chow Yun Fat
- C. Cuba Gooding, Jr.
- D. Xavier Torres

Answer: A

8. Which actor saw a homeless six-year-old on the television program *Good Morning America* and later adopted him?

- A. Lou Gossett, Jr.
- B. Denzel Washington
- C. Anthony Anderson
- D. Morgan Freeman

Answer: A

9. Which television news anchor/talk show host has an adopted child?

- A. Katie Couric
- B. Bill O'Reilly
- C. Bill Maher
- D. Barbara Walters

Answer: D

10. Who, among the following, was/is adopted?

- A. Keyshia Cole, Sarah McLachlan & Newt Gingrich
- B. Faith Hill, Marilyn Monroe & Jesse Jackson
- C. Jamie Foxx, Steve Jobs & Gerald Ford
- D. All of the above

Answer: D

TIE BREAKERS!!!!

1. Which New Orleans *Saints* pro football player grew up in foster care and was adopted at age 19?

- A. Lance Moore
- B. Jimmy Graham
- C. Michael Higgins
- D. David Thomas

Answer: B

2. Grant Fuhr, adopted by Caucasian parents, was the first African American inducted into which hall of fame?

- A. Basketball
- B. Football
- C. NASCAR
- D. Hockey

Answer: D

Lecture Format: Key points (5 minutes)

Trainer transitions to the focus of this session – assessing and preparing children and youth – and makes the following points:

In preparation work, we:

- Help children and youth make sense of their past, understand their present and plan for their future.
- Help the child/youth understand adoption – what it is and isn't and what “openness” means.
- Work to get behind the “No.” We focus on concepts like caring, commitment, belonging, family membership, lifelong relationships. These are all implicit in adoption, but are terms that do not feel “loaded” in the same way.
- Provide opportunities for the youth to experience committed adults and then re-introduce the concept of adoption. It is one thing for a youth to say “no” to a concept but another to say “no” to an actual living, breathing person who is interested in the youth
- Assist the child/youth with issues of ambivalence, separation, loss and loyalty conflicts/permission giving.
- Help the child/youth with grief work.
- Help the child/youth understand he can be part of multiple family relationships.
- Protect and support the child's/youth's ability to maintain relationships (past/present/future) and encourage connections, continuity, openness in adoptions.
- Facilitate birth family relationships.
- “Listen for what is not being said.”

Preparation Tools

Use of 3-5-7 Questions for Preparation (20 minutes)

Trainer introduces the role play by saying, “Let's take a look at the 3-5-7 in practice.” Trainer refers to the timeline on PowerPoint that illustrates how the information is charted.

.....
ROLE PLAY #2: Molly
.....

Note: Two copies of Role Play #2 (Molly) are in Appendix B the end of the Teaching Script. One copy is given to the volunteer who will continue to play Molly and one copy is used by the Trainer playing Jennifer, the social worker.

SOCIAL WORKER JENNIFER: Hey, Molly.

MOLLY: Hi, Jennifer

SOCIAL WORKER JENNIFER: Remember when I was out here last time we had talked about me going through your record for information? I did my homework and if it's OK with you, we could put together a timeline of your life using these pencils and paper.

MOLLY: OK. I'm not a very good at drawing.

SOCIAL WORKER JENNIFER: That's all right. You know what we might do is just draw a line and start with the very first place that you remember living.

MOLLY: The one with my mom?

SOCIAL WORKER JENNIFER: How long did you live with your mom at that house?"

MOLLY: From when I was born till I was nine.

SOCIAL WORKER JENNIFER: What do you remember about living there?

MOLLY: I used to climb the tree in the front yard.

SOCIAL WORKER JENNIFER: Who lived with you in that house?

MOLLY: My older brother Tony and my baby brother John and my grandma before she died. I remember my mother left us with this guy, her boyfriend, and he and Tony got into it. Then a neighbor called the police. They took us away in a car. I remember riding in the back of the car with Tony and John, and John was crying and I was holding him.

SOCIAL WORKER JENNIFER: So your mom left you with one of her boyfriends and that person got in a fight with your older brother.

MOLLY: He made him mad or something and that's when we all went to the Smith's.

SOCIAL WORKER JENNIFER: Yeah. So you were with your family for nine years.

MOLLY: And when we were at the Smith's we went back and forth to my mom's house.

SOCIAL WORKER JENNIFER: So you had to leave your mom's house, but there were times when you went back to live with her?

MOLLY: She was on drugs and stuff. Have you heard at all from my mom?

SOCIAL WORKER JENNIFER: No, not lately but I can try to contact her.

MOLLY: I wonder because sometimes people stop using drugs and it's been, like, five – four years or so. I wondered if she's still using them. Did she know about John's adoption?

SOCIAL WORKER JENNIFER: Yes, part of him being adopted means that the court has to say he can't go back to live with your mom.

MOLLY: Does that mean I couldn't go either?

SOCIAL WORKER JENNIFER: That's something that you think about?

MOLLY: I just think about her. She didn't fight for John, so maybe she is doing bad.

SOCIAL WORKER JENNIFER: Actually, your mom did go to court and try to keep the court from making a plan for adoption for John. But, your mom has a problem with drugs – and the court decided that adoption was the best plan. Your mom has been in lots of different places to try to get treatment, but she hasn't been able to get herself off of drugs.

MOLLY: She couldn't do it.

SOCIAL WORKER JENNIFER: No, she couldn't. It doesn't mean that she didn't want to, that she doesn't love you and your brothers.

MOLLY: Anyway, let's put the Smith's on here. That's where I went next.

SOCIAL WORKER JENNIFER: OK.

MOLLY: They had a big house because they had lots of kids.

SOCIAL WORKER JENNIFER: You spent the first year with the Smith's. You turned 10 and had a birthday while you were living there.

MOLLY: Do you know why I left the Smith's?

SOCIAL WORKER JENNIFER: The record says that Tony was really having a hard time there, and needed more than what the Smith's could provide so a decision was made that you would all leave.

MOLLY: Yeah, we all left, but we didn't stay together. I don't get why John and I couldn't have stayed even if Tony wasn't doing all right. And why did me and John go to different places?

SOCIAL WORKER JENNIFER: The record says that there was no home available to take two kids so you got split up.

MOLLY: That's stupid.

Trainer will interrupt the role play for discussion at this point. Explain that the next conversation between Jennifer and Molly takes place a few weeks later.

Jennifer and Molly several weeks later...

SOCIAL WORKER JENNIFER: Hi, Molly. It is good to see you again!

MOLLY: Hi.

SOCIAL WORKER JENNIFER: I want us to pick up a bit from our conversation from a few weeks ago. Remember, we were talking about how we met when you were at St. Anne's.

MOLLY: Yeah, yeah, yeah. That's when you came and talked about Betty and Joe.

SOCIAL WORKER JENNIFER: You've been with them now for two years.

MOLLY: That's the longest I've stayed anywhere except home. I'm tired of moving.

SOCIAL WORKER JENNIFER: Kids move for lots of reasons, you know.

MOLLY: I know, but sometimes it wasn't really all that great. I was starting to really push it with people.

SOCIAL WORKER JENNIFER: Mm-hm.

MOLLY: Especially, at the Perry's house before I went to St. Anne's and I was mad because I wanted to be back with John. I think I was a worse kid then. I might still be worse than that sometimes now.

SOCIAL WORKER JENNIFER: Oh, so you felt like you were a bad kid then?

MOLLY: Yeah, pretty much. I got in trouble more than any of the other kids. It was kind of funny...the staff were so mean. So were the other kids.

SOCIAL WORKER JENNIFER: That must have been hard for you to be with people you thought were mean and it sounds like you didn't have friends there.

MOLLY: No way. They were jerks.

SOCIAL WORKER JENNIFER: I can see why you felt like you were a bad kid. It sounds like you had really sad feelings about not being with John and you didn't have anyone to help you with those feelings. You probably felt really alone. A lot of kids feel like it's their fault when they have to move. Like it's because they are bad kids. Did you ever feel like that?

MOLLY: Yeah, probably. But I did do stuff so they would have to move me, like hurt myself and run away and stole stuff.

SOCIAL WORKER JENNIFER: Oh, so you did things so you would have to leave? I wonder if that is because you didn't feel safe where you were or you didn't have people to help you understand your feelings. That is how kids communicate you know, with their behavior. And you were only nine when you had to leave your mom's house; you were little and didn't know how to talk about your big feelings so you just acted them out. I wonder if you still feel like you are a bad kid sometimes?

MOLLY: Well yeah. Sometimes. Maybe not as much.

SOCIAL WORKER JENNIFER: Sometimes kids make bad choices but that doesn't mean they're bad kids.

MOLLY: Yeah.

SOCIAL WORKER JENNIFER: Do you think that Betty and Joe think you are a bad kid?

MOLLY: Sometimes. Sometimes I am.

SOCIAL WORKER JENNIFER: Did you know that kids need adults to help them know that they are good people? I mean a baby can't figure out what a great person she is unless she has an adult that loves her and goes and gaas at her, cuddles her, that kind of thing.

MOLLY: I'm not a baby!

SOCIAL WORKER JENNIFER: No! You are a teenager! But when you were a baby, your mom wasn't able to give you all the stuff you needed to learn about what a good person you are. You were left on your own a lot, and had to take care of your brother and it was really hard for you I bet. I'll bet you were scared a lot of the time not having adults you could count on.

Do you think Betty and Joe know what a great person you are?

MOLLY: No, I don't know.

SOCIAL WORKER JENNIFER: Well, it might take you a while to believe that they see what a great person you are since you have had so many adults in your life that you haven't been able to trust. But the good news is that you can learn it even now, with their help.

I'd like us to talk with Betty and Joe about this next time we meet with them together, is that ok with you?

MOLLY: Yeah, I guess.

Report Back

Trainer will ask the participants to comment on:

- How they saw the 3-5-7 principles incorporated in the role play?
- What was Molly's narrative of herself?
- How does it feel to have these painful conversations with a child?
- What would it be like if the parents were in the room hearing this conversation?

Trainer may add the following point if not already raised in the discussion:

- Children have lots of ways to defend against being present for their story. The art of this preparatory work is in knowing when enough of your prompting is enough. Is it your worry about the child's pain or is it about your ability to tolerate "causing" the pain and not making it all better? This kind of work can raise counter-transference issues for the worker.
- Many children believe at their core that the reason they don't have a family is due to them. Their shame is bottomless. As workers we want to make it better, to tell them that what happened was not their fault. One step on the way to helping kids lessen their shame is exploring why they blame themselves and clarifying the facts. We need to build a circle of support around the child when we do this work.

Trainers lead a discussion of how the social worker uses assessment and preparation tools, such as lifebooks.

