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Home Adoption Studies, Inc.

...where every child H.A.S. a home!

Navigating Your Adoption Journey

HOME STUDIES

Home Adoption Studies will help you navigate the home study experience with the confidence and excitement that should accompany the prospect of welcoming a child into your family. The best advice is to relax, keep a sense of humor and be you.

Your home study provides an accurate portrayal of your family life, past and present. Our Self Assessment, found under the Forms section, will help you prepare for the first interview.

This process takes about 4 to 12 weeks and is used to determine your readiness for adoption. Because we are adoptive parents and birth parents ourselves, we understand that the adoption process can be a stressful one. Our goal is to relieve some this anxiety by connecting you with our case worker to help you with your individual needs.

After your home study is complete you are eligible for grants and ready to start the process of matching.

Matching

Matching is usually done through your adoption professional. In most cases you will develop a profile to present yourself to your birth mother. Your adoption professional should present to you the birth mother case including mental and health issues, possible drug or alcohol use, and any birth mother expenses needed before presenting you. If this case meets your criteria then your profile is presented to the birth mother. In most birth mothers are given around three couples at a time to view in making their decision on their birth family. If both you and the birth mother decide on each other there may be additional contact before a final match is made. Once you are matched with a birth mother you are no longer pursuing other possible adoption cases. This is the

hardest time because you are simply waiting for the birth of your child and opportunity to take your child home. Contact between you and the birth parent(s) is entirely up to your agreement with your birth parent(s).

The Birth of your Child

Once you receive the call that your birth mother is in labor. Make immediate plans for your travel. I would suggest having a bag packed a few weeks before in case. **DO NOT** bring loads of baby things. Just have the funds to purchase the necessary items once you arrive and have custody of your child.

When you are allowed to see your child is entirely up to the birth mother. Please don't panic if she takes some time first with her and the child. This does not mean she is changing her mind. Often times she just needs that time for closure. Remember this is a very joyous time for you, but a very difficult time for her. It is customary to bring her a small gift as a token of your appreciation such as a personal item or gift cards. Please do not give money.

You will not be allowed to leave the hospital with your child until the relinquishments are signed. This allotted time depends on the the state your child is born in. You may then leave the hospital with your child but must remain within the state until you are ICPC approved.

Interstate Compact for the Placement of Children

If a child is born in one state, commonly known as the "sending state" and the adoptive family lives in another state, called the "receiving state", the adoption placement must be approved by **ICPC**, (the Interstate Compact for the Placement of Children). All states are members of the **ICPC**. For the purposes of an adoption, it is illegal to move a child across state lines without meeting the requirements of the **ICPC**.

The documentation submitted to the **ICPC** for approval includes the adoptive parent's home study with supporting documentation such as the child's birth information and other health information, biological information on the birth parents, and relinquishment or termination documentation from the birth parents. Documentation for the child and the adopting parents will be forwarded to the **ICPC** office in the sending state by the agency or attorney handling the adoption, which will forward the documents to the **ICPC** office in the receiving state. The **ICPC** office reviews the documentation to verify that their state laws have been complied with.

Once approval is has been made by both states, the child can be placed with the adopting family. The child and the adoptive family may return home at this point. After returning home you will start the Post Placement visits. You will want to find an adoption attorney to finalize your adoption once the Post Placement visits have started.

POST PLACEMENT REPORTS

Post placement reports are written after your child has been placed in your home. Home Adoption Studies visits you and your child in your home to observe how well you are both adjusting. These visits also evaluate and assess your child's adjustment, developmental milestones, and social skills after becoming a part of your family. The number and frequency of visits will depend on the sending states adoption laws. Home Adoption Studies will communicate directly with your placing agency regarding the frequency of the post placements reports.

Finalization of Adoption

Finalization of Adoption takes place after the required post placement visits are obtained and all pre adoption requirements are met. Requirements must be met for both the sending and receiving states in an interstate adoption. Each state has their own individual regulations and you should verify with your finalization attorney and your adoption professional as to what your requirements are and if you have completed them. For example, some states have a minimum time limit as to the placement of the child within the home before you can finalize. Some states require that you finalize in your state and some within the state in which your child was born. Your adoption professional should know this information.

To finalize, your adoption agency or most commonly your adoption attorney will submit your adoption petition to the courts along with all the necessary supporting documents such as your 100A and 100B (ICPC approvals), your home study, and the information regarding your child and the birth parents with the relinquishments. Once this petition is filed a hearing will be set for your adoption finalization. Usually this is in the Judge's chambers and is more of a ceremonial environment. You are usually allowed to take pictures and invite family.

Then it is celebration time!

Once finalized you are officially this child's parents as if you gave birth! Many families will have a celebration party to commemorate this time!



Grants and Financial Resources

Gift of Adoption Fund

Download \$40 onetime fee for application

877-905-2367

info@giftofadoption.org / www.giftofadoption.org

National Adoption

No Requirements / Apply Online

info@nafadopt.org application/ www.nafadopt.org

Help Us Adopt

No Requirements

info@helpusadopt.org/ www.helpusadopt.org

Katlyn's Fund- Grant

Christian/ Married

www.katelynsfund.org

Southern Baptist Adoption Southern Baptist

For Married /Fund Ministers or workers servicing local church

cevans@highview.org

HAND in HAND Christian- Matching Grants

Christian/ Married

www.handinhandadopt.org

Kingdom Kids Adoption Ministry

Fundraising and Grants

www.kingdomkidsadoption.org

Dave Thomas Foundation for Adoption - Provides grant assistance/education

www.davethomasfoundation.com

A Child Waits - Provides low interest loans

www.achildwaits.org

Adoption Tax Credit: Maybe unavailable after 2012! Contact your Senate to help keep this well needed credit!

The adoption tax credit was increased and extended as part of the health care reform bill recently signed into law by President Obama. Families who finalize an adoption in 2010 may now be able to take advantage of a tax credit of \$13,170 for qualifying adoption-related expenses. The adoption tax credit was also made refundable for all types of adoption.

For more information take a look at

<http://taxes.about.com/od/deductionscredits/qt/adoptioncredit.htm>



Things to Consider

For a woman, unexpectedly learning that she is pregnant can be one of the most stressful times she can ever endure. The pregnancy can halt her education, career and other goals she may have. Furthermore, she may not have the finances or a partner in her life to help raise the child, making her situation more difficult.

Why do some pregnant women choose adoption?

- Most women who choose adoption are putting their baby's needs ahead of their own.
- They are looking to give their child everything they are not able to provide their child.
- Most women want a two-parent home for their child, so their child has a dad who wants to be involved.
- They want their child to be able to go to college and not struggle to have the basic comforts of life.
- They want their child to have an extended family who can provide a good, supportive, healthy family for their child.
- They want their child to grow up in a great environment and with loving parents who are ready to become parents.
- Many women realize their current situation is not the best for their child. They could struggle and maybe make it through life but they realize that isn't what is best for their child.
- Many women want to get their child out of an abusive or negligent environment.
- Many women don't want their child to go to state foster care and want their child to be able to start out with a new and better life.
- Many women realize their limitations and don't want their child to experience the same type of life. They want a better life for their child.

- Many women don't want to try and raise a child with the birth father, they realize all of the challenges and difficulties they and their child will face. Many birth fathers are not supportive financially, too controlling, or say they will be involved but don't follow through, etc.

- Sometimes the relationship between the birth father and birth mother is very poor and always has been. Most pregnant women realize that zebras rarely change their stripes and therefore don't fall for false promises from the birth fathers who often claim to have changed their ways. These pregnant women know their child will be better off with a mom and dad who want to be together and who want to be a mom and dad.

- Many women don't want their child subjected to alcohol or drug abuse from either themselves or the birth father.

These reasons are why many women selflessly choose adoption for their baby. They may consider raising the child themselves, but women who choose adoption understand that they are not ready to become parents at this time in their lives.

For most birth mothers, knowing that their child is safe and happy is the biggest benefit of all.

Why adopt a child?

A countless number of people feel life is meaningless without the gift of becoming a parent. For that reason, thousands of people every year choose to adopt a child. And without adoption, many of these people would be lost; their lives would be unfulfilled because of infertility.

Infertility is normally the impetus to adoption. Once it becomes more and more a part of a couple's life, and after the husband sees what the fertility treatments are doing to his wife physically and emotionally, both eventually come to the conclusion that their dreams are to become parents, not to become pregnant. They also realize that adoption provides everything that a pregnancy does: a newborn baby full of life with a future that stretches farther than they can possibly imagine.

They realize raising a child and sharing their lives together is what they want, and whether that is through pregnancy or adoption, it doesn't matter. The important thing is that their family is whole, and their lives from that day forward will be forever connected.

Are we "saving" a child by adopting them?

A common belief in today's society is that families who adopt children are "saving" them. Many are drawn to international adoption by the thought of adopting a child from a developing country in an effort to give them a "better" life in the U.S. Others choose to adopt a child domestically out of a belief that they are also giving a child a "better" life by adopting them.

However, the truth is that adoption is about family – and making dreams come true.

Whether a couple chooses to adopt a child internationally or domestically, adoption creates families. Husbands and wives become mothers and fathers, and many times a child becomes a “big” sister or brother as their newly adopted sibling enters the family picture. Each day, couples across the nation see their dreams of parenthood come true through adoption.

The decision to adopt a child is a paramount one. While the idea of adopting a child to “save” them or give them a “better” life is an honorable one, the most important aspect of adoption is the creation of a new family. It is about a “mommy” and “daddy” welcoming their new child to the family. It is about a couple realizing their dreams of parenthood, despite struggles with infertility. It is about the creation of a new family – and all the joy, laughter and love a child brings to it.

What kind of adoption do I desire?

When a couple begins to explore the idea of adopting a child, it is easy to quickly become overwhelmed with information, questions and decisions - who knew there was so much to consider when adopting a child?

One of the first dilemmas couples face is whether to adopt a child from the U.S., or from abroad. International adoption has been in the media's spotlight in recent months as notable Hollywood stars, such as Angelia Jolie and Madonna, choose to adopt children internationally. However, this does not mean that domestic adoption has gone to the wayside; in fact domestic adoption continues to grow each year as more couples decide to adopt a child in the U.S., rather than venturing overseas.

When it comes to choosing between domestic or international adoption, there are many factors a couple must consider. fees, wait time, children available, medical and social history and legal concerns.

Do we need to look like movie stars or be wealthy?

The adoption process is a very personal one for waiting families. First, they must provide financial, medical and other personal information during the home study process, then they share a snapshot of their personal lives in their family profile. It is perfectly normal for waiting families to experience anxiety about having their lives be such an “open book.”

Once a family is active with an agency and their family profile is being shown to expectant mothers, it is also common to experience some anxiety about what impression those birth

parents are getting of the family. Many waiting families worry that perhaps they aren't attractive enough – that they must look like Tom Cruise or Nicole Kidman to adopt a child. However, this is untrue.

Birth parents choose adoptive families for many reasons. To some birth parents, it is important that their child grow up in a specific region or state because they envision their child spending their days at the beach, or running through a field in the Midwest. Other birth parents want their child to be brought up in a specific religion and will therefore only consider families that are of that religion, while others want their child to grow up in a household with other children. Just as each adoption story is unique, so are the wants and desires of the birth parents.

The gift of adoption is one that is no longer reserved for those privileged few that have more money than they know what to do with – such as celebrities. Just as celebrities are more likely to be in the spotlight than, say, the rest of us, celebrity adoptions have been the sole focus of the media spotlight.

While good in that this attention has sparked much interest in adoption, increasing its popularity dramatically, it has also given the vast majority the impression that adoption is strictly reserved for people of celebrity proportions. Not at all!

People from virtually all walks of life choose adoption. While it is true that between 11 and 24 percent of couples pursue adoption after exhausting infertility treatment options, there are also many couples who choose to grow their family through adoption once they have experienced the gift of biological parenthood, or choose to adopt a child rather than conceiving biologically, even with the ability to do so.

There are however, some steps families can take to increase their chances of being selected. Families who are very narrow in their preferences (such as only willing to accept a Caucasian child or will only accept a child that has not been exposed to any drugs or alcohol in utero) may experience a longer wait as their profile can only be shown to a narrow group of expectant mothers. However, families that are willing to accept a bi-racial baby, or who are open to other social histories, will be exposed to a larger group of expectant mothers, therefore increasing their exposure greatly.

Every adoption story is unique – and so are the people who live those stories!



Domestic verses International Adoption

Fees

Many couples are often overwhelmed by the fees when they begin looking into adoption. There are many factors that contribute to the fees of an adoption, including the cost of the necessary legal work, advertising fees, travel expenses, etc.

One very common misconception is the cost difference between international and domestic adoption. It is commonly believed that international adoption costs far less than domestic adoption, however this is not true. The truth is that, while each adoption has its own set of special circumstances which can influence the cost, domestic and international adoption costs are very similar.

Both domestic and international adoptions have their own unique costs. For example, couples adopting domestically will not have to worry about the cost of a visa, which couples adopting internationally must budget for. Likewise, couples adopting domestically may be asked to provide some living expenses for the expectant mother, such as help with rent or utility payments, an expense that is not typically seen in international adoptions.

Couples adopting internationally should also be prepared to travel to the country they are adopting from for a period that could range from a few days to several weeks. Multiple visits may also be necessary. Couples contemplating international adoption should carefully research the travel requirements for the countries they are considering adopting from. If adopting domestically, couples should be prepared to travel for the birth of the baby and stay until the baby is released from the hospital. If the birth state is different than the state the adoptive family resides in, the family must stay until ICPC approval has been granted, which may take up to two weeks.

Waiting Time

The time a couple waits to receive the placement of a child also depends on many factors. While it is difficult to assess the wait time at other adoption agencies, approximately 90 percent of the families working with adoption professionals place within a year, or less, for domestic

adoption. Please consider that working with one specific agency limits your exposure and many agencies may have more wait time. Please ask your agency before choosing them on their average wait time for couples or singles. There are many factors that contribute to this wait, including the adoptive family's specified parameters for issues such as budget, race of the child and birth parent medical/social histories.

The more restrictive a family is in their parameters (such as only being open to one race), the longer the family may wait. However, the more open a family is to certain situations, the less time they typically wait.

The wait times for international adoptions also vary, also depending on the parameters for the adoption established by the family, as well as country-specific issues. Most international adoptions take over a year for the completion of the process.

