

MODULE 5

AGENDA

- I. Vocabulary
- II. Introduction
- III. Dream Child
- IV. Adoption Preparation Questions
- V. Adoption Myths
- VI. Successful Traits
- VII. (Optional) Lessons From The Trenches



MODULE 5

VOCABULARY

Adoption: The official transfer through the court system of all of the parental rights that a biological parent has to a child, along with an assumption by the adopting parent that all parental rights of the biological parents that are being terminated, and are assumed in their entirety by then the adoptive parents, including the responsibility for the care and supervision of the child, nurturing and training, physical and emotional health, and financial support.

Decree of Adoption: The document that a judge signs to finalize an adoption. It formally creates the legal parent-child relationship between the adoptive parent(s) and the adopted child, as though the child were born a biological child to the adoptive parent(s). It places full responsibility for the child on his/her new parents, changes the name of the child to the name selected by the new parents, and orders a new birth certificate to be prepared and issued. If the parental rights of the biological parents of the child are being terminated by way of their voluntary consent as part of the adoption action, the Decree will also formally terminate those parental rights.

Disruption: This term generally refers to the removal of a child from an adoptive placement before the adoption is legally finalized. This term is also used to refer to any failed adoption attempt or adoptive placement. This can occur due to a variety of reasons: child's lack of readiness for an adoptive placement, inaccurate assessment of family's ability to meet the child's needs, emergence of unpredictable circumstances, and inadequate preparation of the family, the child, or both.

Dissolution: End of an adoption through a termination of parental rights or a voluntary surrender. The adoptive parents are not able to meet the needs of the child. This can occur for a variety of reasons, the most common of which are that: 1) there was not a good match between the needs of the child and the talents and capabilities of the adoptive family, and 2) the circumstances of the child or the adoptive family have changed substantially since finalization of the adoption, making a continuation of the relationship impractical or impossible.

Finalization: The point in time when the court grants the Petition to Adopt of the adoptive parents and takes the necessary action to formally make the child a legal member of their family by issuance of a Decree of Adoption.

Placement: This term is used to describe the point in time when your child comes to live with you in your home. The agency retains legal custody of the child and provides supervision until the legal finalization by the court.

MODULE 5

VOCABULARY

Post-Adoption Period: This is an unspecified period of time after an adoption is finalized, during which the members of this new family group of legally-related individuals learn together to become a real family unit, with all the joys, challenges, accommodations, and wonderful experiences that go with it.

Post-Legal Adoption Service: Services provided subsequent to legal finalization of the adoption. There are primarily four types of post-legal service providers: social service agencies, private therapists, mental health clinics, and self-help groups.

Respite Care: Temporary or short-term care of a child that is provided, either for pay or on a voluntary basis, by adults other than the primary parent(s), resource parent(s), or adoptive parent(s) with whom the child normally resides, which is designed to give the parent(s) some time away from the child, and even too the child some time away from the parent(s), to allow them to recharge emotionally and become better prepared to handle the normal day-to-day challenges of parenting.

Waiting Children: This term generally refers to non-infant, school-aged children, who have become legally available for adoption. They will generally be under the jurisdiction and care of public foster care agencies, and will have come into the foster care system for a variety of reasons (i.e., neglect, abandonment, abuse, and/or some other dysfunction within their primary family environment). Waiting children may or may not have developed emotional and/or behavioral reactions to these experiences, and may or may not be physically or developmentally challenged or delayed as a natural result of what they have experienced. How severe and treatable these conditions are will depend entirely on the individual circumstances of each child. By the same token, many waiting children will be healthy and well-cared for, but will have become victims of some type of family tragedy that has put them in a position where they need responsible parenting. Many waiting children have siblings who also are available for adoption, and who would prefer to stay together as a family unit. In most geographic locations, more than half of the waiting children are ethnically diverse or children of color. Two things that all waiting children will have in common are: 1) their need to become a permanent part of a responsible and nurturing family where they will be loved and encouraged to achieve their full potential, and 2) although imperfect and most often challenging, they can bring tremendous joy and satisfaction for their new families.

Preparation Questions

A

- How will I handle my friends, family, and co-workers telling me horror stories about adopted children, and trying to dissuade me from adopting?

D

- Am I comfortable with the fact that my child will have a somewhat complicated life, due to having two families?
- Do I understand that my child will most likely be traumatized at first by being moved to new smells, new food, and new people?

O

- How will I feel toward the primary parents?
- When my child shares memories or asks questions about his/her past, can I be comfortable and patient in talking about them?

P

- Am I expecting my child to feel grateful to me for adopting him/her and taking him/her from his/her “bad” life to a “good” life?
- Can I accept the fact that if I adopt an older child, he/she probably won’t consider his/her past “all bad” and may, in fact, be angry with me at first for adopting him/her?

T

- Do I understand about attachment and bonding? Am I willing to learn what it takes and spend the time to foster a solid attachment between me and my new child? Am I willing to put some of my life “on hold” until my child feels comfortable and attached?

I

- What if my child needs counseling/therapy? Am I willing to commit the time and money to get the care he/she needs?

O

- What if my child has a biological or psychological disorder that I don’t know about prior to adopting?



N

- How will I handle inappropriate questions about my child’s past?

Traits of Successful Adoptive Parents

TEACHER

All parents need to teach and guide their children, but parents of adopted children are faced with additional teaching situations. Adopted children arrive into our families needing to be taught new things, and untaught poor habits. By using examples, telling stories, reading books, role-playing, and more, you'll teach them about families, chores, consequences, affection, strangers, playing, emotions, grief, and more.

