
THE WHO'S
An Introduction to the
Foster/Adoption/Kinship System

DIFFERENCES BETWEEN FOSTER/KINSHIP AND ADOPTION

FOSTER/KINSHIP

- County holds full legal responsibility of the child(ren)
- Family Receives a reimbursement check to assist with added expenses of a placement
- Decision-making responsibilities are shared with the agency and birth parents
- Family is working with an agency to help the child return home

ADOPTION

- Adoptive parents have full legal responsibility
- Family may receive adoption assistance on behalf of child but is still responsible for financial obligations such as childcare and activities
- Adoptive parents are fully responsible for making decisions
- Family is working to incorporate the child as a permanent member of their family

Birth Parents:
Life itself
Physical looks (hair, eyes, height etc.)
Predisposition for certain diseases (diabetes, heart disease, etc.)
Prenatal exposures
Personality/temperament
Memories!

Caregiving Parents:
Love
Affection(hugs and kisses)
Limits, rules, discipline, toys words, experiences, security, nurturing, safety
Memories!

Legal Parents:
Shelter, safety, security
Financial support
Medical care
Education
Permission for many things!

Children NOT in foster care receive the above from ONE source.
Children in foster/kinship/adoption receive the above from multiple sources.

It is important to understand that the ultimate goal of foster care is *reunification* whether it be with the biological parents, family members, or family friends. When this goal cannot be met within a certain time frame, the goal of the child or children changes to *adoption*.

Expectations of Adoption/Foster/Kinship Care

All parents develop fantasies or dreams about how their child(ren) will be. These ideas often tell us about our values, goals for the child, etc.

*** Describe the child you have dreamed of: List on "take-away packet".**

Most adults who make the commitment to provide care for a child have expectations of what type of child will fit into their family. They also have expectations of the child's behaviors.

*** Describe what behaviors you expect: List on "take-away packet".**

Each family possesses different qualities/characteristics that can help a child successfully integrate into their family as well as create challenges that hinder a successful placement. It is important to think about the qualities/characteristics your family possesses and the effect they will have on a child coming into the home.

*** The next two slides will help determine what qualities/characteristics fit your family.**

Characteristics Of Families Who Have Successful Placements:

- The family likes to give and help.
- The family is satisfied with their lives.
- They are resourceful.
- They are tolerant of loss, anxiety, and ambiguity.
- They have a sense of humor.
- They are involved with the child in the community.
- They enjoy the child(ren) and are able to be actively involved with them
- The family has some acceptance of the birth family's positive attributes and are able to talk to them with their child(ren).
- A positive interaction cycle is established between the parents and child(ren).
- Parents have the sense that things are "getting better" as the placement progresses.

Characteristics Of Families Who Have Had Placements Fail:

- Unresolved losses in the past and present, resulting in a need to revisit past relationships and an inability to meet the child(ren)'s needs
- Possessiveness of the child(ren) and an unwillingness to acknowledge and work with important people from the child(ren)'s past
- Desperation for a child(ren), resulting in unrealistic expectations
- High stress and anxiety levels
- Aggressiveness
- Power and control issues
- Rigidity, not allowing for changes easily
- Difficulty sharing parenting with the agency or birth families
- Families that are poorly prepared for adoption and do not have open communication or open relationship with their social worker.

Predictable Problems

- Children already in the family may feel threatened by adoption/foster/kinship care child and might resent having to share their parents and each other.
- Children already in the family may be jealous of the new child(ren) and may secretly fear that they "aren't good enough" to satisfy their parents.
- The addition of a new child will change the balance of and may re-align siblings' relationships.
- The parent's relationship will be strained as each attempts to be a successful parent and focuses increased time and attention on the adopted/foster/kinship child.
- Even minor adjustment problems loom large and a change in the delicate balance of family interactions and expectations may lead to a crisis atmosphere. This unrelenting stress and anxiety wears everyone out emotionally, reducing intimacy.
- There may be a general regression in the behavior of family members. Parents can expect more attention-seeking behaviors, withdrawals, and other signs of unvoiced anger.