Children Available

While domestic and international adoption can be very similar in cost and wait time, the children typically available for adoption can vary greatly.

As of the 2000 Census, there were 1.5 million children under the age of 18 (2 percent of all children in the U.S.) who joined their family through adoption.

The number of children adopted internationally is very similar to those adopted domestically. The U.S. Department of State reported 12,753 immigrant visas issued to orphans entering the U.S. in 2009.

Just as there are children of all ages available for adoption in the U.S., the typical age of child adopted internationally also varies, depending greatly on the country of origin and its adoption policies. While some countries do place infants with American families, other countries have strict adoption mandates that only makes the adoption of an older child available to foreign families.

Medical and Social History

One very great difference between domestic and international adoption is the availability of the medical and social history of the child and their birth parents.

The medical history of children adopted internationally is often very sparse, if available at all. It is common for couples to adopt a child internationally without any knowledge of the child's medical history. Information regarding the social history of the child's birth parents - such as

family medical history or any possible exposure to drugs or alcohol while the child was in the womb - is also often not available and the effects of such exposure are often not recognized until after the child is placed with a family.

However, the medical and social history of children adopted domestically is typically available. Couples adopting domestically are provided the medical records of the child, and are apprised of any social history of the birth parents pertaining to the child. Some agencies, such as American Adoptions, make this information available to families prior to entering into an adoption agreement, giving them the choice of accepting the match based on those factors or not. Couples are free to choose which circumstances they are comfortable accepting. For example, if a couple is not comfortable adopting a child whose birth parents have a history of depression, or who may have been exposed to alcohol in the womb, then they will not be considered for those situations.

Couples adopting an older child should also be prepared for attachment disorders. Soon after birth, newborns begin the process of identifying with a caregiver. If a child is not provided consistent care by a familiar person, such as the case of children in orphanages, then the child is not able form an attachment. Couples adopting older children - even if the child is a few months old at the time of placement - can have difficulty in forming this parent/child bond. Attachment disorder can be severe and can impact the family dynamic. Couples adopting a child other than a newborn are encouraged to research attachment disorders prior to adopting an older child.

Legal Concerns

Domestic and international adoptions also have their own unique legal concerns.

Couples adopting internationally should fully research the adoption process required by each country. Each country has its own set of legal mandates governing adoption that must be met before the adoption is finalized.

One very large legal concern in domestic adoption is the myth that the child's biological parents may come back years later and take the child back. This is also a common argument against open and semi-open adoptions, as many people are lead to believe that contact with the birth parents will lead to the birth parents' desire to revoke their consent, even after the adoption is finalized. For this reason, many couples believe that international adoptions are "safer," due to the fact that there is routinely no contact with the birth parents in international adoptions prior to and after the completion of the adoption.

The fact is that once an adoption is finalized by the U.S. courts, the adoptive family is recognized as the child's family by law. Although adoption laws vary state to state, the laws remain very clear. Despite sensationalized media stories in a few high-profile cases, post-adoption revocations are extremely rare and are usually a result of illegal or unsound legal practices.

Weighing the Options

When it comes to choosing between international and domestic adoption, there are many factors to consider. Couples should do their best to fully research each of these adoption avenues and then weigh their options. While domestic adoption may be a better fit for couples seeking a newborn, other couples may prefer to adopt a child from another country to add cultural diversity to their family. Whether it is domestic or international, couples should choose an adoption plan that not only meets their adoption desires, but is also one that they are fully comfortable with.



Private verses State Adoption

Which is Right for my family?

The differences between private and state adoption are immense, with each having their own advantages and disadvantages, depending on the adoptive couple.

The following is an overview of some of the main factors that adoptive couples should consider before choosing a private or state adoption.

Adoption Cost

Private Adoption - \$15,000-\$45,000

State Adoption – Time, cost of home study

The cost of adoption is often the first factor that hopeful parents research. However, some only look at the amount of money required for the adoption and don't look at other costs.

Private adoption costs a significant amount of money, while state adoption costs a significant amount of time. Adoptive families must ask themselves which they value more.

There are hundreds of steps, legalities and people that facilitate a successful private adoption, and they all factor into the overall cost. The adoption agency must advertise for the adoptive family and seek birth mothers, conduct an adoption home study, provide the birth mother's living expenses, verify the adoption legally, conduct post-placement visits, pay a professionally trained staff, and much more. All of those factors provide the adoptive family with a newborn baby to call their own.

State adoptions cost little money for foster parents because it is cheaper for the state to allow foster parents to raise the state's foster children as opposed to placing them in a state-funded group home. Sometimes the foster family is even paid a stipend to raise special needs children.

Wait Times

Private Adoption – Three to twelve months for most

State Adoption – Over two years for termination of birth parents' rights

Shorter wait times are more important to some people than others. For example, adoptive couples in their early 30s or couples in their late 40s who already have older children may not feel the immediate pressure of adding to their family.

Conversely, adoptive couples in their late 30s may start to feel their "golden years" of becoming parents slipping away, so time is valuable to them. These parents often decide that the cost of a private adoption is worth it because of the high likelihood of receiving a baby within months.

Adopting through the state can be a lengthy process for foster parents, simply because of the amount of time it requires to adopt. In the foster care system, birth parents are given ample opportunities to change their lifestyles and become quality parents, disallowing their children to become eligible for adoption for over two years on average, and sometimes even longer.

If the birth parents get treatment and rehabilitate themselves, their child will usually be taken from the foster home and given back to the birth parents. However, if their parental rights are ultimately terminated, the child will then be available for adoption.

Right now Georgia's DFAC children eligible for adoption under the age of three is a three year wait time.

The termination of the birth parents' rights and the adoption process itself is much quicker in a private adoption.

Adoptive families need to balance their priorities and goals when it comes to adoption costs and wait times. Doing so will ensure that the adoptive family makes the right choice for their situation.

Uncertainty

Private Adoption – Medium

State Adoption – High

There is going to be some degree of uncertainty no matter which type of adoption the adoptive family chooses, but the source of the uncertainty is different for each.

Adoptive families pursuing a private adoption will often feel some uncertainty because their futures are tied to a birth mother's final decision of completing her adoption plan. The private adoptions that are unsuccessful can make this feeling of "not being in complete control" strong for some adoptive families, even though there is a small chance of a disruption.

The few times the adoption isn't successful in private adoption is when the birth mother changes her mind at some point, usually right after the birth. All precautions are taken to avoid these scenarios, which make them infrequent, but unfortunately they can and sometimes do happen. Usually, if this does happen you are placed at the top of the agency's list for the next available baby.

State adoptions, on the other hand, have a very high uncertainty rate because foster parents have little control in the proceedings of the adoption. For example, a couple may sign up to become foster parents in hopes of adopting a child. They receive the foster child and immediately fall in love with him or her. A year goes by, and the child's birth parents clean up their lifestyles and the child is then reintegrated into their family, leaving the foster parents childless after an entire year of bonding. The foster parents will then have to move on and repeat the process with another foster child.

This scenario happens frequently in the state adoption foster care system. In fact, only 19 percent of children who exited foster care in 2008 were adopted, while 60 percent of the children were either reintegrated with their birth parents or with a relative.

Adoptee's Age

Private Adoption – Newborn baby

State Adoption – Less than 1 year old to 18 years old

The adopted child's preferred age is yet another factor that needs to be discussed before determining which type of adoption is best for the adoptive family.

Most agencies or attorneys only facilitate the private adoption of newborn babies and infants. Because many adoptive couples prefer newborn babies, this is reflected in the cost of a private adoption.

As for state adoption, foster children of all ages need homes. In 2008, 28 percent of adopted foster children were two years old or less, with only 2 percent of them being babies less than 1 year old. Also, 63 percent of all adopted foster children in 2008 were 3 to 10 years old. Thus, those who adopt through the state usually adopt an older child.

In summary, adoptive parents hoping to adopt a newborn baby through the state foster care system may have to wait a while, but for adoptive parents who don't care about the child's age, this is a non-issue.

Birth Parents' Involvement

Private Adoption – Birth Mother's and Adoptive Parent's Discretion

State Adoption – None

If a birth mother desires an open adoption, she will be matched only with adoptive families who are willing to participate in that relationship.

Families adopting through the state foster care system will very rarely have any interaction with the adopted child's birth parents.

Both methods of adoption will allow the disclosure of the adopted child's family medical history to the adoptive family, as long as it is known.

Clearly, there is a lot for adoptive families to think about when deciding between a private and state adoption.

International Adoption Laws

Who can Adopt?

To adopt a child from another country and bring that child to live in the United States, you must be found eligible to adopt under U.S. law. The Federal agency that makes this determination is the U.S. Citizenship and Immigration Services (USCIS), part of the Department of Homeland Security. You may not bring an adopted child (or a child for which you have gained legal custody for the purpose of emigration and adoption) into the United States until USCIS determines that you are eligible to adopt from another country.

National Requirements

In order to bring a foreign-born child whom you've adopted to the United States, you must meet certain requirements. Some of the basic requirements include the following:

1. You must be a U.S. Citizen.
2. If you are unmarried, you must be at least 25 years old.
3. If you are married, you must jointly adopt the child (even if you are separated but not divorced), and your spouse must also be either a U.S. citizen or in legal status in the United States.
4. You must meet certain requirements that will determine your suitability as a prospective adoptive parent, including criminal background checks, fingerprinting, and a home study.

State Requirements

In addition to qualifying to adopt under U.S. law, you must also meet your home state's requirements for prospective adoptive parents. Learn more about individual state requirements on the Child Welfare Information Gateway website.

Foreign Country Requirements

Each country has its own requirements for adopting parents. These are explained in the Country Information section of this website.

Georgia

Statutes:

Website for Statutes: www.lexis-nexis.com/hottopics/gacode/default.asp **Citations:**

Adoption: Title 19, Chapter 8•

Child Protection: Title 19, Chapters 14, 15; § 19-7-5•

Child Welfare: Title 15, Chapter 11, §§ 15-11-58; 15-11-93 through 15-11-106; Title 19, Chapter 10A; Title 49, Chapter 5

Regulation/Policy:

Website for Administrative Code: <http://rules.sos.state.ga.us>

Note:

See Chapter 290: Department of Human Resources, Chapters 290-2, 290-9-2

Website for Agency Policies: www.odis.dhr.state.ga.us/contents.htm

Note:

Georgia

Effect and Recognition of a Foreign Adoption Decree Ann. Code § 19-8-22

A decree establishing the relationship of parent and child by adoption, issued pursuant to due process of law by a court of any other jurisdiction within or outside the United States shall be recognized in this State; and the rights and obligations of the parties as to matters within the jurisdiction of this State shall be determined as though any such decree was issued by a court of this State.

Readoption After an Intercountry Adoption Ann. Code § 19-8-8

A child may be adopted pursuant to the provisions of this chapter based upon both of the following:

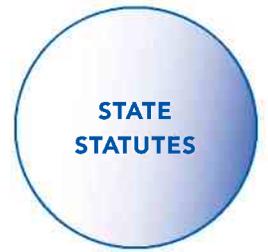
- A decree that has been entered pursuant to due process of law by a court of competent jurisdiction outside the United States establishing the relationship of parent and child by adoption between each petitioner and a child born in the foreign country
- The child having been granted a valid visa by the U.S. Immigration and Naturalization Service*

*[*As of March 1, 2003, the responsibility for providing immigration-related services was transferred from the U.S. Immigration and Naturalization Service to the U.S. Citizenship and Immigration Services, a bureau of the U.S. Department of Homeland Security. The statutes do not yet reflect this change.]*

Application for a U.S. Birth Certificate Ann. Code § 31-10-13(f)

If a person was born in a foreign country, is not a citizen of the United States, and does not meet the requirements of the Federal Child Citizenship Act of 2000 (P.L. 106-395), but was adopted through a court in this State, the State Registrar shall prepare and register a birth certificate in this State. The certificate shall be established upon receipt of a report of adoption from the court decreeing the adoption and proof of the date and place of birth of the child. The certificate shall be labeled "Certificate of Foreign Birth" and shall show the actual country of birth. A statement shall also be included on the certificate indicating that it is not evidence of U.S. citizenship for the person for whom it is issued.

If a person was born in a foreign country and was not a citizen of the United States at the time of birth but does meet the requirements of the Federal Child Citizenship Act of 2000, and he or she was adopted through a court in this State, the State Registrar shall prepare and register a birth certificate in this State. The certificate shall be established upon receipt of a report of adoption from the court decreeing the adoption and proof of the date and place of birth of the child. The certificate shall be labeled "Certificate of Foreign Birth" and shall show the actual country of birth. After registration of the birth certificate in the new name of the adopted person, the State Registrar shall seal and file the report of adoption. The sealed file shall not be subject to inspection except upon order of a court of competent jurisdiction or as provided by statute.



*Current Through
August 2008*

State Recognition of Intercountry Adoptions Finalized Abroad: Summary of State Laws

Intercountry adoption refers to the adoption of children who are citizens of one country by parents who are citizens of a different country. Intercountry adoptions may be finalized abroad or domestically. An intercountry adoption completed abroad is essentially a private matter between the adopting individual (or couple) and a foreign court operating under that country's laws and regulations.

For adoptive parents who are U.S. citizens, completing an adoption abroad does not entitle the adopted child to enter the United States. In order for a child who has been adopted abroad to enter the United States, the adoptive parents must fulfill the requirements set by the U.S. Citizenship and Immigration Services (USCIS) of the U.S.

Electronic copies of this publication may be downloaded at

www.childwelfare.gov/systemwide/laws_policies/statutes/intercountry.cfm

To find statute information for a particular State, go to

www.childwelfare.gov/systemwide/laws_policies/state/index.cfm

To find information on all the States and territories, order a copy of the full-length PDF by calling 800.394.3366 or 703.385.7565, or download it at www.childwelfare.gov/systemwide/laws_policies/statutes/intercountryall.pdf



Full Effect and Recognition of Intercountry Adoption Decrees

Department of Homeland Security, the foreign country in which the child resides, and sometimes the adoptive parents' State of residence.¹ Effective April 2008, rules of the Hague Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption apply when an adoption is completed in a country that has ratified the Convention.²

When U.S. citizens finalize the adoption of a foreign-born child abroad, they must apply to the USCIS to obtain an IR-3 visa for the child, which classifies the child as an immigrant and provides the child with U.S. citizenship upon arrival into the U.S. The immigration procedure is different for intercountry adoptions that are finalized after the child arrives in the United States.³

Once the child is in the United States, recognition and validation of the adoption is subject to the laws of the parents' State of residence.⁴ Approximately 24 States give full effect and recognition to an adoption decree that has been issued in full compliance with the laws of the United States and the country that granted the adoption.⁵ Recognition of a foreign adoption decree means that the decree is considered by the State to be as valid and binding as a decree issued by a State court.