Lifebooks (5 minutes)

Trainer introduces this section with a quote from Vera Fahlberg:

"The Lifebook is used to clarify the child's understanding of what has happened, to help him and his family understand what underlies current behaviors, and to help him understand himself through time."

Lecture

Trainer makes the following points:

A lifebook is not a scrapbook – it is an account for the child's life conveyed by words, pictures, photographs and documents.

The lifebook can:

- Provide a chronology of the child's life, helping the young person understand and remember what has happened in the past
- Enhance self-esteem and identity formation
- Help the child share his history with others

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

The end product of a physical lifebook is not the point; the process of examining one's story and gaining understanding is the point. *Example:* a wedding ring isn't the marriage.

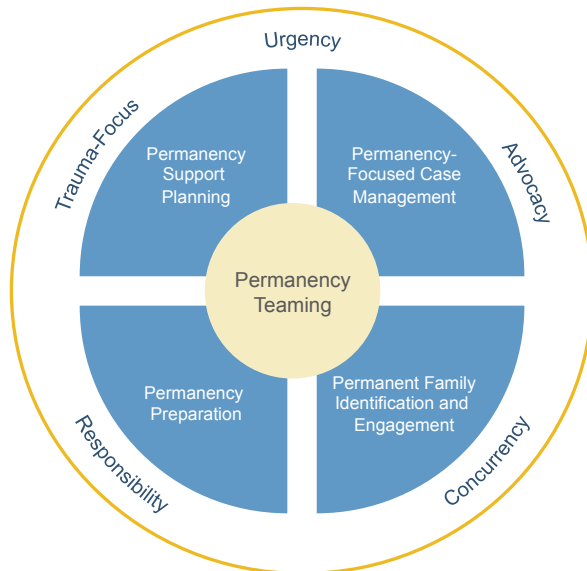
2:45 P.M. TO 3:00 P.M.

BREAK

3:00 P.M. TO 4:20 P.M. ASSESSING AND PREPARING FAMILIES

Trainer makes the following points:

Earlier, we talked about the Permanency Preparation component of Lifelong Families and the preparation of youth for adoption. Now, we will focus on the preparation of families.



Lecture (5 minutes)

What does a home study accomplish? For resource families, we are assuming that the initial home study has captured all the pertinent information about the family. It is essential that this home study be completed on any family seeking to adopt.

Once a child has been identified for the family, the second part of the home study focuses on preparing the family for a particular child.

- Critical to assessing families for adoption is helping them identify their motivation and their expectations of adoption. What brought them to provide foster care may not be the same as what is

motivating them to adopt. Their expectations of foster care may differ from what they expect adoption will bring to their lives.

- Most children are adopted by their resource families. Assessment covers the family's ability to move from being a resource family to an adoptive family.
- For new families who are identified – through the teaming process or other means – there usually has not been a home study. We will not necessarily have information about their suitability or readiness to adopt.
- Many children will be adopted by new families and assessment covers their motivation and readiness to adopt.
- The preparation of a family to adopt includes: education about all aspects of adoption and full disclosure of the needs of the child.
- Preparation of the family includes informing families about and linking them to state and agency resources.

Small Group Exercise (30 minutes)

The Qualities of Successful Adoptive Families

Trainer puts up flip chart pages each containing one of the following qualities around the room, spaced sufficiently so that groups of participants can gather in front of each posted sheet:

- Tolerance for ambivalent and negative feelings
- Parenting Commitment - This is my kid!
- Ability to set structure and limits in a caring way
- Tolerance for rejection
- Flexible family expectations

Trainer states the following:

- We are going to talk about some of the qualities that Spaulding for Children has identified as qualities of successful adoptive families. These qualities are those of parents that we would want every child to have.
- With children in foster care, however, they are especially important. These children need to have parents who have these qualities in a higher degree because of the children's histories of abuse, neglect, abandonment and trauma.
- We are also focusing on these qualities for adoptive families because they will be parenting children not born to them and will be entering parenting for these children later in the children's lives.
- While many families who adopt children in foster care are the children's resource families, there will also be new families who come forward to adopt them. These may be:
 - Individuals identified through the teaming process and who become a member of the child's or youth's team

- When there is not an adoptive family resource on the team, through general or child-specific recruitment
- In these cases, there generally will not be an existing home study nor will the family have previously been assessed as a resource family.
- Let's look at some of the key qualities of adoptive families and talk about how we would assess these qualities in a family who is new to the agency.

We are focusing on five of the qualities that Spaulding has identified:

1. Tolerance for ambivalent and negative feelings
2. Parenting Commitment - This is my kid!
3. Ability to set structure and limits in a caring way
4. Tolerance for rejection
5. Flexible expectations

Trainer explains each of these five key qualities:

TOLERANCE FOR AMBIVALENT AND NEGATIVE FEELINGS

- Parents do not judge themselves too harshly for experiencing negative feelings toward the child. They accept the inevitability of such feelings given the child's behavior. They understand that they may feel angry without acting on that anger.

PARENTING COMMITMENT - THIS IS MY KID!

- Parents feel that their adopted child is truly theirs. They make the transition from a tentative parental stance to being the parent in a relatively short time.

ABILITY TO SET STRUCTURE AND LIMITS IN A CARING WAY

- Parents are comfortable giving direction and providing structure for their adopted child. As adults in the family, they take the lead in the relationship and are intrusive and controlling in a caring way. They assume control, try to anticipate behaviors, interrupt negative behaviors early, and provide a great deal of praise and physical affection. They are not deterred by a child's protest or withdrawal.

TOLERANCE FOR REJECTION

- Parents are able to withstand testing behaviors by their adopted children, including hurtful, angry and rejecting behaviors. They do not take it personally if the child is rejecting, because they recognize the rejections as the child's fear of closeness. They realize that the child's ties to the birth family, former foster families and others are not a rejection of them.

FLEXIBLE FAMILY EXPECTATIONS

- When involved with children, these parents have realistic, flexible expectations of themselves and their children. They do not work to remake the child, but strive to help the child achieve success by acknowledging and appreciating small steps toward goals. They demonstrate flexibility in their expectations about the outcome of the placement.

Trainer instructs participants as follows: Choose one of these qualities that you find particularly hard to assess in families. Each of the five qualities is on one of flip chart pages scattered around the room. Find the page with the quality you have selected and gather with others who have selected this quality.

Trainer makes the following points:

- Assessing each of these qualities can be challenging. We might feel that we cannot really know if families have these qualities until they have a child with them. But, let's try to be as creative as possible in thinking through how we might explore these qualities in families who are new to the agency.
- Discuss together the quality you have chosen: How would you explore this quality with a new family? For example, what would you ask a family in order to learn more about their having this quality?

NOTE TO TRAINER: Allow about 10 minutes for the groups' discussions. Then ask the groups to discuss the quality as they stand under the signs and select the examples they want to give for the report back. Allow about 15 minutes for reporting out. Focus each group on the specific ways that they would attempt to explore this quality.

LARGE GROUP DISCUSSION: We have focused on five qualities in this exercise. But, we know that there are other qualities we would want to see present or cultivate in prospective adoptive parents. What are some additional qualities that you believe are important?

Trainer adds the following qualities also identified by Spaulding as needed:

- Ability to delay parental gratification
- Sense of humor
- Ability to meet personal needs
- Ability to use resources
- Flexible family roles
- Sharing the role of parent in a child's life – connections with birth family
- Ability to understand the child's unique needs, step out of self and use resources to meet the child's needs

Lecture

In our discussion so far, we have been primarily focused on unrelated families who adopt children and youth in foster care. We will also need to assess family members who come forward for a child though the

teaming process and who express an interest in becoming the child's permanent family. Some families may be from the child's natural network, perhaps some are extended or "fictive" kin.

LARGE GROUP DISCUSSION: What might be some differences among family members who seek to adopt and resource/other unrelated families who seek to adopt?

Trainer makes the following points as needed:

- Family members may come from different socioeconomic backgrounds; they may have fewer resources to draw upon to raise the child.
- Family members themselves may have had involvement with the child welfare agency, which may raise potential issues around approving them as adoptive parents.
- Family members may have a higher level of distrust of child welfare authorities.
- Family members may already have a strong relationship with the child and have a sound understanding of what the child has experienced and what the child needs.

LARGE GROUP DISCUSSION: In the reunification training, we explore what constitutes "good enough parenting"? How do we decide what is "good enough" adoptive parenting when it is a family member that comes forward?

Trainer makes the following points as needed:

- Models of parenting generally refer to optimal parenting competence. "Good enough" parenting, on the other hand, is a term generally used to describe the minimum amount of care needed so as not to cause harm to a child.
- We know from research that lack of parental empathy is associated with poorer outcomes for children (Kilpatrick, 2004). As a result, the capacity of a parent to empathize with a child and set aside their own needs in order to meet the needs of the child is seen as a key requirement for parenting (Donald & Jureidini, 2004). That quality is one that many would say is required for "good enough parenting."
- A family member who is interested in adopting may face adversity – being single, having a limited income – but can still provide an adequate quality of parenting behavior. The presence of adversity is not necessarily an indication of an inability to meet minimum parenting standards.

Lecture

Trainer makes the following points:

- We assess the qualities that we have identified to educate families, not screen families out.
- No one comes with all the qualities of successful adoptive families.
- We can help families develop these qualities through training and involving them in support groups with other adoptive families.

Exercise Using the BEST (20 minutes)

Trainer shares the following:

When the prospective adoptive parent is the child's resource parent, one tool that can be used is the BEST to assess the family's commitment to family building and having a child join their family.

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HANDOUT #5: Trainer refers participants to Handout #5: The BEST: Caregiver Version

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One way to introduce the BEST to resource families is to use the following script:

“You have been caring for Johnny for some time now, and I'd like to get a better sense of how you think the relationship is going, any areas of concern that you have, and to what extent you think he belongs in your family. If you are willing, I'd like you to complete a tool that will help us talk about this in a comprehensive way. I will also ask Johnny to complete a similar tool and after you have both finished them and discussed them with me, we will sit down together and talk about what we learned. You will decide what you choose to share and what you do not.

On this form, there are some statements. For each one, please write a few sentences about your relationship with Johnny. Write whatever comes to mind; there isn't any right or wrong answers. Put down anything you think or feel about him. Take as much time as you would like. Do you have any questions?”

As in using the BEST with children, you may choose to include the questions in a conversation with parents instead of having them fill out the form.

Trainer provides the following instructions:

Think of a parent with whom you would like to use the BEST. Again, divide into dyads and role play with one person being the parent and one person being the social worker. I will give you about five minutes for the first role play. I will call “time” and ask you to change roles and do a second role play based on the parent the other person has in mind. There will be five minutes for the second role play and then we will debrief.