Predictable Strategies

- Involve children already in the family in the preparation for adoption/foster/kinship care and seek their active support during initial adjustment.
- Reduce the number of outside activities to permit more time at home.
- Make a point of paying special attention to children already in the family, especially the one who must share space, possessions, or friends with the new child.
- Give all family members permission to ventilate. It's ok for kids not to be thrilled about adoption/foster/kinship care. Make sure you schedule regular opportunity to clear the air and let children know their feelings are valid.
- Reinforce to children already in the family the critical importance of their cooperation in making the placement(s) work.
- Praise all positive gestures and interactions and thank individual family members for their patience and understanding in different situations.
- Schedule regular family meetings, negotiation nights, or problem-solving sessions to prevent issues from going unrecognized or unresolved.
- Build in some family fun, special outings, celebrating, etc., to reduce isolation and stress and create opportunities for shared experiences.

Predictable Problems

- Spouse and children may become resentful as expenses of the new child take a bite out of the family budget. The need to purchase so much that is new (clothing, bedding, toys, etc) confers "special" status on the new child.

- Lack of extra cash may mean few "fun" activities and vacations just at the point when all family members may need these diversions most.

- Often there is an unspoken expectation that the placement child(ren) should somehow be grateful for the time and money spent on him or her. When thanks and gratitude are not expressed (or even felt), parents, children, and other relatives may be angry.

Predictable Strategies

- Budgeting for probable expenses in advance allows for minimal impact. Get everyone involved in planning.
- Be clear with relatives and friends on how much support and assistance you need. If the new child will need furniture, perhaps you should accept an offer by a friend to give you a bed, dresser, etc. People like the good feeling that comes with helping.
- Small tokens of affection such as notes, cards, hugs, etc will reassure family members for their real value.
- Don't shortchange family recreation! Most cities offer many free and inexpensive ways to enjoy a family outing.
- For many of us, being open to the generosity of others is very difficult. Don't reject sincere offers of assistance as they represent emotional as well as financial support.
- Consult newspaper columns, cookbooks, etc for ideas on how to manage well on a restrictive budget. Garage sales, swamp meets, discount stores, etc can help stretch the dollar. Often other adoptive/foster/kinship care providers are a valuable source of ideas.

Predictable Problems

- Relatives often overreact with attention, lavishing gifts, and praise on the new child, as if to make up for a past history of deprivation. This creates resentment in other children.
- Adoptive parents may be treated as super parents or saints, and thus may be denied honest advice and helpful feedback on child behavior and family adjustment.
- Grandparents or other close relatives may be hostile to the adoption and may ignore or reject the new child.
- Relatives may appear to accept adopted/foster/kinship care child(ren), but may show favoritism to biological children. This undermines the self-esteem of the new child who may avoid visits with extended family members.
- Sometimes adoption/foster/kinship care is viewed by older relatives as a social embarrassment. They will get critical questions and comments from friends and are uncomfortable having to explain the decision (especially with a noticeably "different" child).

Predictable Strategies

- Involve key relatives in the preparation for adoption. Let them share in the excitement and anticipation, while building their awareness of the likelihood that the adjustment will sometimes be difficult.
- Be firm about whose decision it is to adopt/foster/kinship and don't equivocate or waver once plans are final. Respect the feelings of extended family members and try to deal rationally with their concerns and fears.
- A "welcome home" party or adoption day type of celebration may help to create an environment of warm acceptance.
- Invite extended family members to join in outings and events as a way to help them get acquainted with the new child.
- Be sure to share all positive news about the child's progress and adjustments with relatives.
- Being adoptive/foster/kinship means becoming a part of a new family tree. Get grandparents involved in sharing the family history, traditions, values, etc. Photo albums and home movies can be helpful in this unity sharing.
- Don't allow children already in the family to claim too much of grandparents' time but do allow and encourage increased contact. The biological children may seek this as reassurance of their special value and place in the family.

Predictable Problems

- Continued need for services to aid adopted/foster/kinship care children and/or family can result in a loss of confidence by parents in their ability to help themselves. This is critical as basic self-confidence is a key to successful placements.
- Families frequently resent the insensitive treatment they receive from therapists and other helpers.
- The sustained loss of family privacy and autonomy involved in long-term therapy or counseling feels like a loss of dignity and self-esteem.
- Helping professionals make a handy target. They can be blamed for lack of progress, criticized for continued problematic behavior. Their presence in family affairs may permit parents to ignore real issues and avoid the hard work inherit in restructuring family relationships.
- Sometimes placement care parents expect too much of therapy and regard the therapist as a miracle worker. Medical professionals are similarly expected to perform miracles.