¹ For additional information on these requirements, see International Adoption, U.S. Department of State, at www.travel.state.gov/family/adoption/intercountry/intercountry_473.html

² The Hague Convention was ratified by the United States by the Intercountry Adoption Act of 2000 (P.L. 106-279) on October 6, 2000 and went into force in the United States on April 1, 2008. For an overview of this process, see Information Gateway's *Intercountry Adoption From Hague Convention and Non-Hague Convention Countries* [in draft].

³ The Joint Council on International Children's Services provides a factsheet explaining how to get a passport for children who have been adopted internationally: www.jcics.org/Passport.htm. The information provided includes procedures for children adopted abroad and for children adopted after they have entered the United States.

⁴ The State of residence is the State that the adoptive parents live in and call home. Determining a military family's State of residence may be complex because the family may frequently move around the country or around the world. For additional information about military families seeking to adopt and needing to determine their State of residence, see the Information Gateway factsheet *Military Families and Adoption: A Factsheet for Families* at www.childwelfare.gov/pubs/f_milita.cfm

⁵ The word approximately is used to stress the fact that States frequently amend their laws. This information is current through August 2008. The States that currently provide full recognition to foreign adoption decrees include Alaska, Arkansas, California, Delaware, Florida, Georgia, Idaho, Iowa, Kentucky, Maryland, Massachusetts, Michigan, Missouri, New Hampshire, New Jersey, New Mexico, Ohio, Oklahoma, Oregon, South Dakota, Texas, Utah, Vermont, and West Virginia.

Readoption After an Intercountry Adoption

Many States provide for validation of the foreign adoption or readoption of the child under State law. Validation is the process of submitting an adopted child's foreign adoption decree for State court approval.⁶ Readoption is the process of adopting a child who was previously adopted in another jurisdiction. These processes are similar; both involve State court review and legitimization of the foreign adoption. These processes typically require adoptive parents to provide the court with certain documents, including a certified translated copy of the foreign adoption decree, proof of the date and place of the adopted child's birth, and proof that the child has an IR-3 visa.

Approximately six States require adoptive parents to petition the court to validate or register the foreign adoption or foreign adoption decree.⁷ Approximately four States require adoptive parents to readopt the child under certain circumstances.⁸

Approximately 24 States offer readoption or validation as an option, not a requirement.⁹ Readoption or validation protects the intercountry adoption finalized abroad from a legal challenge in State court and ensures the adopted child's ability to inherit from an adoptive parent. Also, readoption or validation provides the adopted child with an opportunity to obtain a U.S. birth certificate from the parent's State of residence.

Application for a U.S. Birth Certificate

Approximately 35 States, Guam, and Puerto Rico require adoptive parents to submit documentation from readoption or validation of a foreign adoption in a State court when they wish to request that the State Registrar of Vital Statistics issue a State

⁶ The State court must be a court that has jurisdiction over adoption cases. For more information, see Information Gateway's *Court Jurisdiction and Venue for Adoption Petitions* at www.childwelfare.gov/systemwide/laws_policies/statutes/jurisdiction.cfm

⁷ Delaware, Kansas, Louisiana, Pennsylvania, South Carolina, and Tennessee.

⁸ California requires readoption if it is required by the U.S. Department of Homeland Security. Connecticut requires readoption if the U.S. Immigration and Naturalization Service has denied the child citizenship because the adoptive parent did not see the child prior to the adoption. [Note: The statute in Connecticut does not yet reflect the change to U.S. Citizenship and Immigration Services.] Kentucky and Pennsylvania require readoption if the adoption was not properly finalized abroad.

⁹ Arizona, California, Colorado, Connecticut, Georgia, Idaho, Maine, Maryland, Minnesota, Missouri, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Ohio, Oregon, Oklahoma, Tennessee, Texas, Utah, Virginia, West Virginia, and Wisconsin.

birth certificate for the adoptee.¹⁰ Approximately 11 States and the District of Columbia will accept the foreign adoption decree when adoptive parents want to request a U.S. birth certificate for their adopted child.¹¹ Usually, the request for a birth certificate is accompanied by a certified copy of the final adoption decree, the State court's findings of fact as to date and place of birth, and a written request for a new birth certificate for the adopted person.¹²

The State Registrar issues the birth certificate in the new name of the adoptee if requested by the adoptive parents, and the certificate shows the actual date and place of birth. In approximately 22 States and Guam, a notation is made on the certificate that it is not evidence of U.S. citizenship for the child.¹³ Afterwards, the Registrar seals the original birth certificate, order or decree of adoption, and the court findings, which are not unsealed except by court order or as provided by law.¹⁴

For more information about the intercountry adoption process, please see the Information Gateway factsheet, *Intercountry Adoption: Where Do I Start?* at: www.childwelfare.gov/pubs/f_inter/index.cfm

¹⁰ Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Georgia, Hawaii, Idaho, Kansas, Kentucky, Louisiana, Maine, Minnesota, Mississippi, Montana, Nebraska, Nevada, New Hampshire, North Dakota, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, and Wisconsin.

¹¹ Illinois, Maryland, Michigan, Missouri, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, and Wisconsin.

¹² Findings of fact are court determinations about factual questions vital to a legal proceeding, such as facts about an adopted child that are necessary for a readoption in State court. Adoptive parents may adopt a foreign-born child whose date and place of birth are unknown or seem incorrect. A State court must determine the true date and place of birth, because this information is necessary in order to conduct the adoption proceedings, to issue a U.S. birth certificate, and to fill out all future health-, education- and work-related forms for the adopted child.

¹³ Alabama, Alaska, Arizona, Arkansas, Colorado, Florida, Georgia, Hawaii, Idaho, Kentucky, Louisiana, Maine, Maryland, Minnesota, Montana, North Dakota, Oregon, Pennsylvania, South Carolina, Vermont, Virginia, and West Virginia.

¹⁴ For additional information about an adopted child's access to his or her sealed adoption records, see the Information Gateway State Statutes publication *Access to Adoption Records* at www.childwelfare.gov/systemwide/laws_policies/statutes/infoaccessap.cfm

Office of Regulatory Services on Inter-Country Adoption Services

290-9-2-.06 Adoption Services.

(8) **Inter-country Adoptions.** When an Agency is participating in inter-country adoptions, the following requirements must be met in addition to other requirements contained in these rules:

(a) An Agency participating in prospective inter-country adoptions, whether as a sponsoring agency or by the provision of home studies, shall abide by all applicable federal and state laws and regulations, including immigration laws and those relating to inter-country agreements concerning adoptions.

(b) Where written agreements exist, an Agency shall retain copies of all agreements with foreign countries and English translations of those agreements.

(c) A sponsoring agency for a prospective inter-country adoption shall retain documentation that:

1. The child is legally freed for adoption in the country of origin; and
2. All information about supervision after placement required by the country of origin has been provided prior to the finalization of the adoption.

(d) An Agency participating in prospective inter-country adoption placements where the United States is the country of origin shall document that the following processes have occurred before the child leaves Georgia:

1. There has been termination of parental rights as required by the receiving country;
2. There has been termination of rights by the biological father who is not the legal father, if applicable;
3. There has been a determination of legal responsibility for the child in the new country; and
4. There has been validation that all the requirements for the adoption to occur in the foreign country can be satisfied.

(e) A sponsoring agency shall provide and document orientation for prospective adoptive parent(s) in issues related to inter-country adoptions, including but not limited to:

1. Adoption requirements of the country of origin;
2. Health issues of the country of origin;
3. Institutional disorders; and
4. Developmental delay.

(f) A sponsoring agency shall document the provision of the following information to prospective adoptive parent(s):

1. Which countries finalize adoptions abroad, and which require that the adoption be finalized in the United States;
2. Information about the physical and mental health of the child;
3. Information regarding domestication of the foreign adoption decree; and
4. Information regarding obtaining U.S. citizenship for the child.

(g) The Agency shall apply the same standards for home study for prospective intercountry placements as for other placements in Georgia and shall meet any federal requirements for the home study.

(h) Agencies providing inter-country adoption services, whether as a sponsoring agency, through the provision of home studies, or in any other capacity, shall disclose promptly to prospective adoptive parent(s) any information that is or becomes available which may affect their adoption placement, including but not limited to any suspension of the adoption program by the foreign country.

(i) Agencies providing inter-country adoption services shall provide all applicants with policies governing refunds when adoption services that have been promised have not been rendered or when there is a disruption of services that may nullify an adoption.

Interstate Compact Agencies per State

Alabama

Alabama Department of Human Resources
Family Services Division, Office of Adoption
50 North Ripley Street
Montgomery, AL 36130
(334) 242-9500
<http://www.dhr.state.al.us/fsd/adopt.asp>
fsd@dhr.state.al.us

Alaska

Alaska Department of Health and Social Services
Division of Family and Youth Services
PO Box 110630, 130 Seward Street, Room 4F
Juneau, AK 99811-0630
(907) 465-3191
Fax: (907) 465-3397
<http://www.hss.state.ak.us/dfys>

Arizona

Arizona Department of Economic Security
Children, Youth and Families Division
3225 North Central, 10th Floor
Phoenix, AZ 85012
(602) 235-9134
Fax: (602) 351-2271

Arkansas

Arkansas Department of Human Services
Division of Children and Family Services
P.O. Box 1437, Slot S567
Little Rock, AR 72203-1437
(501) 682-8556
Fax: (501) 682-8561
<http://www.state.ar.us/dhs/chilnfam>
marty.nodurfth@mail.state.ar.us



California

California Department of Social Services
Children and Family Services Division
744 P Street, MS 19-78
Sacramento, CA 95814
(916) 657-2265
Fax: (916) 323-9266
<http://www.childsworld.ca.gov>
mwolf@dss.ca.gov

Colorado

Colorado Department of Human Services
Division of Child Welfare
1575 Sherman Street
Denver, CO 80203
(303) 866-2998
Fax: (303) 866-4629
<http://www.cdhs.state.co.us/cyf/cwelfare/cwweb.html>
chantal.corr@state.co.us

Connecticut

Connecticut Department of Children and Families
Office of Foster and Adoption Services
505 Hudson Street
Hartford, CT 06106
(860) 550-6469
Fax: (860) 566-6726
<http://www.state.ct.us/dcf>
Sandra.Matlack@po.state.ct.us

Delaware

Delaware Department of Services for Children, Youth and Their Families
Office of Case Management
1825 Faulkland Road
Wilmington, DE 19805
(302) 633-2698
Fax: (302) 633-2652
<http://www.state.de.us>

Florida

Florida Department of Children and Families
1317 Winewood Boulevard, Building 7
Tallahassee, FL 32399-0700
Fax: (850) 487-4337
samuel_ashdown@dcf.state.fl.us

Georgia

Georgia Department of Human Resources
Division of Family and Children Services, Office of Adoptions
Two Peachtree Street NW
Atlanta, GA 30303-3142
(404) 657-3564
Toll Free: (888) 460-2467
<http://www.state.ga.us>

Hawaii

Hawaii Department of Human Services
810 Richards Street, Suite 400
Honolulu, HI 96813
(808) 586-5699
Fax: (808) 586-4806

Idaho

Idaho Department of Health and Welfare
Division of Family and Community Services
PO Box 83720, 450 West State Street
Boise, ID 83720
(208) 334-5500
Fax: (208) 334-6699

Illinois

Illinois Department of Children and Family Services
Division of Foster Care and Permanency Services
406 East Monroe Street
Springfield, IL 62701-1498
(217) 785-2680
Fax: (217) 785-2459

Indiana

Indiana Division of Family and Children
Bureau of Family Protection and Preservation
402 Washington Street, Room W-364
Indianapolis, IN 46201
(317) 232-4769
Fax: (317) 232-4436
<http://www.state.in.us/fssa/adoption>
ningle@fssa.state.in.us

Iowa

Iowa Department of Human Services
Adult, Children and Family Services
Hoover State Office Building, 5th Floor
Des Moines, IA 50319
(515) 281-5730
Fax: (515) 281-4597
<http://www.dhs.state.ia.us/ACFS/ACFS.asp>

Kansas

Kansas Department of Social and Rehabilitation Services
Children and Family Policy Division
915 SW Harrison, 5th Floor
Topeka, KS 66612
(785) 296-4648

Kentucky

Commonwealth of Kentucky
Cabinet For Families and Children
275 East Main Street, 4th Floor
Frankfort, KY 40601
(502) 564-4826

Louisiana

Louisiana Department of Social Services
Office of Community Services
P.O. Box 3318
Baton Rouge, LA 70821
(225) 342-2297

Maine

Maine Department of Human Services
Bureau of Child and Family Services
221 State Street
Augusta, ME 04333-0011
(207) 287-5060
Fax: (207) 287-5282
Charles.P.Gagnon@state.me.us

Maryland

Maryland Department of Human Resources
Social Services Administration
311 West Saratoga Street
Baltimore, MD 21201
(410) 767-7506
Fax: (410) 333-0922
spettwa@dhr.state.md.us

Massachusetts

Massachusetts Department of Social Services
24 Farnsworth Street
Boston, MA 02110
(617) 748-2374
Fax: (617) 261-7438

Michigan

Michigan Family Independence Agency
Child and Family Services Administration
P. O. Box 30037
Lansing, MI 48909
(517) 335-6158
Fax: (517) 373-6177

Minnesota

Minnesota Department of Human Services
Children's Services
444 Lafayette Road North
St. Paul, MN 55155
(651) 296-2487
Fax: (612) 297-1949
<http://www.dhs.state.mn.us/childint/programs/Adoption/compact.htm>
erin.sullivan-sutton@state.mn.us

Mississippi

Mississippi Department of Human Services
Division of Family and Children Services
750 North State Street
Jackson, MS 39202
(601) 359-4998
Fax: (601) 359-4978

Missouri

Missouri Department of Social Services
Division of Family Services
PO Box 88, 615 Howerton Court
Jefferson City, MO 65103
(573) 526-5533
<http://www.dss.state.mo.us/dfs/icam.htm>