Debrief

Trainer asks participants to talk about how the work with the BEST felt from the parent's perspective and from the social worker's perspective.

Lecture: Preparation and Disclosure Issues (10 minutes)

Trainer states the following:

We want to highlight two issues in preparing families to adopt: (1) preparation of families with information on children's mental health and developmental needs; and (2) disclosure of key information that will help families as they move forward with adoption.

A recent report by the Donaldson Institute on the preparation and training of families who adopt children in foster care highlighted areas that are particularly important to discuss with prospective adoptive families. Resource families are likely to have had pre-service and in-service training on these topics and the discussion will likely reinforce these issues. New families may need to be provided with training on these topics:

- Information on children's mental health and developmental needs
- Impact of prenatal and postnatal trauma on children's adjustment
- Parenting neglected, physically abused, sexually abused, and/or emotionally abused children
- Parenting children with attachment disorders
- Integrating the older child and/or sibling groups into the family
- Managing troublesome child behavior
- Supporting children's acute grief in relation to known birth family
- Managing children's connections with birth family members and significant others from the past (including previous foster parents)
- Developing and maintaining realistic expectations about their children's behavior and functioning, and about their own capacity to help children overcome their problems

Adoptive families also need information in several key areas:

- Full disclosure of needs of child so the family can make an informed decision about adoption. Practice and the law require this disclosure. Information on each state's legal disclosure requirements can be found at the Child Welfare Information Gateway's State Statute Search. It is likely that much of this has been shared through teaming process and through the relationships that resource parents/new adoptive parents have developed with birth parents
- Discussion of the impact of adoption on the family:
 - **Trainer asks: What might be the impact of the adoption on the existing family?**
 - **Trainer mentions the following if needed:**
 - Impact on birth children, including those not currently living in the home and other adopted children: change in birth order; making "space" for a new sibling; inheritance issues
 - Impact on the extended family and the family's relationships with extended family members, including family members who may not "approve" of the adoption or accept the adopted child as a "real" member of the family

- Discussion about the ongoing needs of the adopted child, particularly in adolescence when identity is the developmental task and the youth may express interest in search/reunion, particularly in cases where there has not been an open adoption
- Full disclosure of available state and other resources for adoptive families
- Full disclosure about the pro's and con's of adoption and guardianship: what each does and what is available for families

Trainer shares the following information on a PowerPoint slide #80:

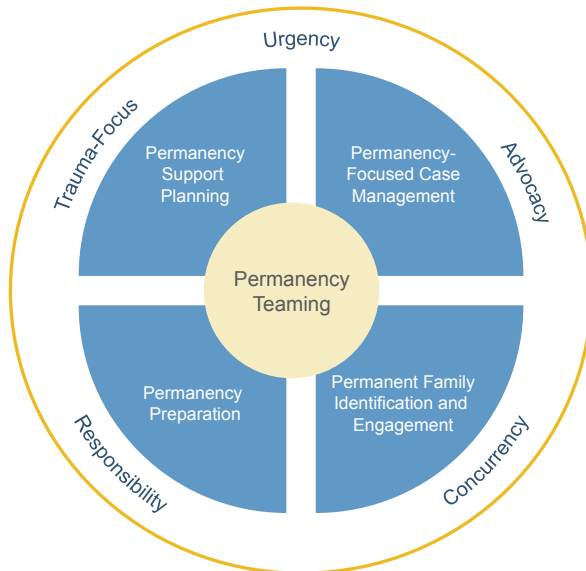
	Adoption	Guardianship
Legally recognized relationship?	Yes	Yes
Requires termination of parental rights?	Yes	No
Legally permanent?	Yes (same as the biological parent-child relationship)	Not necessarily; the court can end guardianship upon petition of the guardian or the parent being granted or upon youth's 18th birthday
Subsidy available?	Usually; both federally and state funded subsidies available	Depends; no guaranteed federal support for guardianships; states may offer subsidies to some relatives that become guardians
Services and supports available?	Depends on the state	Depends on the state
Provides children with inheritance rights?	Yes	Only if the guardian includes the child in his/her will

4:20 P.M. TO 4:30 P.M. WRAP UP AND ADJOURN

9:00 A.M. TO 9:15 A.M. WELCOME

9:15 A.M. TO 11:15 A.M. CONQUERING THE STICKY WICKETS

Trainer states: A vital component of adoption preparation is anticipating the “sticky wickets”... those difficult situations that present the social worker with challenges on many levels.



Many of the “sticky wickets” that we encounter in adoption arise as we provide Permanency-Focused Case Management and when we are engaged in Permanent Family Identification and Engagement.

Small Group Exercise (15 minutes)

Trainer places the “sticky wickets” on strips of paper into a bag, hat or bowl. Trainer asks one member of each small group pick a slip of paper out of a hat and asks the groups to develop a plan to handle the “sticky wicket” situation. For the report back, each group reveals their case plan for handling the “sticky wicket.” Where more than one group has a “sticky wicket,” the groups are asked to report out together.

STICKY WICKETS:

1. When the child says “no” to adoption
2. When the child says “yes” to adoption but the resource family does not want to adopt him/her
3. When the resource family does not wish to adopt and seems unwilling to help plan for the child’s adoption by another family.

Report Back (*45 minutes*)

NOTE TO TRAINER: During the report back from each group, ask the larger group to comment. Weave in the following talking points for each “sticky wicket” as needed:

I. WHEN THE CHILD SAYS “NO” TO ADOPTION

- Don’t challenge the decision. Keep open the possibility.
- Explore what’s behind the “no.” Is the youth feeling disloyal to his birth family or worried about a name change? Is the youth finding it hard to believe in something he has not experienced?
- Talk about adoption within the context of who the adoptive parent/family would be and not simply talking about the concept of adoption. Continue the prep work around grief, loss and past broken promises of forever.

From Spaulding:

- “Teenagers’ initial response of ‘no’ to adoption is seen as normal. Spaulding workers initially accept an older child’s refusal or uncertainty and do not argue with him. They encourage the young person to keep the possibility of adoption open to decide later and to find out more about adoption before he totally rejects it as a choice for his future. It is the staff’s intention to help young people avoid making decisions against adoption. Such actions may later force them to ‘save face’ by continuing to react negatively to alternatives which have since have become appealing to them.”

From the 2007 Urban Institute Study on Foster Youths’ Views of Adoption and Permanency:

- Most youth thought they were too old for adoption and that no one wanted to adopt teenagers. They believed that if they were adopted they would lose contact with friends and siblings, schools and neighborhoods. Being adopted would mean entering a placement with people they didn’t know much about, and losing whatever autonomy they have. This study highlights the need to educate youth about adoption and to clear up the misconceptions they have about what adoption means.
- From the 1998 Courtney and Piliavin study, *Foster Youth Transitions to Adulthood: A Longitudinal View of Youth Leaving Foster Care*: Former foster youth in Wisconsin were interviewed at 12 and 18 months following discharge from care. 40 percent said they wanted to be adopted...even though they had previously rejected the idea.

2. WHEN THE CHILD SAYS “YES” TO ADOPTION BUT THE RESOURCE FAMILY DOES NOT WANT TO ADOPT HIM/HER

- Explore the family’s anxiety regarding the behavior. Are they worried that it will never improve?
- Help them focus on the child’s needs and on what is behind the behavior.
- De-personalize the behavior.
- Predict difficult times and how they can respond, who will be there to support them.
- Help the parents understand that stability is not a step on the way to permanence but the product of experiencing unconditional commitment. Lack of permanence creates instability.
- Ask the parents, “What will it take for you to make that commitment? What do you need to get behind your no?”
- Plan concurrently as the child is your client and he needs permanence.
- This process makes things very real for everyone and helps parents work through their ambivalence.
- Related to this issue is the situation when a therapist or worker advises against moving ahead with adoption until the child/youth is more stable or until a crisis is over.
- Raise, if not addressed, the situation that happens when the resource family is delaying moving forward with adoption “until the child’s behavior improves” and when the child’s therapist is advising the family to wait for that reason. It is unrealistic to think that delaying the adoption will impact a child’s behavior. The child needs a family even if his behavior is awful and he will be in and out of residential treatment.

3. THE RESOURCE FAMILY DOES NOT WISH TO ADOPT BUT SEEMS UNWILLING TO HELP PLAN FOR THE CHILD’S ADOPTION BY ANOTHER FAMILY.

- Validate what the family has done for the child while in their care.
- Emphasize that this child/youth needs and wants to be adopted and their cooperation in this is invaluable.
- Figure out the minimal cooperation required from them in the recruitment and transition process and try to get the parents to maintain as neutral a position as possible.
- Find an ally in the family.
- Use the team.
- Can the parents make it about the child and not about them?
- It is difficult sometimes to find empathy for the unwilling, uncooperative parent but keep trying.
- If the resource parent is a barrier to getting permanence and the situation is psychologically toxic for the child, then an interim placement should be considered.

Additional Discussion: (10 minutes)

Trainer asks participants to volunteer any other “sticky wickets” that they would add to the list and what advice others in the group have for handling the wicket?

Trainer adds the following possible “sticky wickets” if not identified:

- Siblings not being adopted together; maintaining sibling connections
- Emotional commitment versus legal commitment; legal permanence and relationship permanence

Lecture, Small Group Work and Discussion: Openness in Adoption (20 minutes)

Lecture (5 minutes)

As social workers, we understand the importance of openness in adoption – supporting the ongoing connections that children, birth parents and extended family, and adoptive families have. There has been a growing body of research about the benefits of openness for all parties to an adoption and across the country, openness in adoption has become a critical component of adoption planning and practice. This research is nicely summarized in the 2012 report by Deborah Siegel and Susan Smith, *Openness in Adoption: From Secrecy and Stigma to Knowledge and Connections*. This report can be found at: http://www.adoptioninstitute.org/research/2012_03_openness.php

We have come to understand that:

- Openness falls along a continuum: from birth/adoptive parents meeting each other to exchanging correspondence to ongoing visitation that includes the child.
- As social workers, we are able to proactively facilitate the relationships between birth and adoptive families and help the parties to design customized plans for ongoing contact. We can support openness and help families develop the type of openness that works best for them.
- As permanency social workers working with birth families toward reunification in concurrent planning, we can engage birth parents as adoption is being planned. Through this engagement, birth parents may be able to support the concurrent plan and give “permission” for their child to be raised in another family. They may work with the adoptive family on the type and level of openness that works for everyone.