Predictable Strategies

- Schedule more time together as a family to increase unity and sense of normalcy.
- Arrange regular consultations with helping professionals. It is vital to retain control and direction of your child's progress. Be an active, informed, and assertive consumer.
- Set the ground rules for a full partnership with all helping professionals. Make sure your role in treatment plans and other key decisions is made clear.
- Reinforce all gains made in treatment, record milestones/goals reached, keep a diary to record progress and track small achievements.
- Be realistic about what your child can be expected to achieve. To make an accurate prognosis, insist on all information and records on child's past history, prior treatment, special needs and problems.
- Get feedback from your child and be sure you and your child give yourselves credit for improvements.

Predictable Problems

- Friends and neighbors may stop calling and reduce or avoid contact.
- Friends may overreact and think parents are very special, even saints. This can make you uncomfortable if friends have been a source of advice and support in parenting.
- People may ask tactless or rude questions or make inappropriate comments about the placement(s)– even in the presence of the child(ren).
- Family may become local celebrities – interviewed on television, featured in newspapers, etc. This may be awkward and uncomfortable, especially for the child(ren).
- Visibility seems to encourage even strangers to comment, offer advice, judge character and motivation, etc.
- People may stare at the family and the child(ren), sometimes causing real embarrassment. Family may avoid outings to reduce the discomfort. Anonymity becomes hard to find.
- The placement child(ren)'s behavior and/or appearance may seem as a direct reflection on the family. Parents may become defensive and feel the community is waiting for them to fulfill the "I told you so" syndrome.

Predictable Strategies

- Reinforce the new child(ren)'s sense of belonging, regardless of community interaction.
- Prepare friends and neighbors of the child(ren)'s arrival, likely behaviors, and special needs. Offer information and encourage questions to promote acceptance.
- Cultivate new friends through involvement in parent support groups.
- Try to play down or deflect the "celebrity" status. The onslaught of public attention can be anxiety-producing.
- Be open with family members (including the new child(ren)) about visibility and its impact but acknowledge it as a source of discomfort.

Types of Abuse: Physical Abuse

- **Physical Indications**
  - Unexplained bruises/welts
    - On face, lips, mouth
    - On torso, back, buttocks, thighs
    - In various stages of healing
    - Clustered, forming regular patterns
    - Reflect shape of article used to inflict
    - On several surface areas
    - Regularly appear after absence, weekend, or vacation
  - Unexplained burns
    - Cigar or cigarette
    - Immersion burns (sock-like, glove-like, donut shape on buttocks or private area)
    - Patterned-like (electrical burn, iron)
    - Rope burns
  - Unexplained fractures
    - To skull, nose or face
    - In various stages of healing
    - Multiple or spiral fractures
  - Unexplained lacerations or abrasions
    - To mouth, lips, gums, eyes
    - To external private parts

- **Behavioral Indicators**
  - Wary of adult contact
  - Apprehension when other children cry
  - Behavior extremes
    - Aggressiveness
    - Withdrawal
  - Frightened of parents
  - Afraid to go home
  - Reports injury by parents

Types of Abuse: Physical Neglect

- **Physical Indications**
  - Consistent hunger, poor hygiene, inappropriate dress
  - Consistent lack of supervision, especially in dangerous activities or long periods
  - Unattended physical problems or medical needs
  - Abandonment

- **Behavioral Indicators**
  - Begging, stealing food
  - Extended stays at school – early arrival and late departure
  - Constant fatigue, listlessness, or falling asleep in class
  - Alcohol or drug use
  - Delinquency
  - States there is no caretaker

Types of Abuse: Sexual Abuse

- **Physical Indications**
  - Difficulty walking or sitting
  - Torn, stained, bloody underclothing
  - Pain, itching, bruises, bleeding in genital area
  - Sexually transmitted disease
  - Pregnancy