Montana

Montana Department of Public Health and Human Services
Child and Family Services Division
P.O. Box 8005
Helena, MT 59604-8005
(406) 444-5917
Fax: (406) 444-5956

Nebraska
Nebraska Department of Health and Human Services
P. O. Box 95044
Lincoln, NE 68509-5044
(402) 471-9308
Fax: (402) 471-9034
chris.hanus@hhss.state.ne.us

Nevada
Nevada Department of Human Resources
Division of Child and Family Services
711 East Fifth Street
Carson City, NV 89701
(775) 684-4400
Fax: (775) 684-4456
<http://dcfs.state.nv.us/page20.html>

New Hampshire
New Hampshire Department of Health and Human Services
Division for Children, Youth, and Families
129 Pleasant Street
Concord, NH 03301
(603) 271-4708
Fax: (603) 271-4729

New Jersey
New Jersey Department of Human Services
Division of Youth and Family Services
Capital Center, 7th Floor SE, 50 East State Street
Trenton, NJ 08625
(609) 292-0010
<http://www.state.nj.us/humanservices/adoption/adopt.html>

New Mexico

New Mexico Children, Youth and Families Department
PO Drawer 5160
Santa Fe, NM 87502-5160
(505) 827-8457
Fax: (505) 827-8433

New York
New York Department of Family Assistance
Office of Children and Family Services
40 North Pearl Street, Riverview Center, 6th Floor
Albany, NY 12243
(518) 474-9406
Fax: (518) 486-6326
anne.furman@dfa.state.ny.us

North Carolina
North Carolina Department of Health and Human Services
Division of Social Services, Children's Services Section
325 North Salisbury Street
Raleigh, NC 27603-5905
(919) 733-9464
http://www.dhhs.state.nc.us/dss/c_srv/cserv_comp.htm
linda.wrightson@ncmail.net

North Dakota
North Dakota Department of Human Services
600 East Boulevard Avenue
Bismarck, ND 58505
(701) 328-4152
Fax: (701) 328-2359
<http://www.state.nd.us/humanservices>

Ohio
Ohio Department of Job and Family Services
Office for Children and Families
65 East State Street, 5th Floor
Columbus, OH 43215
(614) 466-4258
Fax: (614) 466-0164
<http://www.state.oh.us/odjfs>

Oklahoma
Oklahoma Department of Human Services
PO Box 25352, 2400 North Lincoln Blvd
Oklahoma City, OK 73125
(405) 521-3646
Fax: (405) 522-2433
linda.foster@okdhs.org

Oregon
Oregon Department of Human Services
State Office for Services to Children and Families
500 Summer Street NE, HRB 2nd Floor South
Salem, OR 97310-1017
(503) 945-5671
<http://www.scf.hr.state.or.us/icpc.htm>
joanne.noffsinger@state.or.us

Pennsylvania
Pennsylvania Department of Public Welfare
Office of Children, Youth, and Families
Harrisburg State Hospital, Building 53, 2nd Floor
Harrisburg, PA 17105-2675
(717) 772-5506
Fax: (717) 772-6857
larryy@dpw.state.pa.us

Rhode Island
Rhode Island Department of Children, Youth and Families
530 Wood Street
Bristol, RI 02809
(401) 254-7077
Fax: (401) 254-7099

South Carolina
South Carolina Department of Social Services
PO Box 1520
Columbia, SC 29202-1520
(803) 898-7360

South Dakota
South Dakota Department of Social Services
Child Protection Services
Kneip Building, 700 Governors Drive
Pierre, SD 57501-2291
(605) 773-3227
Fax: (605) 773-6834
<http://www.state.sd.us/social/cps/interstate.htm>
diann.kleinsaser@state.sd.us

Tennessee
Tennessee Department of Children's Services
436 Sixth Avenue North, Cordell Hull Building, 7th Floor
Nashville, TN 37243-1290
(615) 532-5618
Fax: (615) 532-5618

Texas
Texas Department of Protective and Regulatory Services
PO Box 149030, Y-942
Austin, TX 78714-9030
(512) 834-4474
Fax: (512) 834-4476

Utah
Utah State Division of Child and Family Services
Division of Children and Family Services
120 North, 200 West, PO Box 45500
Salt Lake City, UT 84145-7107
(801) 538-4100
Fax: (801) 539-3993
<http://www.hsdscfs.state.ut.us>
mchapman@hs.state.ut.us

Vermont
Vermont Department of Social and Rehabilitation Services
103 South Main Street, Osgood III
Waterbury, VT 05671-2401
(802) 241-2141
<http://www.state.vt.us/srs/>
mbryc@srs.state.vt.us

Virginia
Virginia Department of Social Services
Division of Social Services
730 East Broad Street
Richmond, VA 23219-1849
(804) 692-1270
Fax: (804) 786-0455
<http://www.dss.state.va.us/family/interstate.html>

Washington
Washington Department of Social and Health Services
Children's Administration
PO Box 45711
Olympia, WA 98504-5710
(360) 902-7984
Fax: (360) 902-7903

West Virginia
West Virginia Department of Health and Human Resources
Office of Social Services
350 Capitol Street, Room 691
Charleston, WV 25301-3704
(304) 558-1260
Fax: (304) 558-4563
nchalhoub@wvdhhr.org

Wisconsin
Wisconsin Division of Children and Family Services
Office of Children and Family Services
PO Box 8916
Madison, WI 53708-8916
(608) 267-2079
Fax: (608) 264-6750

Wyoming
Wyoming Department of Family Services
2300 Capitol Avenue, Hathaway Building
Cheyenne, WY 82002-0490
(307) 777-3570
Fax: (307) 777-7747

Virgin Islands
Program Development & Evaluation
Virgin Islands Department of Human Services
1303 Hospital Building A, Knud Hansen Complex
Charlotte Amalie, St. Thomas, VI 00802
(340) 774-0930
Fax: (340) 774-3466

District of Columbia
Department of Human Services
District of Columbia Child and Family Services Agency
609 H Street NE
Washington, DC 20002
(202) 698-4637
Fax: (202) 727-6881



Types of Adoption Relationships

Each adoptive family and birth parent that has been brought together through adoption has a unique relationship and situation that will dictate a different type of relationship. Birth parents and adoptive families should educate themselves about open, closed and semi-open adoption agreements and evaluate how comfortable they feel with each type of adoption.

No one level of openness in adoption is best for everyone, and each adoption changes over time. Adoptees from all kinds of adoptions, from confidential to fully open, can be emotionally healthy.

FACTORS ASSOCIATED WITH INCREASED OPENNESS:

- * The birth and adoptive parents' mutual concern for the child's well being.
- * An emergence of friendship or a personally satisfying relationship between the birth and adoptive parents.
- * Regular flow of communication between the birth and adoptive families.

FACTORS ASSOCIATED WITH DECREASED OPENNESS:

- * Parties living far away from each other.
- * Major differences in life situations, interests, or values.
- * Relatives or friends who discourage contact.
- * Change in a birth mother's situation such as marriage or the birth of another child.
- * Inability to negotiate a mutually agreed upon comfort zone of contact.
- * Adoptive parents feeling that contact is becoming stressful for the child.
- * Inability of agency intermediaries to keep up contact to everyone's satisfaction.

Open, or fully disclosed, adoptions allow adoptive parents, and often the adopted child, to interact directly with birth parents. Open adoption falls at one end of an openness communication continuum that allows family members to interact in ways that feel most comfortable to them. In semi-open or mediated adoptions, information is relayed through a mediator (e.g., an agency caseworker or attorney) rather than through direct contact between the birth and adoptive families. In confidential adoptions, no identifying information is exchanged.

The Laws Concerning Adoption Relationships

Adoptions have taken place since the beginning of human history. However, until the early 1900s they were generally informal, community-based arrangements. Confidentiality gradually became an integral part of adoption to protect birth parents and adopted children from the stigma surrounding illegitimate births.

In 1851 the Commonwealth of Massachusetts set the legal precedent for severing the relationship between an adopted child and his or her biological parents. In 1917 Minnesota passed the first State law barring public inspection of adoption records. By 1950, most States had passed legislation sealing adoption records, even from adoptees themselves.

In response to a groundswell of adult adopted persons and birth parents returning to agencies for more information and advocating legislative changes, some States have recently changed their adoption laws. These changes initially involved the creation of mutual consent registries. A mutual consent registry is a central repository where individuals directly involved in adoptions can indicate their willingness to disclose identifying information. Approximately 23 States have some form of mutual consent registry.

Some States also have changed their laws to acknowledge "cooperative adoption," or post adoption agreements between birth and adoptive parents. These often include some degree of openness. While no State prohibits entering into these types of agreements, they are not legally enforceable in most States. Often they are informal "good faith" agreements between birth and adoptive parents that may or may not be in writing. Even in States where post adoption contracts are enforceable, no law allows for an adoption to be overturned if either birth or adoptive parents fail to follow through on their agreement. Many of the States have also enacted laws allowing an adopted adult to petition the court for access to his or her original birth certificate. These petitions are generally granted with "good cause." A few States have also enacted laws allowing an adopted adult (18 or older) unrestricted access to his or her original birth certificate or agency records. A few other States allow the birth parents to file a consent allowing the release of the birth certificate or a non-consent blocking its release.

For more information on laws relating to cooperative adoptions, access to adoption records, and mutual consent registries, see the Summaries of State Laws from Prevention to Permanency, Adoption (www.naic.acf.hhs.gov/general/legal/index.cfm) of the National Adoption Information Clearinghouse Web site.

Open Adoption

While many adoption professionals have varying definitions of what an open adoption is, it typically means that the birth parents and the adoptive family speak prior to and even after the child is born.

In open adoptions, communication may include letters, e-mails, telephone calls, or visits. The frequency of contact ranges from every few years to several times a month or more, depending on the needs and wishes of all involved. The goals of open adoption are:

- * To minimize the child's loss of relationships.
- * To maintain and celebrate the adopted child's connections with all the important people in his or her life.
- * To allow children to resolve losses with truth, rather than with fantasy.

An open adoption agreement can include various types of contact, but at the very least, an open adoption suggests that the birth mother and adoptive family have contact prior to and after the delivery. Also, they may trade identifying information, such as full names and addresses. The adoptive family and birth mother will send pictures and letters directly to one another, instead of having the adoption agency facilitate the exchange. Birth parents may be able to have face-to-face visits with the child or speak to them and the adoptive family on the phone. Basically, an open adoption allows adoptees to form an actual relationship with their birth parents. Adoption is a lifelong process, and many birth parents feel they would like to opportunity for their relationship with the adoptive parents and the child to grow. They also feel it is important for the adoptee to understand their adoption completely and to be able to feel a connection with their birth mother.

Many birth parents find this type of relationship gratifying because they are able to observe the adoptee mature and flourish with their adoptive family, and they are able to be a part of that process. They are reassured that they made the best decision for the child. Also, if the birth parents have other children, the open adoption process allows the adoptee to form a bond with their biological brothers or sisters and extended family.

Many adoptive families are wary of agreeing to an open adoption with the birth parents. Sensational movies about adoption have convinced many people that if the birth parents know where the adoptive family lives, they will try to interrupt the family's life, and they may even attempt to take the child back. This is completely untrue.

An open adoption allows for the adoptive family and the birth mother to know one another's addresses and full names. There may be periodic telephone conversations and some families even enjoy getting together for visits. Many adoptive families begin to form a close bond with the birth parents, and they do not, and should not, feel threatened by the birth parent's interaction with their child. The adoptive parents are the child's legal family, and the birth parents cannot "take" the child back. And as much as the birth parents feel an intense amount of love for the child, they know they made the decision to choose adoption, and they know they did the right thing for the child. An open adoption is not right for every adoption, you must consider if your birth parent(s) are "healthy" and can handle building a trusting relationship with you. Many families find that they enjoy the close connection they share with the birth parents, and they appreciate the openness this type of relationship allows.

When is open adoption not in the child's best interest?

In some cases, including the child in a relationship with the birth parents may not be in his or her best interest. This may be true if:

- *A birth parent is unable to maintain appropriate relationship boundaries with a child due to mental, emotional illness, or in certain drug usage cases.

- *There has been so much violence directed at a child that any contact with that parent would only result in more trauma for the child.

Even when it is not safe for the child to maintain an open relationship with a birth parent, an extended family member may be able to provide a link to the child's past without causing additional trauma. Confer with an adoption-competent mental health provider, talk to the adoptive family, and use the accompanying pro and con tables for additional assistance in making difficult choices regarding the amount of openness to include in a child's adoption.

Semi- Open Adoption

Semi-open adoptions fall in between open and closed adoptions. The adoptive family and birth parents usually will know basic information about each other, such as their first names and state of residence. Complete contact information, such as phone numbers and addresses, are not shared. While adoptive families and birth parents may speak to one another prior to the birth of the child, some confidentiality is maintained.

Semi-open adoptions are the most common type of adoption contact agreed to. It is also the most flexible type of adoption. The birth mother may have the first names of the adoptive parents, and they will know the state in which the family resides. If the birth mother would like

to talk to the adoptive family or send the family information, they will do this through the adoption agency that will ensure the confidentiality of the birth parents and the adoptive family. All communication will be through a third party, which means that birth parents may send letters to the adoptive family by mailing them to their agency or attorney, who will then repackage the items to send to the adoptive family without identifying information.

A semi-open adoption is beneficial for birth parents who would like to be updated on a regular basis about the well-being and developments of the child, but do not feel comfortable with direct contact. This allows the birth parents to move forward, while still maintaining a connection to their child and the adoptive family. Most adoptive families choose to complete a semi-open adoption because it is the most flexible type of adoption, and the family still maintains a certain level of confidentiality. This type of contact is very beneficial for adoptees as well. As they grow older they can choose when and how they would like to reach out to their birth parents. It gives the adoptee the choice to decide what type of contact they wish to have with their birth parents, and they also have access to medical information about their extended family if they have questions or concerns.

A semi-open adoption really allows the adoptive family, the birth parents and the adoptee the ability to stay connected through periodic contact, while also allowing them to maintain the distance they desire. Adoptive families and birth parents should make sure that their wishes for the amount and type of contact involved in their semi-open adoption is completely understood. Semi-open adoptions are flexible and many birth parents and adoptive families have unique agreements that fit their level of comfort and their unique situation.