Not all professionals with whom we work may have an understanding of openness and how openness is planned in a customized way with birth and adoptive families. We may get real push back from attorneys, mental health professionals, particularly those who are not “adoption competent,” and others who think that:

- Openness is based on whether the law allows an adoption to be open.
- The agency or the court should make the plan for families regarding the appropriate type and level of openness.
- It is burden for adoptive families to remain in contact with birth families.
- Birth parents either can’t or won’t maintain ongoing connections with their children.
- Children will be confused or actually harmed by openness and need to be protected.

Trainer asks the group if they have encountered any of these attitudes/beliefs about openness in adoption among the professionals with whom they have worked. Encourage sharing of experiences.

Small Group Work

Trainer refers participants to Handout #6. Openness in Adoption Scenarios and asks the small groups to return to their work together. Trainer assigns each small group one of the scenarios in the handout and asks the group to discuss how they might work with the individual or family around the issues. Allow about five minutes for small group discussion.

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HANDOUT #6: Trainer refers participants to Handout #6: Openness in Adoption Scenarios

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SCENARIO #1: Hank's resource parents, Bob and Brenda, will adopt 12-year-old Hank. At the most recent team meeting, Hank's birth mother, Mary, and birth father, Mark, were present. Mary has regularly attended team meetings and has given Hank her blessing to be adopted. Mark has irregularly attended team meetings but when he attends, Hank is happy to see him. There have been substance abuse issues for both Mary and Mark. Bob and Brenda are more comfortable with Mary's progress than with Mark's. After the team meeting, Bob and Brenda ask you, Hank's social worker, for a word and say that they want to be clear that while they are happy for Hank to remain in touch with his birth mother Mary, they want no contact whatsoever with Mark after the adoption. They do not trust Mark and believe that he continues to be a serious substance abuser.

SCENARIO #2: At a recent team meeting, 14-year-old Seth mentioned for the first time that he has been in close contact with his 26-year-old cousin Mike with whom he lived for almost four years before he entered foster care. It is determined that Mike has recently returned to the area after spending five years in a state prison for conspiracy to commit robbery. Seth's prospective adoptive parents, Rick and Herbert, are shocked that they are first learning about Mike in a team meeting and are quite unhappy to know that Seth is in contact with a felon. Rick and Herbert make it clear that they are not ready for Seth to involve Mike in their lives. Seth, on the other hand, is equally clear that he wants ongoing contact with Mike and expects to see him often now and after he is adopted.

SCENARIO #3: The teaming process has moved permanency planning along for Aleesha, age 15, and her resource mother, Roxanne. Both are committed to one another with a court hearing to finalize the adoption in three months. Roxanne has shared in individual meetings with Aleesha's social worker that she is making every effort to encourage Aleesha in maintaining contact with her grandmother who raised her after Aleesha's mother died. The grandmother cared for Aleesha until, at age 12, Aleesha entered foster care. Over the past three years, the grandmother has been inconsistent in visiting Aleesha but never forgets Aleesha's birthday. Aleesha is resisting contacts with her grandmother, saying the Roxanne is now her family. Roxanne does not understand Aleesha's reluctance and believes that it is always best for young people to have strong connections with their birth families.

Report Out (10 minutes)

Trainer asks each small group to report out on how they would work with the individuals in the assigned case scenario.

Lecture

Openness in adoption can present “sticky wickets” and practice challenges. For more information about openness in adoption, go to the Child Welfare Information Gateway at: http://www.childwelfare.gov/adoption/preplacement/adoption_openness.cfm

11:30 A.M. TO 12:15 P.M. TRANSITIONS: THE WORKER, THE CHILD/YOUTH AND THE FAMILIES

Lecture (2 minutes)

Trainer makes the following points:

- The transitioning phase marks the point at which the client is the adoptive family unit with the child at the center. The transitioning phase occurs after the decision has been made that the family will adopt but before the adoption is finalized.
- The preparation process is fairly theoretical while transitioning is the actual doing – the physical and psychological moving.
- It is a transition for the child, adoptive family, birth family and the worker.
- There are two key dimensions in the transitioning phase:
 - The physical dimension for children who will physically transition to another family. We are very familiar with this phase given our work placing children and youth in foster care:
 - Calendaring and transitional objects are helpful tools in the transition process.
 - Involvement of the current family with whom the child is living is essential in this process. One task they can assume is transportation of the child to the new family for visits. The goal is to have the two families working together in the child's best interest.
 - Emotional dimension: There is an emotional transition both for the child who is moving to a new family and for the child who is staying but changing status from foster to adopted.

Hopes/Dreams/Concerns/Questions During the Transition (8 minutes)

Trainer states that it is important to consider the hopes, dreams, concerns and questions that everyone may have in the transition process: children/youth, the birth family, the adoptive family and the resource family who does not adopt the child/youth.

Trainer asks the large group: What might be a child's hopes and dreams? What might be a child's concerns and questions?

Add the following if not mentioned:

HOPES/DREAMS:

- I'll have a new family, a forever family.
- I'll never have to move again.
- My problems will go away.

CONCERNS/QUESTIONS:

- What name will I use?
- What will the next visit with birth family feel like?
- What will be different in life after the adoption?
- Will this really be forever?
- Will I still see my friends, siblings, extended family?
- What if I disappoint them?

Trainer asks the large group: What might be the birth family's hopes and dreams? What might be birth family members' concerns and questions?

Add the following if not mentioned:

HOPES/DREAMS:

- My child will be happy and well cared for.
- We'll have ongoing connections.

CONCERNS/QUESTIONS:

- What will be different for us following the adoption?
- How will the next visit feel following the adoption and how we will stay connected? The planning is not for a good-bye visit – practice has moved toward the ongoing integration of relationships.
- Will the agreements be kept?
- Will my child's culture and traditions be honored?
- Will my child forget me?

Trainer asks the large group: What might be the adoptive family's hopes and dreams? What might be the adoptive family's concerns and questions?

Add the following if not mentioned:

HOPES/DREAMS:

- The child will be fully part of the family.

- We will have a new child to love who will love us.

CONCERNS/QUESTIONS:

- What will it mean to be the legal parent with ability to make all decisions
- What if I have doubts?
- What will our role be in connection with birth family? Will my child want more birth family contact as time goes by?
- What will be the impact on our marriage, our birth and adopted children?
- What financial support will be available? Will there be a subsidy? What is the subsidy level?
- What services and supports will be available for our family?

Trainer asks the large group: What might be the hopes and dreams of the resource family who does not adopt the child? What might be these family members' concerns and questions?

Add the following if not mentioned:

HOPES/DREAMS:

- We will have ongoing contact with child.
- We have a sense of satisfaction that the child has a permanent family.
- The agency won't think less of us for not adopting.

CONCERNS/QUESTIONS:

- What will be our relationship with the child in the future
- What will be our relationship with the adoptive family?
- Will agreements about ongoing contact be kept?
- Will the agency treat me differently because of my decision not to adopt?

Trainer states:

- The transitioning phase "operationalizes" the plan and the changes in status.
- If the concurrent plan is activated, child-specific recruitment strategies will be used.

Small Group Discussion

Trainer asks small groups to discuss how the social worker's work in the transition phase is different from the work that has taken place up to this point. Allow about five minutes for this discussion.

Report Out (5 minutes)

Trainer asks the small groups to report and weaves in the following if not mentioned by the group:

- This is a hard place to be as a social worker: still responsible for the child from a foster care perspective but working with the family to be the primary parents.
- We need to think about primarily family/parent work, not individual work. How much individual work with children/youth? May need an intervention with the child but not as their individual therapist.
- The work of a permanency social worker is to work oneself out of job. It is a process using skill and art over time to support the parents to be adoptive parents and the child to be a part of the adoptive family.
- The worker will become less involved as the adoptive parents are empowered to take over.
- Worker is helping the adoptive and birth families begin to build their own kinship network.
- The transition can be hard to do when you are the one who prepared the family and now are doing post-adoption work, particularly when families have perceived workers as co-parents. Some children and youth have also perceived workers as co-parents.
- We need to tell families what this work will look like and explain to families the different role of the worker.
- We will be helping parents find and use community resources;
 - Arranging natural supports as respite – flows from the team process
 - Using the team to identify resources and solutions prior to a crisis
 - Advocating with schools and with new community supports

Small Group Exercise

Trainer asks small groups to do a role play involving a parent and her social worker in round-robin style. One person will be the parent and the person to her/his right the worker; everyone else is an observer. At the sound of the buzzer, the person playing the worker becomes the parent and the person to his/her right becomes the worker with everyone else being an observer. The process continues as the buzzer sounds with the role play resumed through changing roles around the table. Allow about four minutes for each role play cycle.

Trainer introduces the fact pattern for the role play:

A parent, Alice, is having trouble with her 14-year-old foster son, Isaiah, whom she will be adopting. Isaiah recently skipped school and the principal's office called Alice at work. Alice wants the same kind of intervention from the social worker and agency that she has received as a foster parent to help her manage this problem. Because the plan is for Alice to adopt Isaiah, it is the social worker's task to help empower Alice as the primary parent to resolve the problem. The observers note the process, capturing what hinders and what helps the social worker and the parent make the shift from the agency as the problem solver to the parent taking charge.

Feedback and Discussion (10 minutes)

Trainer asks observers to report on their observations of the process. Trainer then asks participants to share what the experience was like for them.

Trainer makes the following points if not mentioned:

- This way of working gives the message to the child that the family solves a problem that happens in the family
- A family solution is not an agency solution.

12:15 P.M. TO 1:00 P.M. LUNCH

Welcome Back from Lunch

Trainer welcomes participants back to the training and explains that there will be another quiz with an opportunity to win prizes – chocolate! Trainer refers participants to Handout #7. Adoption Quiz #2. Trainer reads aloud each question and asks participants to mark the answer. Trainer then reveals each correct answer and asks participants to keep track of all correct answers. At the end of quiz, Trainer asks participants to tally up their scores. Highest scorers are awarded candy.

.....
HANDOUT #7: Trainer refers participants to Handout #7: Adoption Quiz #2
.....

Adoption: The Numbers Game

1. How many children are adopted from foster care each year nationally?

- A. Around 30,000
- B. Around 50,000
- C. Around 75,000
- D. Close to 100,000

Answer: B

2. What percentage of children who are adopted have “special needs” and receive an adoption subsidy?

- A. 52 percent
- B. 66 percent
- C. 77 percent
- D. 90 percent

Answer: D

3. What percentage of children are adopted by their foster families?

- A. 44 percent
- B. 54 percent
- C. 64 percent
- D. 74 percent

Answer: B

4. How many children in foster care are waiting to be adopted in the US?

- A. Around 82,000
- B. Around 104,000
- C. Around 157,000
- D. Around 206,000

Answer: B

5. Most of the children waiting to be adopted are:

- A. White
- B. Black
- C. Hispanic
- D. American Indian/Alaskan Native

Answer: A

(40 percent are white; 28 percent are black; 22 percent are Hispanic and 2 percent are American Indian/Alaskan Native)

6. On average, how long does it take for a child in foster care to be adopted after parental rights have been terminated?