- **Behavioral Indicators**
  - Unwilling to change for gym class
  - Withdrawal, fantasy, infantile behavior
  - Bizarre, sophisticated, unusual sexual behavior or knowledge
  - Poor peer relationships
  - Delinquent behavior, running away
  - Reports sexual assault by caretaker

Types of Abuse: Emotional Maltreatment

- **Physical Indications**
  - Speech disorder
  - Lag in physical development
  - Failure to thrive

- **Behavioral Indicators**
  - Habit disorders – sucking, biting, rocking
  - Conduct disorders – antisocial, destructive
  - Neurotic traits – sleep disorder, inhibition of play
  - Psychoneurotic reactions – hysteria, obsession, compulsion, phobias, hypochondria
  - Behavior extremes – compliant, passive, demanding, aggressive
  - Overly adaptive behavior – inappropriate with adults or other children
  - Developmental lags
  - Attempted suicide

Some possible effects from abuse, neglect, and instability include:

- ✓ Low self-esteem
- ✓ Does not see adults as "the good guys"
- ✓ Relies on fight, flight, or freeze response
- ✓ Has difficulty adjusting to new family rules
- ✓ Has difficulty being a child if placed with a sibling who they parented
- ✓ Has problems with setting goals
- ✓ Does not learn from experience
- ✓ Does not understand delayed gratification
- ✓ May be able to play *near* other children, but have difficulty playing *with* other children
- ✓ Has difficulty distinguishing between fact and fiction

Underlying Emotional Issues of Survival Behavior

- Aggressiveness – fear of being attached , "I'll hurt you before you hurt me."
- Testing – need for control, children in care feel like their lives are out of control
- Identity issues – poor sense of self-esteem, due to abuse/neglect, multiple moves, or believing one was "given away"
- Anger/depression – underlying tension that can't be identified or described in words, fear of attachment
- Value issues (lying, stealing, etc) – conflict in values, children in care sometimes acquire a set of values that conflict with most adoptive/foster/kinship care parents
- Separation anxiety delays – emotional or developmental, fear of abandonment
- Over competency – need for control. Lack of trust that others cannot meet one's needs
- Inappropriate sexual behavior – sexual abuse victim or witness, need for control

Mental Health Needs of Foster Children

Factors that influence mental health:

- ❑ Biological
  - Physical health
  - Disability
  - Genetic vulnerabilities
- ❑ Social
  - Peers
  - Family circumstances
- ❑ Social/Biological
  - Drug effects
- ❑ Psychological
  - Self-esteem
  - Coping skills
- ❑ Social/Psychological
  - Family relationships
  - Trauma
- ❑ Biological/Psychological
  - Temperament
  - IQ

Of the approximately half-million children and adolescents in foster care in the US, experts estimate that 42 to 60 percent of them have emotional and behavioral problems. These children are at greater risk for frequent placement disruptions and were less likely to reunite with their families of origin or be adopted. (The study appears in the January 2009 issue of the journal Research on Social Work Practice.)

Anxiety Disorders

- Overview: Anxiety disorders are among the most common mental health conditions. There are many different types of anxiety disorders, with different symptoms. They all share one common trait – prolonged, intense anxiety that is out of proportion to the present situation and affects a person's daily life and happiness. Symptoms come on suddenly or can build gradually and linger. Sometimes worry creates a sense of doom that comes out of nowhere. Kids with anxiety problems may not even know what is causing the emotions, worries, and sensations they have.
- Types: Generalized Anxiety Disorder, Obsessive Compulsive Disorder, Specific Phobias, Social Anxiety, Panic Attacks, Post-Traumatic Stress Disorder, Some Motor and Vocal Disorders (tics)
- Causes: genetics, stressful life circumstances, learned behavior, situational
- Signs/ Symptoms: excessive worry most days of the week, for weeks on end; trouble sleeping at night or sleepless during the day; restlessness or fatigue during waking hours; trouble concentrating; irritability; and many more.
- Treatment: mental health therapy and/or medications, sometimes hospitalization is needed if symptoms are severe.
- What can caregivers do to help? Acknowledge the problem in a supportive, non-judgmental way. Talk with the child about the symptoms they are experiencing so their mental health provider has all the needed information to best help the child. Let other adults in the child's life know about the anxiety. Also, be aware of your own anxiety and how it is expressed in front of the child. Be patient and positive with the child.