Closed Adoptions

When many people think about adoption, they envision a closed adoption in which the adoptive family and birth mother remain confidential, with no contact prior to or after the placement of the child. For many generations, it was common practice to keep adoptions closed. However, in the early 1980s, adoption began to shift toward more openness. Today, some people believe closed adoptions to be “safer,” mainly out of a fear that if the birth parents know where the adoptive family lives, that they will “take back” the child. While this fear has largely been perpetuated by television movies and sensationalized media reports, this is not true. Today’s adoption laws are very clear – once the adoption is finalized, the adoptive family is recognized as the child’s legal family. Today, closed domestic adoptions are more rare; however almost all international adoptions are closed. If a closed adoption is your preference, then you may wish to pursue an international adoption.

Evolving Relationships

Many adoptive families find that although at first they prefer a more closed or semi-open adoption, once they meet the birth parents and connect with them, they find the relationship evolves into a more open adoption. Realize that your relationships may change based on many variables, but whatever you're adoption plan is know that once your adoption is finalized, to the legal system, you are the parent of this child as though you gave birth. You have the responsibility of deciding what is best for your family and your child and those decisions are ever evolving as your child grows.



Transracial Adoption

Transracial adoption refers to the adoption of a child that is of a different race than that of the adoptive parents.

While some adoptive families may wish to adopt a child of the same racial background as themselves, others choose to diversify their family makeup by adopting a child of a different race or ethnicity. Throughout America, there are thousands of blended families as more couples choose to open their arms to children of all kinds of backgrounds.

Some adoptive families that are open to adopting transracially wonder if an expectant mother will choose a family of another race to raise her child, or if she will prefer a family that is of the same racial background as her child. While it is ultimately up to the expectant mother to choose a family for her child, we work with hundreds of expectant mothers each year who choose to place their babies with waiting families that are of a different race. Typically, those families that demonstrate their openness to adopt a child of a different race in their Adoptive Family Profile, or who highlight their love of different cultures, are often chosen by expectant mothers of a different race.

African-American/Biracial Adoption

There is a strong need for families to adopt African-American children, or biracial children that are part African-American. Because of this, more families are choosing to adopt African-American children and it is becoming more common to see Caucasian, Hispanic and other families expanding their family through the adoption of an African-American or biracial child.

If you are considering adopting a black or biracial child, you may wish to study African-American culture to share this with your child. There are many children's books available that are African-American themed as well as dolls and other toys that will allow your child to embrace their ethnic background. Popular toy manufacturers, including Barbie and American Girl, offer African-American dolls, as well as various other Internet resources, such as

www.dollslikeme.com. You also may wish to join playgroups or other organizations that will allow your child to interact with other African-American children. Playgroups are easily found through church or other religious organizations throughout a community or you can organize your own with friends, neighbors and other associates with children close to the age of your child!

Considering adopting an African-American or biracial child?

Across the nation, there is a vast shortage of families seeking to adopt children of an African-American descent. Due to this shortage, many agencies have reduced programs or grants available to bring light to this need and to aid families seeking to adopt African-American children. Usually there is the lower wait time experienced by families in these programs. Because fewer families are open to adopting a child with an African-American heritage, families willing to adopt these children receive a higher exposure to expectant mothers.

Suggested Reading:

Different and Wonderful: Raising Black Children in a Race-Conscious Society, by Dr. Darlene Powell Hopson and Dr. Derek S. Hopson.

Does Anybody Else Look Like Me? A Parent's Guide to Raising Multiracial Children, by Donna Jackson Nakazawa

Inside Transracial Adoption, by Gail Steinberg and Beth Hall

Loving Across the Color Line: A White Adoptive Mother Learns About Race, by Sharon E. Rush

Hispanic Adoption

More families also are choosing to adopt a child with a Hispanic background. Throughout America, the Hispanic community continues to grow and today is one of the largest, most influential communities in the nation. Couples choosing to adopt a Hispanic child may wish to learn more about Hispanic traditions, including traditional food, stories and celebrations. Families adopting a Hispanic child may wish to learn to speak Spanish and raise their child in a bilingual home. Families also may join playgroups or other organizations that will allow the child to interact with other Hispanic children or families. These playgroups may be found at church or other religious organizations, or organize your own! If you know of any other Hispanic families in your community with children similar in age to your child, simply plan times for your children to play together, or ask them if they know of any other Hispanic families looking to form a playgroup.

Suggested Reading:

Raising Nuestros Niños Bringing up Latino Children in a Bicultural World, by Gloria G. Rodriguez, Ph.D.

Cross-Cultural Adoption: How to Answer Questions from Family, Friends and Community, by Amy Coughlin and Caryn Abramowitz

Asian Adoption

With the rise of international adoptions, it is also becoming more common for families to adopt Asian children. However, you don't have to adopt overseas to adopt a child with an Asian background, as there are many Asian children available for adoption in the U.S.

Families wishing to adopt an Asian child are encouraged to learn more about Asian culture, including traditions, holidays and stories. There also are many children's books available that focus on traditional Asian themes and stories that will allow your child to identify with their culture at a young age.

Suggested Reading:

Dim Sum, Bagels and Grits: A Sourcebook for Multicultural Families, by Myra Alperson

Indian/Native American Adoption

Many families are also choosing to adopt a Native-American child. While there are many Native-American children available for adoption, there are also special laws governing the adoption of Native American children.

To protect the interest of Native American children and tribes, the U.S. government enacted the Indian/Native American Child Welfare Act (ICWA). Couples wishing to adopt a Native American child must ensure that all mandates of ICWA are satisfied in order to adopt the child.

Families adopting a Native-American child are encouraged to research the child's tribe of origin in order to share with the child the traditions, celebrations, dress and other tribe customs. Families may also wish to seek out other Native-American families in their community to allow their child to interact with other Native-American children and families.

Adopting Transracially - Tips for Families

However, families considering transracial adoption should also note that adopting a child of a different race also comes with its own set of unique considerations. Families adopting a child of a different race should be prepared to teach their adopted child about their ethnicity and should foster a home environment that is open and loving of all races and cultures. As the child grows, adoptive parents should be prepared to answer questions their child may have about their own ethnic and cultural identity.

Experts also suggest adoptive parents of transracially adopted children:

- Allow the child to interact with other people and children of the child's race or ethnicity
- Read books about transracial adoption or the child's culture
- Take a foreign language class to learn the child's native language
- Consider living in a multicultural neighborhood
- Find same-race mentors and role models for the child
- Confront racism openly
- Cook ethnic dishes from the child's culture
- Celebrate all cultures, including the child's
- Take part in homeland tours and culture camps to expose the child to the traditions, customs and stories of their race or culture

The Effects of Prenatal Drug use on Newborns

Alcohol:

Low birth weight
Small skull
Abnormal facial features
Heart defects
Physical deformities
Mental retardation
Poor Impulse Control
Lack of reciprocal relationships

Cocaine and Methamphetamine

Small birth size
Small head
Poor visual processing
Abnormal sleep patterns/ sleeplessness
Tremors/ muscle spasms
Poor feeding- sucking difficulties
Transient central nervous system irritability
Learning difficulties
Defects of genitals, kidneys, and brain possible
Increased risk of SIDS

Marijuana and Tobacco

Small birth size
Developmental delays
prematurity
poorer habituation to visual stimuli, fine tremors, and increased startle response to spontaneous mild stimuli
behavioral and learning problems

Heroin and Methadone (and other Narcotics)

Small head size
Low birth weight
Breathing difficulties
Low blood sugar
Intracranial hemorrhage
Infant death
Poorer fine and gross motor coordination
More active, engage in task irrelevant activity and have poorer fine motor coordination at age 5

* This is not an all conclusive list. This list indicates possible symptoms that the exposed newborn is at an increased risk of suffering.

Inhalants

Birth defects

PCP and LSD

Low birth weight

Poor muscle control

Brain damage

Withdrawal symptoms such as lethargy and tremors

* This is not an all conclusive list. This list indicates possible symptoms that the exposed newborn is at an increased risk of suffering.



Raising an Adopted Child

Adoption and the Stages of Development

Now that you have adopted a child and life is beginning to settle down, you may find your thoughts moving to the future. When shall I tell my child that s/he is adopted? How will s/he feel about it? At what point will s/he want more information? What will s/he want to know from me? How can I help my child feel comfortable about being adopted?

Whether children are adopted as infants or when they are older, whether they are healthy or have physical or psychological problems, their adoption is bound to influence their development. You need to understand how and why.

Learning about the developmental stages of children and what can be expected in each stage is important to all new parents. When your child has been adopted, there are additional considerations. In these pages, we will be looking at specific issues- separation, loss, anger, grief, and identity- and show how they are expressed as your adopted child grows up. Some of these issues will be obvious in all stages of development; others surface at specific times. The more thoroughly you can understand how your child behaves and why, the more likely it is that you can be supportive and help your child to grow up with healthy self-esteem and the knowledge that s/he is loved.

While the stages described below correspond generally to a child's chronological age, your child's development may vary significantly. Some children progress more quickly from one stage to another; others may continue certain behaviors long past the time you would have expected. Still others may be substantially delayed in entering and moving through new stages. Many characteristics of adolescence, for instance, may not even appear until your child's twenties and may persist until your child's identity has formed.

What to Expect at Different Ages

The First Year

The primary task of a baby is to develop a sense of trust in the world and come to view it as a place that is predictable and reliable. Infants accomplish this through attachment to their caretakers. During their early months, children have an inborn capacity to "bond" to ensure their survival. They express it through sucking, feeding, smiling, and cooing, behaviors which, ideally, stimulate loving responses from their parents (or caretakers). These pleasant interactions and the parent's or parents' consistent attention from the parent-child bond and give the foundation for a child's sense of trust.

During this period, a consistently nurturing and tension-free environment makes a child feel secure. The most valuable thing you can do is to show, through attention and affection, that you love your child and that your child can depend on you. If you generally respond to your child's cries, s/he will learn trust. If you hug and smile at your child, s/he will learn to feel content.

Although the need to attach continues for a long time, the process of separation also begins in the first year of a child's life. A milestone is reached when children learn to separate from their parents by crawling and then by walking. At the same time, babies often become fearful of separation. Psychological separation begins too: babies start, non-verbally, to express their own wishes and opinions. Many experts in child development view early childhood as a series of alternating attachment and separation phases that establish the child as an independent person who can relate happily to family members and friends, and be capable of having intimate relationships with others.

The Second Year

Toddlers continue the attachment and separation cycle in more sophisticated ways in the second year. They learn to tell you how they feel by reaching their arms out to you and protesting vigorously when you must leave them. Anxiety about separating from you heightens, and they may begin to express anger. During this stage, when you must guide and protect your child, you become a "no" sayers. It is not surprising that your child becomes frustrated and shows it in new ways. Helpless crying usually comes first. Later your child may exhibit aggressive behavior such as throwing things, hitting, pushing, biting, and pinching. Much of this behavior is directed toward you but some is directed at the child's peers. Such behavior often puzzles and frightens parents. You may wonder if your child is normal. Adoptive parents often worry that an unknown genetic trait is surfacing or that the "orneriness" has something to do with the adoption. Sometimes they think ahead to the teenage years and wonder if these are early warnings of trouble ahead.

It helps to know that this kind of behavior is typical of toddlers, who have conflicting wishes about their push toward autonomy and their anxiety about separating from you. Almost all children go through a "me do it myself" phase, accompanied by temper tantrums and toilet training battles. Handling tantrums, setting limits, and encouraging language development and the expression of feelings consume most of your time and patience.

In the first 2 years, the stages of attachment, the beginnings of separation, and the expression of anger and aggressiveness probably are the same whether your child is adopted or not. Even in homes where the word "adoption" has been used frequently and the child can pronounce it or even say, "I'm Susie, I was adopted from Chicago," the words have little meaning. What is especially important is that your adopted child has the opportunity to pass through the attachment and early separation stages in the same way as a child born to you.

When older babies or children are adopted, their capacity to form relationships may have been disturbed. A series of caretakers and broken attachments through the first months of a child's life can complicate adjustment and compromise the ability to develop trust. You may need to work much harder to let your child know that you care and that you will always be there. Even if your baby received nurturing care before joining your family, s/he can still benefit from your understanding the significance of attachment and the importance of loving interaction.

If you adopt cross-culturally, it will be helpful for you to learn about attachment behavior in that culture. Consider for instance a family who had adopted a 7-month-old Asian baby. When the baby cried, she could not be comforted by holding; she would only quiet down if she were laid on the floor near her mother and spoken to softly. Once she became calmer, she would crawl into her mother's lap for a hug.

There is another example of a baby adopted from Peru who needed to sleep with an adult for the first few months following adoption. His new crib went unused until he was 15 months old, when his parents were able to help him adjust to sleeping alone.

Children who are adopted when they are older usually follow the same attachment and separation paths as other children, but possibly in a different time sequence. This gives you the opportunity to make up for what might have been lost or damaged in earlier relationships.

The first 2 years are crucial to personality development and dramatically influence a child's future. As you grow into your roles as parents, your children also will grow into their place in your family.

Age Two to Six - Identity, Feelings, and Fears in the Preschool Years

If you thought a lot was happening in your child's development in the first 2 years, you will find that the preschool years are filled with activity and nonstop questions. Once children learn to speak, they need only a partner, and the world becomes theirs for the asking and telling. This is when parents begin to feel pressure to explain adoption to their children. It is also when children's ears are wide open to adult conversation and they take in so much more than adults once thought they could. Parents are busy answering as best they can questions such as why the sky is blue, why leaves fall off the trees, why people are different colors, how birds fly, and why a baby brother cannot join the family right now. The more comfortable parents are in trying to answer questions honestly, the more encouraged their children will be to learn. A lack of interest in learning often results from having questions met with too many "I don't know" or the obvious indifference of parents to their children's curiosity.

Sometimes parents feel so embarrassed about not knowing all the answers to their child's questions or are so afraid of giving the "wrong" answer that they ignore a question or change the subject. In doing so, they often miss a chance to discuss critical feelings with their children. For instance, a little girl visiting a

museum with her father asked him why a woman in a painting was crying. She wanted him to pick her up so she could see the painting better, but he felt uncomfortable, took her hand, and moved on. This would have been a good opportunity to discuss why people are sad sometimes and why the little girl thought the woman in the painting was sad.