- A. 6 months
- B. 8 months
- C. 14 months
- D. 18 months

Answer: C

7. What percentage of children waiting to be adopted are living with unrelated foster families?

- A. 33 percent
- B. 54 percent
- C. 72 percent
- D. 90 percent

Answer: B

8. How many adopted children do Brad and Angelina have?

- A. 2
- B. 5
- C. 3
- D. 9

Answer: C (*Maddux, Pax, Zahara*)

Lecture: General Clinical Issues in Adoption (10 minutes)

Trainer makes the following points:

There are general core issues that are relevant to all adoptions: infant, older child, domestic, foreign, open, closed, private or public. These are issues that impact the child, birth and adoptive parents. Many of you are familiar with these so we will do a brief review.

ENTITLEMENT

- Legal and emotional
- Complexities of entitlement when the child is older and has contact with birth parents. Who is entitled to what? Will “blood be thicker than water” anxiety.
- Parents and children feeling they have a right to each other

CLAIMING

- Parents accept the child as their own
- Child is a full member of the family

UNMATCHED EXPECTATIONS

- The child the family “dreamed” about
- The family the child “dreamed” about
- The future the birth parents “dreamed” about
- Expectations for how adoption would improve things

FAMILY INTEGRATION

- The adoptive family system before the adoption
- The birth family system and all the previous family systems that the child has experienced
- The “new” family system: parents, the newly adopted child, siblings, extended family and birth family.

SEPARATION, LOSS AND GRIEF

- For all involved in adoption...the child, birth family, adoptive family
- Members of the complex blended family may need help with new issues of grief and loss
 - Loss of fantasies about reunification and adoption
 - For birth parents, the lost chance to be the child's everyday parent
 - For adoptive parents, grief as to what they thought the child would be and how they will live with the child as he/she is
 - Loss of their family as it used to be
 - Grief regarding the changed relationships with their birth children, both living at home as well as grown children
 - Loss of support from extended family or friends who have become protective of the adoptive parents to the exclusion of the child

BONDING AND ATTACHMENT

- Bonding is unilateral and biological
- Attachment is bilateral and psychological
- Attachment as the building block of trust
- Impact of trauma
- Repairing trust and building attachment capacity

IDENTITY FORMATION

- Developing a sense of self
- Incorporating being adopted into the child's sense of self
- Incorporating birth and adoptive family membership into sense of self
- Integrating the different identities associated with multiple caregivers
- For birth and adoptive parents... simultaneously being the parent and not being the only parent

MASTERY AND CONTROL

- Lack of control for parents who are infertile or who have had children removed from their care
- Diminished sense of mastery associated with the process of home study, approval and being matched with a child (for newly recruited families)
- Lack of control that children in the system feel

Silverstein and Kaplan add additional core elements in adoption:

Rejection: Kids blame their losses on themselves, thinking it must be something they did. They feel unworthy and rejected. Birth and adoptive families can also blame themselves for losing a child or for not being able to conceive one.

Guilt: The adoptee, birth and adoptive parents often feel guilt for causing their losses.

Shame: Children especially but parents too feel intrinsically bad and defective. They internalize the loss as stemming from their inadequate selves as opposed to just something that happened.

These core issues are seen as negative in the time leading up to and early stages of adoption but they evolve from negative to positive as the adoptive family securely integrates. Adoption then becomes more about addition than subtraction as children get to keep relationships with birth family and significant others.

Clinical Issues When Families Adopt Children Who Have Lived with Them in Foster Care Lecture (2 minutes)

Many of the clinical issues for these children and families will be the same as they were in foster care. There are subtle differences that are not so simple to describe. Mental health professionals who have worked with adoptive families, however, highlight a number of differences clinically once the family becomes an adoptive family. For example, one of these issues is that the finality of adoption stirs up old issues for the child, adoptive and birth families.

Small Group Discussion (15 minutes)

Trainer asks each small group to discuss other clinical issues that we might expect to see with families who fostered a child and then became the adoptive family for the child. Allow five minutes for discussion.

Report Out

Trainer asks each small group to report out the issues that they identified and flip charts the answers. (10 minutes)

Trainer mentions the following if not identified:

- Adoption is a psychological boundary change.
- Adoption creates a greater level of intimacy.
- The family may be ready for one level of merger and the child ready for another.
- Trust is still an issue. The child may fear repeat of abandonment, disruption. It is hard to trust that this time it will be different, no matter what the judge says.

- The child may fear loss of identity as a separate person with a separate history from the adoptive family. To resolve this, the child needs to believe that the benefits of belonging to the new family outweigh the losses.
- How the parents came to adopt, why and what they expected would happen, will influence the clinical issues. A critical part of the clinical work with parents will be helping them revisit their motivation for adopting and the expectations they had for themselves and for the child they adopted.
- Parents are relieved to be out of the “fishbowl” of foster care but are anxious about being on their own. Being in control is freeing but scary. Parents worry about not having the kind of “routine maintenance” that foster care services provided.
- Parents may view the adopted child as more of a reflection of themselves out in the world now than they did when they were the child’s foster parents. They get invested in the child changing. Children reflect you in the community when they are legally yours
- Parents seem to take on a different level of responsibility for the child’s behavior and lose some of the distance/objectivity they had before. They take the behavior more personally. This can increase even more as time goes on.
- The family and youth begin to recognize that adoption is not the “cure” – the child sees that he is still getting into trouble and the family sees that too.
- Adoption can be meaningful for kids who are anxiously attached.

Small Group Work (10 minutes)

Trainer refers participants to Handout #8. Adoption Scenarios and assigns each small group a scenario for discussion. The assignment is to develop ideas on how the social worker would work with the family.

.....
HANDOUT #8: Trainer refers participants to Handout #8: Adoption Scenarios

#1 ADOPTION SCENARIO

The adoptive parents come in, saying that they are feeling completely swamped by their child’s behavior. They have tried everything and nothing works. They wonder if they should just give up.

#2 ADOPTION SCENARIO

When the adoptive parents were the child’s foster parents, they made sure each year that the child selected a special card to send to his birth mother on Mother’s Day. This year, with the adoption now finalized, the child completely ignores his adoptive mother on Mother’s Day. The adoptive parents are heartsick.

#3 ADOPTION SCENARIO

The adoptive parents come into the session, both obviously very angry. The adoptive father says, “You talked us into this adoption! Now, here we are with a kid who is driving us crazy and a marriage that’s going down the tubes!”

#4 ADOPTION SCENARIO

The adoptive parents seek help for their child at age 13. They adopted him at age 10 and he has flourished emotionally, socially and academically. Now at 13, he is angry, has to be pushed to go to school where his grades have gone down, and he refuses to do more than grunt when his parents ask him a question. They want to know is it because of adoption or something else?

#5 ADOPTION SCENARIO

The adoptive mother calls to ask for help with her 14-year-old daughter who has started to talk about a lot of sexual stuff. The daughter was abused as a toddler. Mom says that she is very uncomfortable dealing with these issues.

Report Out (20 minutes)

Trainer asks the groups to share the clinical issues they identified and their plan for helping the parent/child.

Lecture (5 minutes)

Trainer makes the following points:

From the inception of Casey Family Services' post-adoption services work, the model that has been most useful Joyce Maguire Pavao's "brief long-term therapy." Dr. Pavao's model is based on the following:

- Adoptive families are different and adoption-related issues will surface at various stages of child and family development.
- These crises are normative and expectable.
- When adoptive families come for help in a crisis, the therapist takes a systemic approach that includes birth, adoptive and foster families. This means that in addition to taking into account the psychological presence of each of these families in the child's life, the therapist may be reaching out to birth and foster families for inclusion in the family therapy.
- There is no identified patient. The whole system is regarded as the client.
- The crisis is seen as an opportunity to encourage empowerment.
- The work is time limited and the door left open for help at the next developmental stage.
- Your job is to support the family and not relate solely with the child.
- The work is not routine maintenance but help with crises.

It is important to help parents come to terms with their own vulnerabilities. Having "no out" can bring adoptive parent to depths they did not experience as foster parents or as parents of other children. The social worker's job is to help parents continue to have empathy for their child even when the child is most difficult to parent. The parallel process operative here is the social worker continuing to find empathy for the parent even when the parent is most difficult to help. The social worker "holds" up the parent so the

parent in turn can “hold” up the child. This work often covers the following:

- Providing children/youth with the words to talk about adoption in and outside of the family.
- Supporting parent’s unconditional commitment and not colluding in the ambivalence.
- Helping families figure out the problem: is it the age, the stage, the adoption, the family system, mental illness, all of the above or none of the above?
- Sitting with people who are feeling hopeless, who are second-guessing their decision to adopt, and/or who suddenly believe they are not the “right” family for the child.
- Moving parents on from the “awfulizing.”
- Helping families find the services they need as opposed to seeing the child as the “problem.”
- Helping families view crises as a normative and predictable part of adoption and giving families what they need in a crisis, “immediate relief, validation and hope” as stated by Karal Wasserman.
- Helping parents come to terms with their own vulnerabilities and imperfections.
- Creating a space where parents can share their anxieties and concerns...dealing with the irony of “prove you’re perfect, now confess your vulnerabilities.”

As we do this work:

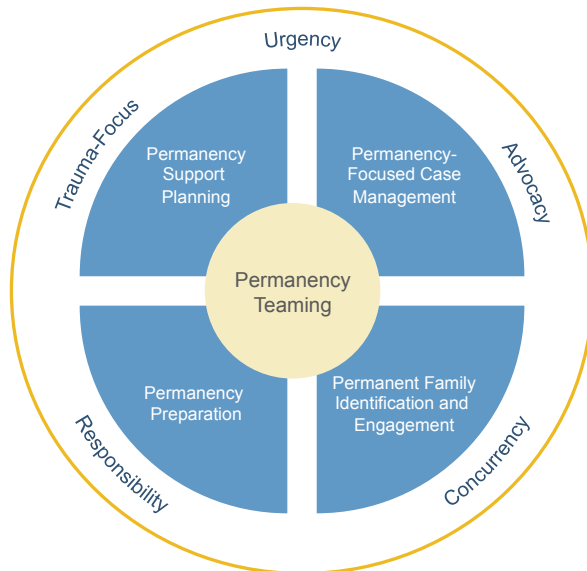
- It is vital that social workers be acutely aware of how their own issues of grief and loss impact their practice and their ability to help others recover.
- Resolving the crisis is not about what the social worker is going to do. It’s about what the family is going to do to solve their problems.
- The work we do to empower families does not mean that we abdicate our clinical judgment. Supporting permanency by “following the parent’s lead” does not mean that safety and well-being become less important or can be overlooked. There is always a strategic balance between empowering parents and addressing critical issues.