Attachment Disorders

- Overview: Attachment disorders are conditions in which infants and young children fail to establish any sort of emotional bonding with their primary caregivers. This means that the baby or child's emotional needs of love, comfort, affection, care, and nurturing, go unmet in the first few years of life.
- Types: Though the phrase "attachment disorder" is often used to encompass any kind of attachment issues, Reactive Attachment Disorder (RAD) is the most common diagnosed. The inhibited form of RAD is characterized by lack of expectation of care and comfort. The distinguished form is characterized by a general and excessive familiarity, even with strangers.
- Causes: Attachment disorders tend to result from a young child learning that his or her needs will not be met. This can be anything from not having a diaper changed when it is dirty to not being fed when hungry. Children are at risk of attachment disorders when: they suffer abuse or neglect at the hands of caregivers, they are the result of unwanted pregnancies, their primary caregivers suffer from depression, they are separated from primary caregivers, such as due to death or illness, they suffer from persistent and chronic pain, for example colic or ear infections, their mothers smoked, drank alcohol, or abused drugs during their pregnancies, they are raised in emotionally empty environment, and their primary caregivers change often, for example different relatives or foster care.
- Signs/Symptoms: a lack of eye contact with others; no desire to gaze at others when they move around rooms; poor impulse control; a sad or listless appearance with infrequent smiles or laughter; no interest in interactive games; consistent self-soothing behaviors (often used instead of seeking soothing from others); abnormally social, though superficial, behaviors include hostility, anger, defensive, and/or neglectful parents or primary caregivers.
- Treatment: Counseling, education, family therapy and medication may be used. Children who are a serious risk to themselves or others may be placed in residential treatment, and parents or primary caregivers may be asked to take parenting skills classes if that would be best for the family as a whole. Children who show an aversion to physical contact may also be prescribed physical contact in a therapeutic setting to become more used to such displays of affection.

ADHD

- Overview: ADHD stands for Attention-Deficit Hyperactivity Disorder. It is a condition with symptoms such as inattentiveness, impulsivity, and hyperactivity. The symptoms differ from person to person. Both children and adults can have ADHD, but the symptoms always begin in childhood. Adults with ADHD may have trouble managing time, being organized, setting goals, and holding down a job. Symptoms are seen at home, in school, and in the community.
- Causes: The exact cause isn't known but runs in families. Ongoing research is focused on finding the genes that cause a person to be likely to get ADHD. Also, exposure to lead may cause symptoms.
- Signs/Symptoms: Disorganized, lack focus, procrastinate, appear careless, forgetful, easily distracted, hyperactive, impulsive, interrupt others, talk excessively, impatient, can be aggressive, and more.
- Treatment: medication (beginning at age 6 or first grade) and therapy: wrap-around, outpatient, Parent/Child Interaction (PCIT) or a combination of these (can begin at age 4)
- What can caregivers do to help? Be patient, keep a daily schedule, reward good behavior, promote healthy physical activity, talk with the child, teachers, and other adults about the child's symptoms so their mental health provider has all the needed information to best help you and the child.

Autism Spectrum Disorders

- Overview: Autism is neurodevelopment disorder characterized by impaired social interaction, verbal and non-verbal communication, and restricted and repetitive behavior. Parents usually notice signs in the first two years of the child's life. These signs often develop gradually, though some children with autism reach their developmental milestones at a normal pace and then regress. The diagnostic criteria require symptoms become apparent in early childhood, typically before age three.
- Causes: genetics and possible environmental causes
- Signs/Symptoms: lack of eye contact; social impairments; not meeting milestones; hypertensive to tough, sounds, smells, and tastes; repetitive movements; likes a strict routine; unusual vocal sounds
- Treatment: There is no cure for autism. Medications and different types of therapy can be used to treat the symptoms. Therapies include mental health, behavioral, physical therapy, occupational therapy, speech therapy, and more.
- What can caregivers do to help? Become educated and seek resources in the community that can help; become familiar with the child's specific symptoms (because everyone with autism is different); can be an advocate for the child; ensure that they are receiving appropriate education services; be patient and supportive.