STUDENT

You'll think you've learned and read a lot before your child gets to your home. But, after your child is home, you'll discover gaps in your knowledge and need to join support groups, talk with other parents, and read. As a student-parent, you may need to learn about childhood grieving, learning differences, emotional disorders, the impact of early neglect, medications, blending past and present, and more.

RESEARCHER

You may be lucky enough to parent an adopted child with no major issues or differences. Many children adopted from foster care arrive with varying issues to be sorted out. You'll find that the professionals from whom you seek assistance often may be less familiar with these issues than you are. Many parents of adopted children, through intense research, become the "experts" on the issues relating to their children. The parents then use that knowledge to search out skilled experts, or even to educate the professionals.

FUN AND SILLY

Parenting can bring out feelings of annoyance, frustration, and anger. Adoptive parents are sometimes faced with very challenging behaviors. An ability to laugh and be silly will help keep your sanity, and is a huge boon to creating a strong attachment between you and your child.

ADAPTABLE

Your child will upset every plan and schedule you had. You'll need to have, or find, the ability to adapt and change as your child grows, learns new things, and requires additional support.

STRONG INNER CORE

Family and friends may not support your decision to adopt. Schools may not understand your child's issues. Friends may desert you when they realize the depth of an issue you're dealing with. You need to be strong for yourself and strong for your child.

CONVICTION

Whatever issues you face with your adopted child, you need a conviction that it will work out...that the issue WILL be resolved...that you WILL find the support you need...that your child WILL heal. Anything less than complete conviction will lessen your dedication and drain your energy. Your child needs to feel and see this conviction in order to grow and heal.

COMMITMENT

THE most critical trait is commitment – life long commitment. You need to be committed to finding solutions and committed to helping your child. Most importantly, you must remain committed to your child, no matter how he/she differs from your pre-adoption expectations of him/her.

Risk Factors for Adoption

There are three predominant risks in adoption that contribute to difficulty in mastering family developmental tasks:

1. **Distortion of the family life cycle** - adoptive families begin with distance and are expected to move toward closeness; biological families start with closeness and are expected to move toward individualization.
2. **Stress on family boundaries** caused by agency intrusiveness, by lack of family empowerment by society and agency, and by the child's conflicted loyalties.
3. **Individual issues** of the child and echoes from the adoptive parent's past.

Child risk factors may include:

- Survival behaviors, which originated when the child lived in a dysfunctional family and a dysfunctional system.
- Individual vulnerabilities.
- Previous traumatic events.
- Unresolved separations or losses.

Parent risk factors may include:

- Lack of empowerment and entitlement.
- "Echoes" from the parent's past.
- Unrecognized or unresolved losses.
- Unrealistic expectations for child and self.

Post-adoptive services may take a variety of forms:

- Supportive services (i.e., groups for parents and/or children, respite care, training and educational services) can meet the needs of many adoptive families. Families who were prepared for adoption using a group process frequently use other group members as an informal support system. Agencies may provide parent support groups, or help individual families connect with others who have had a similar experience, or may provide parent education. Even those families who need more intensive services view support services as helpful. Respite care can be a very useful service, but unfortunately families are frequently left to their own devices in terms of obtaining this service on a regular basis.
- Intermittent preventive therapy which is instituted as children reach certain developmental levels that are likely to lead to triggering old issues (i.e., sexual abuse, loss, identity).
- Intermittent short-term, solution-focused therapy aimed at interrupting problem behaviors.
- Crisis intervention with threatened families.

Georgia Center for Adoption and Foster Care Resources and Support

**2250 North Druid Hills Road
Suite 145
Atlanta, Georgia 30329**

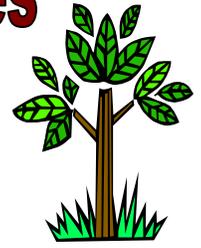
**Toll free telephone: 1.866.A.PARENT
Atlanta telephone: 404.929.0401
Fax: 404.929.0405**

www.gaadoptionresources.org

Adoptive and Foster Parent Association of Georgia

www.afpaq.org

Ten Essential Lessons from the Trenches



1. **Good timber does not grow with ease; the stronger the wind, the stronger the trees.** Family resiliency comes from family crisis – both primary family and adoptive family!
2. **Take charge!** Adult-centered families are stronger than child-centered families!
3. **Failure is feedback.** The strongest families emerge from painful experiences with depth, energy, and problem-solving abilities!
4. **Optimistic families are healthier families.** We can and should learn to resist helplessness and to strengthen our ability to create change.
5. **Emphasize “doing” rather than “feeling”.** Feeling good or having “good self-esteem” is not the same as being good or doing good!
6. **Parenting is an experiment!** Let go of the cultural myths of unconditional love and parental omnipotence! Remember, *Leave It to Beaver* and *Father Knows Best* were television shows!
7. **Break the rules.** Improvise parenting and family life -- and take great leaps of faith!
8. **What you reward is often what you get!** Pay attention to the behaviors you love rather than those you don't. We become the family we think we are!
9. **We need humor and laughter to be resilient.** When in doubt, make a fool of yourself! Do something to share your humanity and make your children laugh!
10. **Connect!** Create rituals, celebrations, stories, routines, and traditions that honor the adoptive family – we are different, but normal! Connect and celebrate with family, friends, communities, and countries!