2:15 P.M. TO 2:45 P.M. SUPPORTING AND SUSTAINING ADOPTIVE FAMILIES:
PERMANENCY SUPPORT PLANNING

Lecture (15 minutes)

Trainer makes the following points:

We have discussed clinical issues that we must be able to address in our work with adoptive families. Now, we will focus on Permanency Support Planning, a component of the Lifelong Families model.



Permanency Support Planning involves the family and team in developing a plan for voluntary agency services and community supports to sustain permanence as the youth becomes a legal member of the adoptive family.

There are four activities that are involved in Permanency Support Planning:

I. ASSIST THE FAMILY IN IDENTIFYING AND DEFINING THEIR PERMANENCY SUPPORT NEEDS.

At this point in the work with families, the social worker helps them pinpoint the issues that they will likely face once the adoption is finalized and identify the services, supports and resources that they will need.

The Children's Bureau's review of its grant-funded post-adoption service programs highlighted the following services as "core" post-permanency services for adoptive families:

- *Parent support and educational groups*
Benefits to parents: they feel less isolated, more knowledgeable about adoption-related issues, more empowered, more confident in their ability to parent their children successfully, more committed to working through problems, and more comfortable talking about adoption within their families and with professionals whose services they needed
- *Children's support and educational groups*
Benefits for children: gives them the opportunity to interact with other children who are adopted; provides an environment where children and teens can talk about their issues with others who understand and even share their concerns. Therapeutic groups help children deal with losses in their lives and examine their feelings and behavior in light of past experiences
- *Information and referral*
Benefits: helps families locate services and resources as needed; types: direct information from case managers or hot lines, resource directories, lending libraries, websites, newsletters

These programs funded by the Children's Bureau also provided "additional services" that were found to be important to the adoptive families who received them:

- Recreational/social activities
- Advocacy
- Case management
- Crisis intervention/family preservation
- Respite or respite referrals
- Services for families who have adopted transracially

2. ASSIST THE ADOPTIVE FAMILY IN DEVELOPING A PLAN FOR MEETING THEIR PERMANENCY SUPPORT NEEDS AND RE-ENGAGING TEAM MEMBERS

Following the identification and definition of the adoptive family's permanency support needs, the social worker works with the family regarding team composition, exploring with them how they will re-engage team members if needed and/or add new members to the team who can help them in addressing their permanency support needs. The social worker facilitates team meetings designed to assist the family in developing a plan that specifies how they will meet their permanency support needs.

3. SUPPORT AND EMPOWER THE FAMILY IN LOCATING AND ACCESSING RESOURCES, SUPPORTS AND SERVICES.

With the plan in place, the social worker and team members assist the adoptive family in finding and using the resources, supports and services that are outlined in the plan.

4. HELP THE FAMILY SUSTAIN PROGRESS WITH INFORMAL AND FAMILY SUPPORTS INDEPENDENT OF AGENCY INVOLVEMENT.

Once permanence is achieved, the adoptive family implements its permanency support plan. The role of the agency is time limited and is designed to help the family continue to progress without agency involvement. Focus is on informal and family supports that can provide the family with the resources needed to function independently.

Much has been learned about permanency support planning through the research conducted on the Maine Adoption Guides Services (MAGS) program. Information from research on the MAGS program shows that adoptive parents were the main recipients of services:

- Post-Adoption Services by recipients
 - 52 percent - parents
 - 28 percent - the adoptive family
 - 18 percent - adopted child
 - 2 percent - other sibling

Findings noted that parents in the MAGS families trusted their adopted children at higher levels than did the non-MAGS parents.

Small Group Work (10 minutes)

.....
HANDOUT #9: Trainer refers participants to Handout #9: Permanency Support Planning with Adoptive Families: Services, Supports and Resources
.....

Trainer notes that the specific services and supports that an adoptive family might need will vary based on the individual strengths, needs and resources available to the family. Trainer asks each small group to think about the services, supports and resources in their communities and chart out what they might consider in Permanency Support Planning given a particular adoptive family's strengths and needs. Remind participants not to forget about informal and family supports.

Report Out

Trainer asks for general impressions of what is available in participants' communities and how they can best mobilize these services, supports and resources for adoptive families as the agency becomes less involved and the adoptive parents take on responsibility for their families.

2:45 P.M. TO 3:00 P.M. CLOSING

Trainer states:

- The Lifelong Families model provides the practice model to ensure that we achieve permanence for all children and youth in foster care.
- For children and youth who cannot be safely reunited with their parents, adoption provides the most legally permanent and secure path to a “forever family.”
- This training is designed to provide you with the knowledge and skills to:
 - Assess and prepare children and youth for adoption
 - Assess and prepare families for adoption
 - Conquer some of the sticky wickets that inevitably arise in adoption practice
 - Navigate the transition as families take on more responsibility for the child/youth and the agency assumes less responsibility
 - Address the clinical issues that arise for children and youth and families
 - Guide a permanency support planning process so that adoptive families have a range of community and informal services, supports and resources to sustain them
- You will build on the knowledge and skills you have developed through your day to day practice and the support and guidance of your supervisor.
- Thank you so much!

HANDOUTS

Handout #1. Achieving Permanence Through Adoption: Agenda

Day I: Training Agenda

10:00 A.M. – 10:15 A.M.	WELCOME AND INTRODUCTIONS
10:15 A.M. – 11:30 A.M.	OVERVIEW
.....	
11:30 A.M. – 11:40 A.M.	BREAK
.....	
11:40 A.M. – 1:00 P.M.	ASSESSING AND PREPARING CHILDREN AND YOUTH
.....	
1:00 P.M. – 1:30 P.M.	LUNCH
.....	
1:30 P.M. – 2:45 P.M.	ASSESSING AND PREPARING CHILDREN AND YOUTH (CONTINUED)
.....	
2:45 P.M. – 3:00 P.M.	BREAK
.....	
3:00 P.M. – 4:20 P.M.	ASSESSING AND PREPARING FAMILIES
4:20 P.M. – 4:30 P.M.	WRAP UP AND ADJOURN

Day II: Training Agenda

8:30 A.M. – 9:00 A.M.	BREAKFAST
9:00 A.M. – 9:15 A.M.	WELCOME AND ANY OUTSTANDING ISSUES FROM DAY ONE

9:15 A.M. – 10:30 A.M.	CONQUERING THE “STICKY WICKETS”
.....	
10:30 A.M. – 10:45 A.M.	BREAK
.....	
10:45 A.M. – 11:15 A.M.	CONQUERING THE STICKY WICKETS (CONTINUED)
11:15 A.M. – 12:15 P.M.	TRANSITIONS: THE WORKER, THE CHILD/YOUTH AND THE FAMILIES
.....	
12:15 P.M. – 1:00 P.M.	LUNCH
.....	
1:00 P.M. – 2:15 P.M.	SUPPORTING AND SUSTAINING ADOPTIVE FAMILIES: CLINICAL ISSUES
2:15 P.M. – 2:45 P.M.	SUPPORTING AND SUSTAINING ADOPTIVE FAMILIES: PERMANENCY SUPPORT PLANNING
2:45 P.M. – 3:00 P.M.	WRAP UP AND ADJOURN

Handout #2. What Is Your Anxiety Quotient?

How anxious would you or do you feel:

1. Initiating a conversation with a child who has been living for a long time with a foster family and adoption has not been raised with the child?

1 2 3 4 5 6 7 8 9 10

2. Sitting with a kid who says that he doesn't want to talk about adoption and that is exactly what you need to talk with him about?

1 2 3 4 5 6 7 8 9 10

3. Discussing adoption with a depressed birth parent about her child being adopted?

1 2 3 4 5 6 7 8 9 10

4. Talking with a legacy foster family who expresses strong negativity about adoption?

1 2 3 4 5 6 7 8 9 10

5. Talking with a youth whom you know wants to be adopted by his foster family but the family is saying they will not adopt?

1 2 3 4 5 6 7 8 9 10

6. About your job if you do not complete adoptions for youth on your caseload?

1 2 3 4 5 6 7 8 9 10

Total Score: _____

Handout #3. The BEST: Youth Version

NOTE TO TRAINER: Download from www.aecf.org/lifelongfamilies.

Handout #4. Adoption Quiz #1.

1. *The Bad Seed* upsets many adoptive families because it is a movie about an adoptee who is a:

- A. Murderer
- B. Thief
- C. Junkie
- D. Multiple personality

Answer: A

2. In *The Blind Side*; a movie based on the life of adoptee and now pro-football player, Michael Oher, Michael accepts a football scholarship to what university?

- A. University of Tennessee
- B. Louisiana State University
- C. Howard University
- D. University of Mississippi

Answer: D

3. Who among the following Gold Medal Olympians is both gay and adopted?

- A. Scott Hamilton (Figure Skating)
- B. Sarah Vailancourt (Hockey)
- C. Greg Louganis (Diving)
- D. Mark Tewsberry (Swimming)

Answer: C

4. The guitarist born Ellas Otha Bates, who was adopted by his mother's cousin, Gussie McDaniel, is more familiarly known as

- A. Buddy Holly
- B. Eric Clapton
- C. Bo Diddley
- D. Jimi Hendrix

Answer: C

5. Following the death of his father, this signer of the *Declaration of Independence*, was adopted by his uncle.
- A. John Adams
 - B. John Hancock
 - C. Ben Franklin
 - D. Samuel Adams

Answer: B

6. What is the name of the NFL Quarterback who was born in prison and later adopted?
- A. Drew Brees
 - B. Mark Sanchez
 - C. Daunte Culpepper
 - D. Tim Tebow

Answer: C

7. Which Hollywood hunk has two adopted children?
- A. Hugh Jackman
 - B. Chow Yun Fat
 - C. Cuba Gooding, Jr.
 - D. Xavier Torres

Answer: A

8. Which actor saw a homeless six-year-old on the television program *Good Morning America* and later adopted him?
- A. Lou Gossett, Jr.
 - B. Denzel Washington
 - C. Anthony Anderson
 - D. Morgan Freeman

Answer: A

9. Which television news anchor/talk show host has an adopted child?
- A. Katie Couric
 - B. Bill O'Reilly
 - C. Bill Maher
 - D. Barbara Walters

Answer: D

10. Who, among the following, was/is adopted?

- A. Keyshia Cole, Sarah McLachlan & Newt Gingrich
- B. Faith Hill, Marilyn Monroe & Jesse Jackson
- C. Jamie Foxx, Steve Jobs & Gerald Ford
- D. All of the above

Answer: D

TIE BREAKERS!!!!