Children between 2 and 5 years of age have fears, especially about being abandoned, getting lost, or no longer being loved by their parents. They also engage in "magical" thinking and do not distinguish reliably between reality and fantasy. They may be afraid of giants, monsters, witches, or wild animals.

Children in this age group become increasingly familiar with separations from loved ones, often because they are attending daycare or preschool programs. They also make new friends outside their family, and their interests broaden. At the same time, they notice that their parents do not know everything and cannot control everything that happens to them. This can be frightening because it threatens their sense of security.

As you observe your children and others, you will notice that both boys and girls imitate their parents' nurturing and care-taking activities. They carry, feed, change, and put to bed their dolls and stuffed animals. They kiss them and sometimes throw them or hit them. They are mimicking attachment and separation behaviors. If a baby enters the family, many 2-, 3-, and 4-year-olds insist that it is their baby, that they "borned" it or "adopted" it. Sometimes a girl will tell you that it is her baby and that Daddy is the father. A little boy might say that he is going to "marry Mommy when Daddy grows up and dies." If you listen, you will see that your child is trying to make sense of the relationships in the family and to find a way to express the strong emotions of love, hate, and jealousy.

It is puzzling for children to understand why mom and dad get to sleep together while they have to sleep with two trucks and a bunny. You are witnessing what is known as the Electra complex in girls and the Oedipal complex in boys. Little girls may feel jealous of their mothers' grownup relationship with their fathers. They experience a mix of feelings which includes wanting to marry Daddy but feeling competitive and fearful that they will not "measure up." Little boys may want to be mommy's partner in everything and show off their developing "manliness." They do not understand why Daddy should be included but worry that Daddy will be upset with them for the way they feel. All of this behavior is normal for children this age.

There is also an aggressive, competitive side to this stage. You may notice behavior that is challenging, stubborn, and argumentative, usually directed toward the same-sex parent. Girls argue with their mothers about what to wear, what toys to leave at home, and who is the boss of the baby. Boys want to talk about what they will do when they grow up, and even in the most peaceful of families, they will turn all sorts of items into weapons which they yearn to use on the draperies, the baby, and, in frequent moments of frustration and anger, on Daddy.

These behaviors are part of children's working out their awareness of their smallness and insignificance compared to their parents and their urges toward autonomy and independence. They want to be big but also want the benefits of infancy. If they cannot be Mommy or Daddy's partner, they want to be their "lap babies."

Gradually, the intensity of these feelings abates. Children's love for their parents allows them to reconcile the Oedipal or Electra complex by eventually exchanging the wish to marry the parent of the opposite sex for the more realistic desire to grow up to be like the parent of the same sex.

Some version of this scenario occurs in most children, even those raised by a single parent. Sometimes the behavior is expressed directly; other times it is subtle, recognizable only through recalling dreams or in pretend play.

Children who have been traumatized or abused may not show the kind of behavior described here. They may be seductive or fearful, uncertain about the appropriateness of being affectionate, or show symptoms associated with sexual abuse. These children need special help from their parents and possibly from a skilled therapist before they can feel safe enough to express loving or sexual feelings in their new families. The National Adoption Information Clearinghouse (NAIC) factsheet entitled "Parenting the Sexually Abused Child" (www.calib.com/naic/pubs/f_abused.cfm) is helpful in such cases.

During the preschool years, you may want to respond to your child with humor and tactfully explain that when your child grows up, s/he will find someone just like Mommy or Daddy. Adopted children inevitably wonder to which Mommy and Daddy you are referring. Some researchers believe that this is not the appropriate time to emphasize a child's birth family (Wieder, Schecter). It is difficult enough for children to find their place in the family (as the youngest child, the oldest, etc.) and to come to terms with their gender without having to ponder the meaning of birth parents. It probably is not even possible for a child this age to understand this concept yet.

The Facts of Life: Where Do I Come From? How Did I Get Here?

Most 3- to 6-year-olds do not yet understand the meaning of "being born." If they watch "Sesame Street" or others on television, they may have learned something about how animals are born, and more recently, about how babies are born. They may then start to ask questions about this fascinating subject. Although parents traditionally are nervous about discussing the facts of life with young children, the children usually are curious, unembarrassed, and eager for information. This is a perfect opportunity to introduce the subject of where babies come from, how they get here, and how families are formed. This information is a valuable stepping stone in helping your child understand the concept of adoption. It is a time, too, that may awaken painful memories about your own infertility if that was the reason you chose adoption. Discussing birth and the creation of families with your child can be an enriching and freeing experience for the whole family.

At this time, adoptive parents must determine what and when they will tell their children about their adoption. Many adoption workers advise parents to introduce the word "adoption" as early as possible so that it becomes a comfortable part of a child's vocabulary and to tell a child, between the ages of 2 and 4 that s/he is adopted. However, some child welfare experts believe that when children are placed for adoption before the age of 2 and are of the same race as the parents, there probably is little to be gained by telling them about their adoption until they are at least 4 or 5 years old. Before that time, they will hear the words but will not understand the concept.

Dr. Steven Nickman, author of the article "Losses in Adoption: The Need for Dialogue," suggests that the ideal time for telling children about their adoption appears to be between the ages of 6 and 8. By the time children are 6 years old, they usually feel established enough in their family not to feel threatened by learning about adoption. Dr. Nickman believes that preschool children still have fears about the loss of their parents and their love and that telling them at that time is too risky. In addition, there is some question about whether a child under 6 years of age can understand the meaning of adoption and be able cognitively to work through the losses implied by learning that s/he was born into a different family.

Although it is obvious to adults, young children often believe that they are either adopted or born. It is important, when telling them about their adoption, to help them understand that they were born first - and that all children, adopted or not - are conceived and born in the same way. The birth came first, then the adoption.

Waiting until adolescence to reveal a child's adoption to him or her is not recommended. "Disclosure at that time can be devastating to children's self-esteem," says Dr. Nickman, "and to their faith in their parents."

Children Who Are Adopted When They Are Older or Who Are of a Different Race

Children who have been adopted when they are older than 2 or when they are of a different race from their adoptive parents need to be told about their adoption earlier. With older children, who bring with them memories of a past, failure to acknowledge those memories and to have a chance to talk about them can reinforce the attachment problems inherent in shifts in caretakers early in life. In these cases, parents should "work to safeguard the continuity of the child's experience by reminding him or her of his earlier living situation from time to time, still bearing in mind that too frequent reminders might arouse fears of losing his present home," Dr. Nickman suggests.

If your adopted child is of a different race or has very different physical features from your family, you must be cognizant of signs that s/he is aware of the difference. Your child may have noticed it, or someone else may have commented on it. You will want to explain to your child that the birth process is the same for everyone but acknowledge that people in different cultures have distinguishing physical features and their own rich heritage. Sometimes children who look different from the rest of their family need to be assured that their parents love them and intend to keep them.

For children with developmental disabilities, explanations about birth may be simplified or adjusted to match their ability to comprehend. When children have expressed no interest in the subject, it may be that they are not yet able to benefit from a discussion about it.

In any case, it takes years of periodic returns to the subject of adoption before your children will fully grasp its meaning. Meanwhile, it is most important that you provide an environment that nourishes and encourages learning and the understanding of all important family issues, such as love and aggression, hate and jealousy, sex and marriage, illness and death. At least two studies (Kirk, Hoopes and Stein) suggest that adopted adolescents were better adjusted if they came from families where all emotional issues including adoption were discussed among family members beginning in early childhood.

Children who learn early that it is all right to ask questions and be curious usually carry this behavior over to school and develop a sense of mastery over their lives. That is why both attachment and separation behaviors should be encouraged and endured patiently by parents. Both are necessary for children to create their identity and to develop and sustain intimate relationships.

Preschoolers' reactions to adoption are almost entirely affected by the way their parents feel about the adoption and the way they handle it with their children. Children of preschool age will be as excited about the story of their adoptions as other children are by the story of their births. To help make your children feel connected and an important part of the family, share with them the excitement that you felt when you received the telephone call about them, the frantic trip to pick them up, and how thrilled everyone in the family was to meet them. As time goes on and bonds of trust build, your children will be able to make sense of their unique adoption stories.

Elementary School Years: Further Steps in Separation and Identity Formation

Adoption studies of children in this stage of life are contradictory. While some say that adopted children experience no more psychological problems than nonadopted children (Hoopes and Stein), others find that teachers and parents report more personality and behavior problems and find adopted children to be more dependent, tense, fearful, and hostile (Lindholm and Touliatos, Brodzinsky).

In general, children who have been adopted are well within the normal range academically and emotionally; however, emotional and academic problems may be greater if children were adopted after 9 months of age or if they had multiple placements before being adopted. Since these children are at greater risk of having attachment problems, their families should consider early intervention and treatment services similar to those available for other adopted children with special needs.

Middle childhood has often been described as a blissful period when children play and visit grandparents, get involved in interesting activities, and have few responsibilities or worries. Nonetheless, as adults we know from our own experiences, that there is a different side to this period

between the ages of 6 and 11. The more worrisome serious period is usually experienced in children's inner lives, as indicated by their dreams and fantasies. There their feelings are played out about themselves and their families, their wish to belong outside of the family circle, to have attributes that make others admire them and seek them out, and their contrasting fears that they are dumb, ugly, mean, and useless.

At the same time, their horizons are expanding and they are ready to learn from school, friends, and other adventures outside of their homes. Competitive games and team projects attract them and make them nervous; they search everything and everyone for signs that they are loved and acceptable, while worrying that bad things might happen to pay them back for their seemingly evil deeds and thoughts.

The chief task of elementary school-aged children is to master all of the facts, ideas, and skills that will equip them to progress toward adolescence and independent life. During this time, children are supposed to consolidate their identification with parents and cement their sense of belonging to their family.

It is no wonder that in such a state, even without contemporary pressures resulting from divorce or other family disruptions, that emotional and behavioral problems frequently beset elementary school-aged children. Common problems include hyperactivity, poor school performance, low self-esteem, aggression, defiance, stubbornness, troubled relationships with brothers and sisters, friends, and parents, lack of confidence, fearfulness, sadness, depression, and loneliness. Adoptive parents wonder whether and how much these problems are caused or influenced by adoption or a history of faulty attachment.

Smith and Miroff state in their book, [You're Our Child: The Adoption Experience](#), "It is extremely important, and also reassuring, to realize that the most common source of problems are developmental changes which follow a child from infancy to adulthood, not the fact that the child was or was not adopted."

Why Was I Given Away? Loss and Grief in Adoption

Loss is a feeling that runs through the lives of children who have been adopted. It shows itself in different ways at different stages of their lives. But knowing that their birth parents made an adoption plan for them, and then not hearing a lot of information about the birth parents, often makes adopted children feel devalued and affects their self-esteem. Sometimes they feel as though their status in society is ambiguous.

The full emotional impact of that loss comes to children, usually between the ages of 7 and 12, when they are capable of understanding more about the concept of being adopted. It happens because they live more in the world outside of their families and are more tuned in to the world inside their heads. While this is a giant step toward self-reliance, it leaves parents in a quandary about when and how much

adoption information to share, and uncertain about whether their child is wanting or dreading to hear it. It is especially difficult at this time to decide what to do or say to children who do not inquire about their birth parents.

Although it may feel awkward, it sometimes helps to think back to your child's life and death questions during the preschool years and introduce the subject yourself. You might preface your conversation with what you would say to an adult. For example, "I just want you to know that if you want to talk about your adoption, I'd be glad to" or "You haven't asked much about it lately, and I thought, now that you're older, you might be thinking about it in a more grownup way." Such an introduction gets across to children that you are interested in talking about the subject and that you are aware of their getting older and more sophisticated in their thinking. In any case, your willingness to "connect" with your children about their adoptions and not to deny the difference between being adopted and being born into a family can help them grieve this important loss.

You can help your children work through their loss if you can be non defensive about their adoption as well as sensitive to how much they want or need to talk about it at a given time. Do not, however, place undue emphasis on the adoption, as this is likely to make children feel painfully self-conscious about it. But if facts and feelings about adoption are not discussed at all, children's fantasies about their backgrounds may be acted out unconsciously, thus carrying out their unconscious self-identification as an unworthy person.

Once they have understood the biological facts of life, and something about the social and cultural aspects of family life in their community, children of elementary school age begin to imagine things about their birth parents. One 7-year-old asked if her birth mother looked like their 15-year-old neighbor. An 8-year-old boy asked if his birth father could have been a friend of the family. A 9-year-old reported to her mother that she was looking in the shopping malls for a woman who had a nose like hers.

Although preschoolers want to hear how they were adopted and entered their homes, older children discover the reality that their birth mother relinquished them for adoption and ask why. Just as preschoolers try to make sense of reproduction by developing their own theories and mixing them with what their parents told them, older children try to reconcile their own theories with the available facts. What they learn produces a gamut of emotions ranging from incredulity to sadness, disappointment, anger, and guilt. Children may not express these feelings, but they have to be acknowledged, lived with, and digested before they develop a new understanding of adoption and themselves.

Some researchers think that children must grieve for the loss of the birth parents much in the same way that infertile couples grieve for the loss of a biological baby. Some children feel that they were given up because there was something wrong with them or because they were bad. Some become fearful that they will hurt their adoptive parents' feelings or make them angry if they want to find out more about

their birth parents. Where preschoolers would often be quite open about expressing these feelings, older children have a greater sense of privacy and are not sure that their parents can tolerate their questions or feelings. Older children may, therefore, keep much more to themselves.

A common situation in children of this age, which you may recall from your own elementary school days, is imagining that they had been adopted or kidnapped from another set of parents who were usually better in every way than their own. These parents might have been rich, or even royalty, and they did not make you take vitamins, eat spinach, go to bed at 9 p.m., or refuse to let you watch MTV. When life at home was unpleasant, we could daydream about this "better" family to soothe our angry or sad feelings.

These fantasies provide an outlet for times when children are infuriated or disappointed by their parents, and when they do not know how to cope with their anger toward them. Usually, as a child recognizes that love and hate, anger and affection, can be felt toward people without ruining the relationship completely (i.e., the preschooler's quote; "I won't be your best friend any more" changes to the 8-year-old's, "I'm so mad at Jenny that I won't sit near her at music today"), these thoughts of another family fade. Then your children can continue to identify with your characteristics, activities, and values.