Depression

- Overview: Depression is a common but serious mood disorder. It causes severe symptoms that affect how you think, feel, and handle daily activities such as sleeping, eating, or working. To be diagnosed with depression, the symptoms must be present for at least two weeks.
- Causes: genetics, stressful life circumstances, learned behavior, situational
- Signs/Symptoms: persistent sad, anxious, or "empty: mood; feelings of hopelessness, or pessimism; irritability; feelings of guilt, worthlessness, or helplessness; loss of interest or pleasure in hobbies and activities; decreased energy or fatigue; moving or talking more slowly; feeling restless or having trouble sitting still; difficulty sleeping, early-morning awakening, or oversleeping; appetite and/or weight changes; thoughts of death or suicide, or suicide attempts; and aches or pains, headaches, cramps, or digestive problems without a clear physical cause and/or that do not ease even with treatment.
- Treatment: medications and therapy; sometimes hospitalization is needed if symptoms are severe
- What can caregivers do to help? Be nonjudgmental and supportive; find a good therapist that connects with the child; be aware of the child's specific symptoms; be alert for any warning signs that may need immediate attention (like suicidal thoughts or self-harm).

Fetal Alcohol Syndrome

- Overview: Those affected with Fetal Alcohol Syndrome are more likely to have trouble in school, legal problems, participate in high-risk behaviors, and have trouble with alcohol other drugs.
- Causes: A group of conditions that can occur in a person whose mother drank alcohol during pregnancy
- Signs/Symptoms: Problems may include an abnormal appearance, short height, low body weight, small head size, poor coordination, low intelligence, behavior problems, and problems with hearing or seeing.
- Treatment: There is no cure for Fetal Alcohol Syndrome. Medications and different types of therapy can be used to treat the symptoms. Therapies used include mental health, behavioral physical therapy, occupational therapy, speech therapy, and more.
- What can caregivers do to help? Become educated and seek resources in the community that can help; become familiar with the child's specific symptoms (because everyone with Fetal Alcohol Syndrome is different); be an advocate for the child; ensure that they are receiving appropriate education services; be patient and supportive

ODD

- Overview: ODD stands for Oppositional Defiant Disorder. It is a pattern of angry/irritable mood, argumentative behavior, or vindictiveness lasting at least six months. Unlike children with conduct disorder, children with ODD are not aggressive towards people or animals, do not destroy property, and do not show a pattern of theft or deceit.
- Causes: The exact cause is unknown. It may result from a combination of factors. The child's general attitude and how the family reacts to his or her behavior may play a role in it. ODD may run in families. Other causes may be related to the nervous system or to brain chemicals that are out of balance.
- Signs/Symptoms: Angry and irritable mood; argumentative and defiant behavior; vindictiveness; often loses temper; is often touchy or easily annoyed by others; is often angry and resentful; actively defies or refuses to comply with adults' requests or rules; deliberately annoys people; blames others for his or her mistakes or behavior
- Treatment: behavioral therapy and medications
- What can caregivers do? Be patient, keep a daily schedule, reward good behavior, help child with cool down techniques, encourage child to talk out feelings rather than act out feelings; promote healthy physical activities.

Resources:

During the adoption/foster/kinship process you will be working with several agencies: The placing foster care agency, the county agency, and a SWAN affiliate. All agencies have a role to play in the process. The roles of all involved will be outlined in a Permanency Plan. During this time, we will work together to ensure a smooth transition to permanency for the child and family.

It is very important for families to have a support system during and after the permanency process. These supports can be formal and informal. An important source of support is your family and friends. You need to assess the level of support that these people are willing and/or capable of providing to you. Every person has his/her own personal biases and values that may impede a family member or friend from providing the support that you or the child may need.

You may reach out and form new supports to meet your needs as foster/adoptive/kinship parents. Experiences that foster/adoptive/kinship parents have are unique to that specific population. Connecting with other parents in similar situations will provide you with support and guidance that you may not receive otherwise. The family preparation sessions are a good place to start to gain support from other families with similar experiences.