1. Which New Orleans *Saints* pro football player grew up in foster care and was adopted at age 19?

- A. Lance Moore
- B. Jimmy Graham
- C. Michael Higgins
- D. David Thomas

Answer: B

2. Grant Fuhr, adopted by Caucasian parents, was the first African American inducted into which hall of fame?

- A. Basketball
- B. Football
- C. NASCAR
- D. Hockey

Answer: D

Handout #5. The BEST: Caregiver Version

NOTE TO TRAINER: Download from www.aecf.org/lifelongfamilies.

Handout #6. Openness in Adoption Scenarios

SCENARIO #1: Hank's resource parents, Bob and Brenda, will adopt 12-year-old Hank. At the most recent team meeting, Hank's birth mother, Mary, and birth father, Mark, were present. Mary has regularly attended team meetings and has given Hank her blessing to be adopted. Mark has irregularly attended team meetings but when he attends, Hank is happy to see him. There have been substance abuse issues for both Mary and Mark. Bob and Brenda are more comfortable with Mary's progress than with Mark's. After the team meeting, Bob and Brenda ask you, Hank's social worker, for a word and say that they want to be clear that while they are happy for Hank to remain in touch with his birth mother Mary, they want no contact whatsoever with Mark after the adoption. They do not trust Mark and believe that he continues to be a serious substance abuser.

SCENARIO #2: At a recent team meeting, 14-year-old Seth mentioned for the first time that he has been in close contact with his 26-year-old cousin Mike with whom he lived for almost four years before he entered foster care. It is determined that Mike has recently returned to the area after spending five years in a state prison for conspiracy to commit robbery. Seth's prospective adoptive parents, Rick and Herbert, are shocked that they are first learning about Mike in a team meeting and are quite unhappy to know that Seth is in contact with a felon. Rick and Herbert make it clear that they are not ready for Seth to involve Mike in their lives. Seth, on the other hand, is equally clear that he wants ongoing contact with Mike and expects to see him often now and after he is adopted.

SCENARIO #3: The teaming process has moved permanency planning along for Aleesha, age 15, and her resource mother, Roxanne. Both are committed to one another with a court hearing to finalize the adoption in three months. Roxanne has shared in individual meetings with Aleesha's social worker that she is making every effort to encourage Aleesha in maintaining contact with her grandmother who raised her after Aleesha's mother died. The grandmother cared for Aleesha until, at age 12, Aleesha entered foster care. Over the past three years, the grandmother has been inconsistent in visiting Aleesha but never forgets Aleesha's birthday. Aleesha is resisting contacts with her grandmother, saying the Roxanne is now her family. Roxanne does not understand Aleesha's reluctance and believes that it is always best for young people to have strong connections with their birth families.

Handout #7. Adoption Quiz #2

Adoption: The Numbers Game

1. How many children are adopted from foster care each year nationally?

- A. Around 30,000
- B. Around 50,000
- C. Around 75,000
- D. Close to 100,000

Answer: B

2. What percentage of children who are adopted have “special needs” and receive an adoption subsidy?

- A. 52 percent
- B. 66 percent
- C. 77 percent
- D. 90 percent

Answer: D

3. What percentage of children are adopted by their foster families?

- A. 44 percent
- B. 54 percent
- C. 64 percent
- D. 74 percent

Answer: B

4. How many children in foster care are waiting to be adopted in the US?

- A. Around 82,000
- B. Around 104,000
- C. Around 157,000
- D. Around 206,000

Answer: B

5. Most of the children waiting to be adopted are:

- A. White
- B. Black
- C. Hispanic
- D. American Indian/Alaskan Native

Answer: A

(40 percent are white; 28 percent are black; 22 percent are Hispanic and 2 percent are American Indian/Alaskan Native)

6. On average, how long does it take for a child in foster care to be adopted after parental rights have been terminated?

- A. 6 months
- B. 8 months
- C. 14 months
- D. 18 months

Answer: C

7. What percentage of children waiting to be adopted are living with unrelated foster families?

- A. 33 percent
- B. 54 percent
- C. 72 percent
- D. 90 percent

Answer: B

8. How many adopted children do Brad and Angelina have?

- A. 2
- B. 5
- C. 3
- D. 9

Answer: C (*Maddux, Pax, Zahara*)

Handout #8. Adoption Scenarios

#1 ADOPTION SCENARIO

The adoptive parents come in, saying that they are feeling completely swamped by their child's behavior. They have tried everything and nothing works. They wonder if they should just give up.

#2 ADOPTION SCENARIO

When the adoptive parents were the child's foster parents, they made sure each year that the child selected a special card to send to his birth mother on Mother's Day. This year, with the adoption now finalized, the child completely ignores his adoptive mother on Mother's Day. The adoptive parents are heartsick.

#3 ADOPTION SCENARIO

The adoptive parents come into the session, both obviously very angry. The adoptive father says, "You talked us into this adoption! Now, here we are with a kid who is driving us crazy and a marriage that's going down the tubes!"

#4 ADOPTION SCENARIO

The adoptive parents seek help for their child at age 13. They adopted him at age 10 and he has flourished emotionally, socially and academically. Now at 13, he is angry, has to be pushed to go to school where his grades have gone down, and he refuses to do more than grunt when his parents ask him a question. They want to know is it because of adoption or something else?

#5 ADOPTION SCENARIO

The adoptive mother calls to ask for help with her 14-year-old daughter who has started to talk about a lot of sexual stuff. The daughter was abused as a toddler. Mom says that she is very uncomfortable dealing with these issues.

Handout #9. Permanency Support Planning with Adoptive Families: Services, Supports and Resources

Potential Need	Services, Supports and Resources in the Community
Support for the adoptive family	
Mental health counseling for the child	
Mental health counseling for the family	
School problems	
Adolescent issues: identity development	
Contact with birth family issues	
Medical concerns about the child	
Racial and cultural identity issues	
Respite care	
Adoption education	
Other:	
Other:	
Other:	

Appendix A. Role Play #1: Molly (Copy #1)

SOCIAL WORKER JENNIFER: Hey Molly, how are you doing today?

MOLLY: Hey Jennifer. Okay. Same old stuff.

SOCIAL WORKER JENNIFER: Well, remember we've been talking about my role as your permanency worker... about being your planning person?

MOLLY: Yeah, right.

SOCIAL WORKER JENNIFER: So I want to spend a little bit of time on that today with you.

MOLLY: Is all this because my brother John got adopted?

SOCIAL WORKER JENNIFER: Would you like to talk about that?

MOLLY: John called, actually and told me that he went to see the judge and they had a party and stuff. He seemed pretty happy.

SOCIAL WORKER JENNIFER: And how do you feel about that?

MOLLY: I'm glad for him. You know, we were pretty close when we were back at our house and stuff, so I'm glad he's okay. I don't have to worry about him so much anymore now. I used to worry about him a lot.

SOCIAL WORKER JENNIFER: I know you did.

MOLLY: Yeah. But I just really want to make sure that we get to go see him because I don't want him to forget me.

SOCIAL WORKER JENNIFER: Mm-hm. Okay.

MOLLY: I told him he couldn't; you know, I said, "Just because you have a new family doesn't mean that I'm not your sister anymore."

SOCIAL WORKER JENNIFER: Absolutely. Part of my job is to try and make sure that that doesn't happen.

MOLLY: That's good.

SOCIAL WORKER JENNIFER: Molly, you had said that you worried for John. You know, I worry about you.

MOLLY: You worry about me?

SOCIAL WORKER JENNIFER: I do. I want to make sure that you're safe and that you're going have a family that you can rely on like your brother John.

MOLLY: I don't know who that's gonna' be.

SOCIAL WORKER JENNIFER: Mm-hm. Well –

MOLLY: Hey, my big brother Tony called me. He called because it was his birthday.

SOCIAL WORKER JENNIFER: How is he?

MOLLY: He was in a residential home, but they kicked him out because he was 18 and stuff. Well, he's in some kind of a shelter right now. You know, I hadn't heard from him for a while. Maybe I can worry about him now that I don't have to worry about John.

SOCIAL WORKER JENNIFER: You've got a lot of people to worry about.

MOLLY: I do.

SOCIAL WORKER JENNIFER: Do you ever worry about yourself in that way?

MOLLY: What way?

SOCIAL WORKER JENNIFER: Thinking about where you'll be in the next few years?

MOLLY: Well, I kind of wonder – actually, I was wondering one way that John wouldn't forget me is if his maybe his parents would adopt me.

SOCIAL WORKER JENNIFER: Mm-hm. So you've thought about that?

MOLLY: Kind of. I know it's stupid.

SOCIAL WORKER JENNIFER: No, it's not stupid at all. I know many kids who have lived in lots of different places just like you have Molly and they wonder when they'll be moving again. Do you think that way sometimes?

MOLLY: Well, I guess I'll be here until at least I'm 18 if nothing goes wrong. So far things seem to be going okay, but –

SOCIAL WORKER JENNIFER: You think that if something went wrong that you'd have to leave this place?

MOLLY: Yeah. Isn't that how it works? That's how it worked all the times before.

SOCIAL WORKER JENNIFER: You've had a lot of moves. Do you remember how many different places you've lived?

MOLLY: A lot. I don't know. Me and Tony and John started out together but it didn't last long. I don't remember all that stuff.

SOCIAL WORKER JENNIFER: One thing we might do together is to go back and try to remember all the families that you lived with.

MOLLY: And all the places?

SOCIAL WORKER JENNIFER: Yes and how long you were there and what happened. Would that be something, Molly, that you'd like to do...have me go back and take a look at your record so we get the facts about where you've lived?

MOLLY: Yeah. I guess so.

SOCIAL WORKER JENNIFER: And we could talk about what it was like for you.

MOLLY: Yeah, because I really can't remember all of them. I know I had some pictures in my stuff when I moved here; do you want me to get those out?

SOCIAL WORKER JENNIFER: That would be great. Maybe we could even go back to some of those places together.

MOLLY: You mean meet the people?

SOCIAL WORKER JENNIFER: We could go back to some of the families with whom you lived and we could certainly try to contact them or at least help you remember those people and places.

MOLLY: There was one of them that had a daughter, Elizabeth. She was a really cool kid. I wouldn't mind getting back in touch with her.

SOCIAL WORKER JENNIFER: Mm-hm. So you have some good memories of those places, too?

MOLLY: Some.

SOCIAL WORKER JENNIFER: I'm hoping, Molly, that we can also think about your future.

MOLLY: Would you ever talk to John's family maybe about maybe adopting me?

SOCIAL WORKER JENNIFER: Mm-hm. Well, we could certainly talk about that, Molly and about the family that you're in now.