The fantasy world of the adopted child is complicated by the existence of the birth parents, and is influenced by whatever information is available about them. Sometimes the facts make it more difficult for children to idealize their birth parents or put pressure on them to "choose" to "be just like" or "totally unlike" one or the other set of parents.

Psychological Identification

If your child has had several homes before yours, there is often a brief honeymoon period where s/he will try to be perfect to ensure your love. But soon the sense of loss, hurt, and anger surfaces. Your child may, consciously or not, break your rules, steal, lie, or act out physically or sexually. The child's message is "I'm going to leave here anyway, so I'd better make sure I don't get too close" or "Families don't last, and I'm angry about that."

You will need to help your children build trust and gain confidence that you will not abandon them. Part of that job is helping your children to develop the psychological identification that distinguishes them as individuals.

What is this identification process that is so critical to success and confidence in later life? It takes us back to the initial attachment process, when it is important for babies to make an emotional connection that shape their personalities and make them someone who is a unique individual as well as a member of a particular family.

During the elementary school-age years, children's identity comes from a combination of their genetic heritage, their experience with their families, and what happens to them as they try to find their place in the wider world. They want to be like their peers and their families.

The creation of a family tree, a common elementary school assignment which asks children to construct a portrait of their geographical, ethnic, historical, and birth connections, offers an opportunity and a challenge to the adoptive family. This assignment will bring to the surface knowledge and ignorance about your child's background and legitimize discussion of family facts and secrets.

If there has been openness about adoption and sensitivity to not insisting on discussing adoption when a child is not receptive, parents will be able to discover from their child what can and cannot be included in the family tree assignment. A 10-year-old, after moving to a new school, said she would like to be the one to decide whether to tell new classmates that she was adopted, because now she was the boss of that information. Is it farfetched to think that a 10-year-old is old enough to be "boss" of her adoptive information? At this age, the child's self-esteem will flourish if she can feel her parents trust her as she learns and masters new facts about herself and the world.

Sometimes during the elementary school years, before or after the family tree experience, children learn about heredity, genes, and "blood relationships." At this time, the adopted child realizes at the highest cognitive and emotional level so far, the differences between biological and adoptive relationships. Reactions to this information are probably as varied as the children and include feelings of relief, a sense of enlightenment, heightened interest in learning more about birth parents, denial of any interest, or feelings of loss and grief.

Remember that all adopted children have feelings about their adoption, and that many times in their development they will struggle with why their birth parents made an adoption plan for them. You can help your children by letting them know that they are not alone in these feelings and that it is all right with you if they express them and try to get explanations for what puzzles or troubles them. The more open family discussions have been from the beginning of verbal communication, the more likely it is that communication will continue no matter how intense or complex the subject becomes.

You may also want to remind yourself and your child that learning about adoption, like learning about life, is an ongoing adventure that you want to share with your child as much as you can, but that you understand that some of this learning has to be pursued alone as well. At this point, your child is old enough to choose the pace at which s/he wants to consider these new ideas. However, you as parents are still in a position to guide, instruct, and set limits. A 9-year-old who wants, suddenly, to look for her birth mother the day after a fight over bedtime can be told that Mom feels she has to do some maturing before she is ready for that step.

Since these are the years when youngsters appear to seriously confront the "sad side" of relinquishment and adoption, opportunities to meet with and talk to other adoptees their age, as well as with adolescent and adult adoptees, are beneficial. It helps children see a bit into their own futures.

Foreign adoptees can benefit from cross-cultural experiences appropriate to elementary school-aged children. Some children are thrilled to attend an adoption family camp or summer program. Others prefer to process their feelings within their adoptive families or even alone. The more sensitive to your child's feelings you can be, and the more experience you and your child have in discussing feelings together, the more consoling and comforting you can be to each other. You will then survive and eventually triumph over this period of self-discovery and grieving.

Adolescence - Who Am I And Where Am I Going?

No sooner do your children begin to understand the wonders of biology than their own bodies begin the surge of growth toward puberty and the awesome stage of adolescence. Adolescence, for all its newness - it was not considered a distinct stage of life until after the first World War - as quickly acquired a reputation as a difficult and trying period for children and parents. Physical growth changes the person from a child to an adult, in preparation for procreation, but mental and emotional development may take years to catch up with the body. Adolescents' behavior is in transition and not fixed; their feelings about the world and their place in it are tentative and changeable, like a chameleon's.

The adolescent's primary task is to establish a secure sense of identity; the process is arduous, time-consuming, and intense. Establishing a stable identity includes being able to live and work on one's own, to maintain a comfortable position in one's family, and to become a contributing citizen in one's Community.

It is the nature of all adolescents, adopted or not, to question everything and everyone. It is also in their parents' nature to worry about their children's futures and their own survival in this period. Almost everyone agrees that, although often extremely difficult, open communication can smooth the process.

Adolescence is a time of trying on and choosing in all aspects of life. Two major aspects of adult identity formation will be choice of work and choice of a partner to love. Teenagers look for and imitate role models. They critically examine their family members (as they did in elementary school), peers, teachers, and all the other heroes and anti-heroes the culture offers from rock musicians and movie stars, to ball players and politicians, to grandparents and peers' older brothers and sisters. They idolize and devalue people, ideas, and religious concepts. They often bond tightly with peers in small groups that are intolerant of all outsiders. They vacillate between criticism of others and harsh self-criticism. They are sometimes supremely self-confident and often in the depths of despair about their abilities and future success.

If normal adolescence involves a crisis in identity, it stands to reason that adopted teenagers will face additional complications because of what some have called quote; "genealogical bewilderment" (Sants). The fact that the adoptee has two sets of parents raises more complicated questions about ancestral history now that intellectual development has assumed adult proportions. The search for possible identification figures may cause the adolescent to fantasize more about birth parents, become interested in specific facts about birth relatives, or wish to search for or meet them.

Although all adopted adolescents have to struggle to integrate their fantasies and future goals with their actual potential and realities, foreign, biracial, and other cross-cultural adoptees (as well as teenagers with physical or emotional disabilities) have additional challenges. They may suffer more from what Erik Erikson calls "identity diffusion," i.e., feelings of aimlessness, fragmentation, or alienation. They may appear outwardly angrier at adoptive parents, and more critical of what their parents did or did not do to help them adjust to their adoptive status. They may withdraw more into themselves, or conversely feel they need to "set off to see the world" in hopes of finding their true identity.

Adolescents often express their reactions to loss by rebelling against parental standards. Knowing that they have a different origin contributes to their need to define themselves autonomously. According to Dr. Nickman, "An adopted son or daughter cannot be expected to be a conformist. If he is, he may be inhibiting an important part of himself for the sake of basic security or out of a sense of guilt or responsibility to his adopters."

It probably helps a child to be told by adoptive parents that they understand their son or daughter's need to take control of his or her own life, and that they stand ready to assist in any way that they can, including giving their blessing to a child who needs to "to go it alone" for a while. Of course, a youngster under 17 years of age might be asked to wait until s/he could realistically manage in whatever environment would be encountered.

Searching for Birth Parents

Current adoption practice has mixed opinions about whether, when, how, and with whose help, adoptees should look for more information about or try to initiate a reunion with birth parents. Information on this process is available through the Clearinghouse. Adoptive parents tend to think about their children's wish to search when they first adopt, and again when confronted with their angry toddlers. The topic resurfaces in adolescence, either raised directly by the child, or when rebellious, defiant behavior such as threats to run away, makes parents wonder if their child is wanting or needing to contact a birth parent. It takes a parent with sturdy self-esteem and more confidence than most of us have to withstand the stony silences and stormy confrontations with teenagers in turmoil.

Parents are often tempted to escape perhaps by abandoning their teenagers who are having toddler-like tantrums, but you and your family will benefit more if you remain calm, stand up for the values you have

taught, and continue communication efforts. For some adolescents, searching can be useful, while for many, the urgent activities and decisions of daily life are so pressing that they feel uninterested in or unable to confront such a heavy emotional undertaking. Waiting till they have reached adulthood when their lives will be more settled may be better for the latter group.

Anger, Sex, and Aggression - Again!

Adopted adolescents have the same trouble searching for a comfortable identity as do non-adoptees. Problems involving aggression, sexual activities and pregnancy, delinquency and substance abuse, social isolation and depression are the most common ones faced by teenagers and their families. Although there appear to be more adoptees percentage-wise in adolescent psychiatric treatment programs than nonadoptees, the majority of these patients tend to be the multiply placed children whose problems stem from a variety of sources, often the least of which is their adoption.

Although sexual identity is an issue for all adolescents, adopted girls have the additional burden of conflicting views of motherhood and sexuality. On one hand there is their perhaps infertile adoptive mother and, on the other, the fertility of their birth mother who did get pregnant and chose not to keep her baby, or possibly had her child taken away from her.

No matter how open communication has been, it is often next to impossible for adolescents to discuss their feelings about sex with their parents. Additionally, the adopted girl, unless she has close friends who are adopted as well, would have difficulty finding an ear understanding and sophisticated enough for this discussion. This may be a time to encourage meeting with other adopted teenagers, either through an organized group or informally, to provide your child with support for some of these sticky issues. Looking for solutions outside of the family is also appropriate for an adolescent for whom one major developmental task is to learn to separate and live independently.

As adolescents move toward greater autonomy, a parent's most difficult task is to create a delicate balance of "to love and let go." Although there are many times when you could encourage your toddler - "me do it myself" - or elementary school-aged child to "try things alone" or learn a new skill, an adolescent needs to assert his/her independence by establishing differences from you, and real distance. The adolescent needs to take his or her independence or autonomy, rather than be given it.

This often means a period of estrangement, lessened communication, or outright strife. You may want to listen and talk to your friends who have weathered adolescence with their biological children to note the similarities, and as you have tried to do all along, to understand the differences, acknowledge them, and try to work on them with your child.

No matter how much you wanted to be parents, there are many times during the years of child rearing when you might ask, sometimes in humor, and sometimes in sadness, "Why did I ever sign up for this job?" Sometimes you can only reply feebly, "Well, it sure makes life interesting." But finally, you must

have faith that the bonding that occurred in the early years between you and your child, the trust that has built as s/he grew up, and the communication that you have established, will come full circle and provide rich and rewarding relationships for you and your adult children.

Addendum

When You Need Help

In the last 15 years increasing interest and research in child development and parenting has given adoption more attention. Until recently, once a child was placed for adoption by an agency, little else was offered about general child development or rearing; and if the adoption was a private one, there were no professional helpers. Adoptive parents tried to educate themselves through Dr. Benjamin Spock's 1945 edition of *Baby and Child Care* which offers helpful but brief guidance about adoption.

Now, in addition to the Clearinghouse, located in Washington, D.C., and the National Adoption Center (NAC) located in Philadelphia, Pennsylvania, there are State and local organizations and programs sponsored by adoption agencies that provide parenting education and other "postadoption" services. Workshops, conferences, and seminars keep parents current with knowledge in the field. There are also support and self-help groups that offer educational and social activities.

The goals of these services are to support and maintain healthy family life, to prevent problems through education, and to make counseling and mental health services available as soon as problems appear. For a list of these agencies, please contact the National Adoption Information Clearinghouse at (703) 352-3488 or 1 (888) 251-0075 or the National Adoption Center at 1 (800) TO-ADOPT or (215) 735-9988 in Pennsylvania.

How Do You Know You Need Help?

Usually a parent notices that something is wrong, either in the family atmosphere or in a family member. If you have educated yourself about normal child behavior at different ages, chances are you will find yourself questioning behavior in your child that seems out of the ordinary. Sometimes, a teacher, relative, or friend asks if you have noticed a problem. Perhaps your child seems unduly sad or anxious, unable to concentrate, is angry or flies off the handle for no obvious reason. You may see behavior that is unusual or not characteristic of your child; sometimes it is the increasing degree of a certain behavior that is troubling.

Perhaps there has been an upsetting event or change, such as a move or loss of job for you or your spouse. Children react to any parental problems that threaten their security. Elementary school-aged children tend to have problems around school; often that is the setting where problems are noticed. Adolescents tend to have identity concerns and authority struggles with their parents or other adults.

All of these possibilities can occur in any family. The adoptive family has the added concern of trying to decide whether or not it is an adoption issue that is troubling the child. If the child is over 6 years of age, it is usually impossible to distinguish adoption from other psychological, social, and educational issues. Treatment must evaluate the child and family and should consider his or her stage of development and the nature of the child's relationship with you (and sometimes with his or her birth parents).

Finding Help

Before seeking professional counseling, use your parenting skills to discover if you can help your child yourself by listening, talking, or making changes in the environment. If you feel your child cannot communicate with you or that your relationship might be part of the problem, it is wise to seek outside assistance.

Because it is so difficult to disentangle adoptive issues from those of normal development, especially once the child has reached elementary school-age, the adoptive family can benefit from professional helpers who have experience working with adoptive families. There are many varieties of therapy, and advantages and disadvantages to each. Sometimes the whole family needs to be involved in therapy. Sometimes your adopted child needs to deal with problems alone.

Ask your agency social worker, a friend with adopted children, your pediatrician, a representative from an adoptive parent support group, your local mental health center, or your local family service agency for recommendations of appropriate helping professionals. You can also contact the Clearinghouse or NAC for referrals.

Finding Birthparents

There are many available registries for locating birth parents. Whenever you and your child are comfortable with finding your child's birth parents here are some available places to use: (some have fees and some do not)

<http://registry.adoption.com>

Forums.Adoption.com

BirthFamily.Adoption.com

Reunion.Adoption.com

Reunion-Registries.Adoption.com



Creating a Family by Birth and Adoption

Today, we see all kinds of combinations of children in many kinds of blended families, including families with children by birth and adoption. Nowadays, adoption agencies certainly place children with families who already have biological children. In fact, when agencies recruit adoptive families for children with special needs, they look for adults with parenting experience. It is considered a plus. Birth parents who are given the opportunity to select an adoptive family sometimes like the idea that the child they are placing will have a sibling, especially if they had positive sibling relationships themselves—or always wished for a sibling.

Not much had been written on this subject until recently, and a lot of what has been written is anecdotal. This factsheet attempts to synthesize what is available to help parents who are considering blending birth and adopted children or who already have created a family in this way.