MOLLY: They're all right.

SOCIAL WORKER JENNIFER: They're all right?

MOLLY: Yeah. Betty and Joe have been pretty good, you know, they haven't kicked me out but I don't know what they're thinking about me being here.

SOCIAL WORKER JENNIFER: So you've thought about that?

MOLLY: Yeah. I have a little bit. Not a lot. Just a little bit.

SOCIAL WORKER JENNIFER: That's something that we can talk more about and not only just you and I, but also to include Betty and Joe in that conversation at some point.

MOLLY: Yeah, well, not right away.

SOCIAL WORKER JENNIFER: OK. We'll take it one step at a time. So do I have your permission to go back and look over your record again?

MOLLY: Yeah. Go ahead. You do that and I'll look for the pictures.

SOCIAL WORKER JENNIFER: Great!

Appendix A. Role Play #1: Molly (Copy #2)

SOCIAL WORKER JENNIFER: Hey Molly, how are you doing today?

MOLLY: Hey Jennifer. Okay. Same old stuff.

SOCIAL WORKER JENNIFER: Well, remember we've been talking about my role as your permanency worker... about being your planning person?

MOLLY: Yeah, right.

SOCIAL WORKER JENNIFER: So I want to spend a little bit of time on that today with you.

MOLLY: Is all this because my brother John got adopted?

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MOLLY: John called, actually and told me that he went to see the judge and they had a party and stuff. He seemed pretty happy.

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MOLLY: I'm glad for him. You know, we were pretty close when we were back at our house and stuff, so I'm glad he's okay. I don't have to worry about him so much anymore now. I used to worry about him a lot.

SOCIAL WORKER JENNIFER: I know you did.

MOLLY: Yeah. But I just really want to make sure that we get to go see him because I don't want him to forget me.

SOCIAL WORKER JENNIFER: Mm-hm. Okay.

MOLLY: I told him he couldn't; you know, I said, "Just because you have a new family doesn't mean that I'm not your sister anymore."

SOCIAL WORKER JENNIFER: Absolutely. Part of my job is to try and make sure that that doesn't happen.

MOLLY: That's good.

SOCIAL WORKER JENNIFER: Molly, you had said that you worried for John. You know, I worry about you.

MOLLY: You worry about me?

SOCIAL WORKER JENNIFER: I do. I want to make sure that you're safe and that you're going have a family that you can rely on like your brother John.

MOLLY: I don't know who that's gonna' be.

SOCIAL WORKER JENNIFER: Mm-hm. Well –

MOLLY: Hey, my big brother Tony called me. He called because it was his birthday.

SOCIAL WORKER JENNIFER: How is he?

MOLLY: He was in a residential home, but they kicked him out because he was 18 and stuff. Well, he's in some kind of a shelter right now. You know, I hadn't heard from him for a while. Maybe I can worry about him now that I don't have to worry about John.

SOCIAL WORKER JENNIFER: You've got a lot of people to worry about.

MOLLY: I do.

SOCIAL WORKER JENNIFER: Do you ever worry about yourself in that way?

MOLLY: What way?

SOCIAL WORKER JENNIFER: Thinking about where you'll be in the next few years?

MOLLY: Well, I kind of wonder – actually, I was wondering one way that John wouldn't forget me is if his maybe his parents would adopt me.

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MOLLY: Kind of. I know it's stupid.

SOCIAL WORKER JENNIFER: No, it's not stupid at all. I know many kids who have lived in lots of different places just like you have Molly and they wonder when they'll be moving again. Do you think that way sometimes?

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MOLLY: Would you ever talk to John's family maybe about maybe adopting me?

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MOLLY: Yeah. Go ahead. You do that and I'll look for the pictures.

SOCIAL WORKER JENNIFER: Great!

Appendix B. Role Play #2: Molly (Copy #1)

SOCIAL WORKER JENNIFER: Hey, Molly.

MOLLY: Hi, Jennifer

SOCIAL WORKER JENNIFER: Remember when I was out here last time we had talked about me going through your record for information? I did my homework and if it's OK with you, we could put together a timeline of your life using these pencils and paper.

MOLLY: OK. I'm not a very good drawer.

SOCIAL WORKER JENNIFER: That's all right. You know what we might do is just draw a line and start with the very first place that you remember living.

MOLLY: The one with my mom?

SOCIAL WORKER JENNIFER: How long did you live with your mom at that house?"

MOLLY: From when I was born till I was nine.

SOCIAL WORKER JENNIFER: What do you remember about living there?

MOLLY: I used to climb the tree in the front yard.

SOCIAL WORKER JENNIFER: Who lived with you in that house?

MOLLY: My older brother Tony and my baby brother John and my grandma before she died. I remember my mother left us with this guy, her boyfriend, and he and Tony got into it. Then a neighbor called the police. They took us away in a car. I remember riding in the back of the car with Tony and John, and John was crying and I was holding him.

SOCIAL WORKER JENNIFER: So your mom left you with one of her boyfriends and that person got in a fight with your older brother.

MOLLY: He made him mad or something and that's when we all went to the Smith's.

SOCIAL WORKER JENNIFER: Yeah. So you were with your family for nine years.

MOLLY: And when we were at the Smith's we went back and forth to my mom's house.

SOCIAL WORKER JENNIFER: So you had to leave your mom's house, but there were times when you went back to live with her?

MOLLY: She was on drugs and stuff. Have you heard at all from my mom?

SOCIAL WORKER JENNIFER: No, not lately but I can try to contact her.

MOLLY: I wonder because sometimes people stop using drugs and it's been, like, five – four years or so. I wondered if she's still using them. Did she know about John's adoption?

SOCIAL WORKER JENNIFER: Yes, part of him being adopted means that the court has to say he can't go back to live with your mom.

MOLLY: Does that mean I couldn't go either?

SOCIAL WORKER JENNIFER: That's something that you think about?

MOLLY: I just think about her. She didn't fight for John, so maybe she is doing bad.

SOCIAL WORKER JENNIFER: Actually, your mom did go to court and try to keep the court from making a plan for adoption for John. But, your mom has a problem with drugs – and the court decided that adoption was the best plan. Your mom has been in lots of different places to try to get treatment, but she hasn't been able to get herself off of drugs.

MOLLY: She couldn't do it.

SOCIAL WORKER JENNIFER: No, she couldn't. It doesn't mean that she didn't want to, that she doesn't love you and your brothers.

MOLLY: Anyway, let's put the Smith's on here. That's where I went next.

SOCIAL WORKER JENNIFER: OK.

MOLLY: They had a big house because they had lots of kids.

SOCIAL WORKER JENNIFER: You spent the first year with the Smith's. You turned 10 and had a birthday while you were living there.

MOLLY: Do you know why I left the Smith's?

SOCIAL WORKER JENNIFER: The record says that Tony was really having a hard time there, and needed more than what the Smith's could provide so a decision was made that you would all leave.

MOLLY: Yeah, we all left, but we didn't stay together. I don't get why John and I couldn't have stayed even if Tony wasn't doing all right. And why did me and John go to different places?

SOCIAL WORKER JENNIFER: The record says that there was no home available to take two kids so you got split up.

MOLLY: That's stupid.

Trainer will interrupt the role play for discussion at this point. Explain that the next conversation between Jennifer and Molly takes place a few weeks later.

Jennifer and Molly several weeks later...

SOCIAL WORKER JENNIFER: Hi, Molly. It is good to see you again!

MOLLY: Hi.

SOCIAL WORKER JENNIFER: I want us to pick up a bit from our conversation from a few weeks ago. Remember, we were talking about how we met when you were at St. Anne's.

MOLLY: Yeah, yeah, yeah. That's when you came and talked about Betty and Joe.

SOCIAL WORKER JENNIFER: You've been with them now for two years.

MOLLY: That's the longest I've stayed anywhere except home. I'm tired of moving.

SOCIAL WORKER JENNIFER: Kids move for lots of reasons, you know.

MOLLY: I know, but sometimes it wasn't really all that great. I was starting to really push it with people.

SOCIAL WORKER JENNIFER: Mm-hm.

MOLLY: Especially, at the Perry's house before I went to St. Anne's and I was mad because I wanted to be back with John. I think I was a worse kid then. I might still be worse than that sometimes now.

SOCIAL WORKER JENNIFER: Oh, so you felt like you were a bad kid then?

MOLLY: Yeah, pretty much. I got in trouble more than any of the other kids. It was kind of funny...the staff were so mean. So were the other kids.

SOCIAL WORKER JENNIFER: That must have been hard for you to be with people you thought were mean and it sounds like you didn't have friends there.

MOLLY: No way. They were jerks.

SOCIAL WORKER JENNIFER: I can see why you felt like you were a bad kid. It sounds like you had really sad feelings about not being with John and you didn't have anyone to help you with those feelings. You probably felt really alone. A lot of kids feel like it's their fault when they have to move. Like it's because they are bad kids. Did you ever feel like that?

MOLLY: Yeah, probably. But I did do stuff so they would have to move me, like hurt myself and run away and stole stuff.

SOCIAL WORKER JENNIFER: Oh, so you did things so you would have to leave? I wonder if that is because you didn't feel safe where you were or you didn't have people to help you understand your feelings. That is how kids communicate you know, with their behavior. And you were only nine when you had to leave your mom's house; you were little and didn't know how to talk about your big feelings so you just acted them out. I wonder if you still feel like you are a bad kid sometimes?

MOLLY: Well yeah. Sometimes. Maybe not as much.

SOCIAL WORKER JENNIFER: Sometimes kids make bad choices but that doesn't mean they're bad kids.

MOLLY: Yeah.

SOCIAL WORKER JENNIFER: Do you think that Betty and Joe think you are a bad kid?

MOLLY: Sometimes. Sometimes I am.

SOCIAL WORKER JENNIFER: Did you know that kids need adults to help them know that they are good people? I mean a baby can't figure out what a great person she is unless she has an adult that loves her and goes and gaas at her, cuddles her, that kind of thing.

MOLLY: I'm not a baby!

SOCIAL WORKER JENNIFER: No! You are a teenager! But when you were a baby, your mom wasn't able to give you all the stuff you needed to learn about what a good person you are. You were left on your own a lot, and had to take care of your brother and it was really hard for you I bet. I'll bet you were scared a lot of the time not having adults you could count on.

Do you think Betty and Joe know what a great person you are?

MOLLY: No, I don't know.

SOCIAL WORKER JENNIFER: Well, it might take you a while to believe that they see what a great person you are since you have had so many adults in your life that you haven't been able to trust. But the good news is that you can learn it even now, with their help.

I'd like us to talk with Betty and Joe about this next time we meet with them together, is that ok with you?

MOLLY: Yeah, I guess.

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