Before You Adopt

In the Clearinghouse factsheet "The Sibling Bond: Its Importance in Foster Care and Adoptive Placement," we discussed how the sibling relationship can be the longest lasting relationship that people have, lasting even longer than the relationship with parents, spouse, or children. That discussion was in the context of advocating placing biological siblings together in a foster or adoptive family when removal from the birth family is necessary. In thinking about creating a family through birth and adoption, however, it might be a good idea to focus on your own experience with siblings, and your hopes and expectations about siblings in a family.

In the book [Siblings Without Rivalry](#), authors Adele Faber and Elaine Mazlish relate how, when they discuss sibling issues with parents and teach them skills to minimize sibling rivalry among their children, the parents often reflect on their own experiences growing up. Their place in the family—oldest, youngest, or middle—figures prominently in their memories. We know that sibling relationships are very significant in people's lives, and that parents have a lot to do with how those relationships are perceived and integrated into a child's sense of self.

This factsheet addresses the concerns of families who have—or are considering having—children by both birth and adoption. As you will see, most of the information applies both to cases where the adopted child is the first to join the family and to those where a birth child precedes an adopted child. First, however, we consider those of you who are thinking about adopting a child after you have had a child by birth.

Thinking About Adoption When You Have a Birth Child

There may be any number of reasons why you are thinking about adopting now. Maybe the first pregnancy happened easily, but the second one isn't happening so easily. Maybe the first pregnancy occurred only with the intervention of costly and invasive medical procedures that you do not want to go through again. Maybe you have a humanitarian concern: you have been fortunate to have one child by birth and now you would like to provide a home for a child already on the planet who needs one. Perhaps you come from a big family and always envisioned a home with lots of kids running around, but biology seems to have provided you with "only" one or two.

Whatever you're thinking, there are some additional questions to consider. (Some of these come from the article "Completing the Dream" by Joan Rabinor in the newsletter of Resolve of the Washington Metropolitan Area.)

- Can you love and bond with an adopted child as much as you've bonded with your biological child?
- You have a wonderful child. Why invite trouble? (This may be other people's attitude as much as yours. How will you deal with this?)
- Will your extended family favor your biological child?
- To what degree are you willing to accept differences among your family members in terms of ethnicity, physical traits, special needs, and inherited abilities? How will that differentness affect your other child? (The Clearinghouse factsheet "Transracial and Transcultural Adoption" may be helpful.)
- If you pursue adoption, are you giving up on the hope of another pregnancy? Can you seriously consider adoption while still trying to get pregnant?
- Will you always wish you had tried a little longer to get pregnant again?
- How much should you involve your child in the preparation for adoption?

The first question, the one about bonding, is very important. Your answer must be yes. But a feeling of closeness does not necessarily develop overnight. You will need to work at it, particularly if you adopt an older child who challenges you with difficult behavior, or who turns out to be a person who is quite different from you. And it can take a while even with a baby. Your biological child will watch your behavior and listen to the words you express about how family members are adjusting to one another. You will need to model acceptance, love, and inclusiveness if you want your biological child to start to feel those feelings, too.

The last question is significant as well. Ordinarily when a couple is trying to get pregnant again, they do not share that information with an older child, nor do they ask for the child's blessing. Usually parents know what their child thinks about having more children in the family. It is something that has come up in conversation as they have observed friends and relatives adding children to their families.

If you don't know how your child feels about having a sister or brother around, you do need to start talking about it. Because adoption has so much activity associated with it, it would be hard not to share the process with your child. After all, a social worker comes to your home, there is paperwork to complete, there may possibly be a trip to a foreign country in the planning stages or a visit with people called birthparents, and there is often a period of not knowing whether a new child will or won't be coming to the family. A child will sense that something is going on with this activity surrounding him, so you need to discuss it. The social worker doing your home study will want to know what you are doing to set the stage for welcoming the new child, and if you have thought about the sibling conflicts that could possibly result. The more your child is involved, the more likely he or she will be invested in the outcome. Some good hints specifically about adopting a second time but that applies to any adoption are presented in Sharon Kaplan Roszia's article, "Adopting Again: Talking to the Other Children in the Home."

Answers to the other questions will be unique to you and your situation. They depend on what kind of dream you are completing. Are you remembering how special your older brother was for you and hoping to recreate that specialness for a child in your family? Adoption might achieve that, if you work at creating a family culture that encourages cooperation and respects all children's unique and intrinsic value, no matter how they joined the family and what talents or special needs they may have. Is your dream to raise a bunch of athletes just like you and your siblings, to continue the family tradition of athletic achievement into the next generation? That won't necessarily happen with adoption. If that—or something like that—is your dream, you may need to hold back and reconsider. It is not fair to heap expectations upon a child who may have totally different abilities, either because of genetics, the child's prenatal environment, the child's early life experiences, or a combination of these.

Some Help From Research

If you are wondering how children raised in families with children by birth and adoption adjust, the research studies, while small in number, are encouraging. A study published in the June 1985 *Journal of Genetic Psychology* looked at 44 families with biological children only, 45 with adopted children only, and 44 with both biological and adopted children. The results indicate that adoptive placement of a child in a mixed family does not affect overall adjustment of the biological child and may, in fact, have positive effects on the adopted child.

David Brodzinsky and Anne Brodzinsky, well-known and widely read adoption researchers, published a study in the January-February 1992 issue of *Child Welfare* called "The Impact of Family Structure on the Adjustment of Adopted Children." Psychological and academic adjustments were assessed in a group of 130 adopted children, 6 to 12 years of age, living in five different family constellations: only children, children with younger adopted siblings only, children with younger biological siblings only, children with older adopted siblings only, and children with older biological siblings only. Few differences were found from one cluster to another, suggesting that family structure, while complicating the dynamics of adoptive family life, plays a minor role in adoption adjustment.

A team of researchers in the Netherlands conducted a study entitled "International Adoption of Children with Siblings: Behavioral Outcomes" that was reported in the April 1994 issue of the *American Journal of Orthopsychiatry*. This study focused on the benefits to the children when biological siblings are adopted together, but one additional finding was that the presence of step-siblings or children already in the home did not appear to create problems for the children studied, nor did they run a higher risk of disrupted adoptions. Other studies on transracial adoption have similar results, such as Rita James Simon and Howard Altstein's study, *Adoption, Race, and Identity: From Infancy Through Adolescence*.

After You Adopt: Similarities and Differences

Certain things are universal. It doesn't take a research study to know that children of certain ages and in particular developmental stages act in certain ways and feel certain things. It doesn't matter what social, genetic, legal, or biological ties children have—the people of their generation who share their house feel more like sisters and brothers than the people who don't share their house. Children form sibling relationships before they know who was born to the parents and who was adopted.

Also, certain realities in child rearing apply no matter how children come to be part of a family. For instance, older kids generally are more competent, are held to a higher standard, and perhaps receive more privileges than younger children. No matter how children join a family, one is likely to be more talented in a particular field of endeavor than another. No matter how children join a family, girls are different from boys, and usually girls share rooms only with girls, and boys share with boys. And no matter how hard parents work at promoting cooperation, democracy, and fairness (which in reality is an impossibility), children in a family will vie for their parents' attention and love. They will tease, fight, or take advantage of one another in order to provoke a reaction from their parents, but may also protect and defend one another or work as a team to please them. It seems we are all built craving the exclusive love and attention of our parents, and adding any more children to the mix just automatically means there is less for any one child. Thus, many issues of birth and adopted children are just sibling issues, plain and simple.

That said, there may be unique ways that biological and adopted siblings apply the basics of sibling relationships, using what is available to get what they unconsciously or consciously need at a given time. If adoption is available, and it's a sensitive subject known to get a rise out of a sibling or parent, it could be used to tease the adopted child or cause guilt in the parent. One child might want to fit in with the crowd, and be upset that his family is perceived as "different" when they add a child of a different ethnicity to the family; another child might think it's cool to be nonconformist and happily soak up the attention the family receives. One child may think it's enriching to bring additional relatives into the family circle through an open adoption; another may feel it is threatening to include strangers within the family's boundaries.

Let's look at the situations from two common perspectives: either the adopted child feels displaced and that the biological child is preferred, or the biological child feels displaced and that the adopted child is preferred. Perhaps the biological child thinks that in his parents' efforts to make the adopted child feel welcome and part of the family, they have totally ignored his genetic connections. He looks just like Daddy and everybody used to talk about that all the time; and now, because the new brother doesn't look like either parent, no one ever talks about the similarities—to avoid hurting the new brother's feelings. He's experienced the loss of all those warm and fuzzy feelings that looking like Daddy provided. In the second case, maybe the adopted child feels left out because she knows she was the only kid in the family who did not come out of Mommy's womb. She has two other parents out in the world and maybe some other sisters and brothers that she doesn't know anything about. The brothers and sisters that she lives with can do their schoolwork better because none of that stuff is ever on their minds. Their grades are better, and Mommy and Daddy like that. It's not fair.

You must acknowledge the difference between your children by birth and adoption. Children know if you are artificially making two different things the same. They know they are different, and if you pretend that they are not they know you are lying. You must emphatically send the message that though they joined the family in different ways, each way is a good, valid way, and you treasure and love them all. You need to address the adoption issues with your children through the years as is developmentally appropriate (see, for instance, the Clearinghouse factsheets "Adoption and the Stages of Development" or Explaining Adoption to Your Children, Family and Friends), but not at the expense of your children by birth.

In no family is it possible to portion out the love, time, attention, gifts, clothes, toys, and so on to each child exactly fairly. You will experience continual frustration and failure if you try. Sibling rivalry does have some positive functions. The family is a safe arena in which children can practice social skills, work out problems, handle anger and hurt, and work on the art of compromise. It is a place for children to learn appropriate responses in difficult situations before they venture out into the larger community. However, your ideal vision of "family" probably is a peaceful, happy one, not a war zone. Even though you have taken on an extra challenge in giving your particular children some additional ways to express their sibling rivalry, there are some techniques that you can use to minimize it.

Minimizing Sibling Rivalry

Faber and Mazlish's book Siblings Without Rivalry is an excellent resource. If you are dealing with preschool, school-age, adolescent, or even adult children who are constantly teasing, bickering, and fighting, get your hands on this book at a bookstore or library and read it. It will empower you enormously. The ideas in this section all come directly from Faber and Mazlish's book.

Faber and Mazlish believe that parents can create an atmosphere that fosters cooperation, mutual respect, and caring between siblings. Parents' reactions can reduce competition and allow hostile feelings to be vented safely. Parents' attitudes and words do have power, and they can lead the adversaries toward peace and perhaps to one day seeing one another as a source of pleasure and support. Your children may not ever be the best of friends, even if that is what you are secretly hoping for. But at least you can do your best to help them become adults who will listen to another person, respect the person's point of view, respect the differences between them, and resolve the differences peacefully, even if the only solution is to agree to disagree.

The content of the boxes on the following page is from material presented in Faber and Mazlish's book. The boxes summarize extensive discussions that we cannot repeat here and that you can read for yourself. These boxes at least give you an idea of the authors' basic principles.

Nurturing a Shared Family Culture

Adoption educator Patricia Irwin Johnston, in her article "Sibling Attachment," suggests a number of ways to promote a feeling of closeness among siblings of any kind. One of these is to "do all that you can to nurture a sense of shared family culture." Two other adoption educators, Lois Melina and Holly Van Gulden, also speak about this concept. When there are natural opportunities, find ways to reemphasize and comment on things that the family enjoys together, such as silly songs, rituals, funny stories, or favorite places. Remark on similarities among family members. For example, when you go out for pizza to the family's favorite pizza restaurant, say "Boy, we sure all love pizza!" When everyone bundles up and you assign the various jobs involved in stringing up the Christmas lights on the house, and the neighbors pass by and say how nice they are, say, "Yep, that's the Jones family tradition...we always string the lights on December 15th." Celebrate religious observances, holidays, birthdays, anniversaries, and other special days in your family's particular way that will create lasting memories for your children.

One couple with a daughter by birth who subsequently adopted a daughter established a day they call "Sisters Day." They celebrate the day the two girls became sisters with a cake after dinner and the exchange of homemade gifts the girls make for one another. This celebration is held instead of an "Adoption Day" celebration that calls attention only to the child by adoption, and it is in addition to each girl's birthday celebration.

Support and encourage any wholesome activity you see your children engaging in together. Even if they are conspiring against you, it's a good sign that the sibling bond is going in the direction you want.

One parent encouraged communication between two college-age sons attending different schools at opposite ends of the State by giving them access to the parents' long distance phone card. Of course they were lectured a number of times about using the card only for calls to one another and to the parents!

Conclusion

No matter how a child enters a family, each must be loved and valued for who he or she is. Loving each child exactly the same is not a possibility. Children come into the world with different talents, abilities, and characteristics. Parents are bound to feel differently about different children in a family for any number of reasons, not just because they joined the family one way or another. Parents can never eliminate sibling rivalry, but they can minimize it. They can try to create an atmosphere in which each child's contribution to the family is valued and nurtured, each child's needs are met, and each child is encouraged to reach his or her full potential. Parents can work to create a shared family culture that encompasses all family members and surrounds them with love, respect, and security. All parents can do is their best, and hope that positive, satisfying sibling relationships will result.

Note: Several of the experts mentioned in this article or whose publications are listed in the bibliography speak and provide workshops on this topic. For information on how to get in touch with them, please contact the National Adoption Information Clearinghouse.

Written by Debra G. Smith of the National Adoption Information Clearinghouse



What and When Do We Tell?

What and when do we tell people about our adoption plan?

The answer depends on what you and your spouse are comfortable with. Some families may have already told friends, neighbors and extended family members about the adoption, while others may have chosen to keep it just between themselves and a few select people. You also don't have to tell anyone at all about your plan until you are matched, or are preparing to bring home your baby.

If you do decide to speak with people about your adoption plan, also remember that you do not need to share any details that you aren't comfortable with. Likewise, if you tire of people asking you "have you heard anything?" you can simply tell them that you'll let them know the moment you hear of anything.

What to tell siblings

If you already have children in the house, you are likely pondering the best approach when you tell them the news about their new brother or sister. It is a great opportunity to talk to your child about how families are created and the many different ways that families can be formed. If your child is adopted, it can create a safe environment to talk with them about their own adoption story and how special they are.

How you approach this topic and how much you share is very dependant on your child's age and their developmental level. For example, if your child is 2-years-old, it may only be necessary to prepare them for the fact that there will be another baby in the house, and save any explanation of adoption until you feel they are developmentally ready to understand it.

When you are matched with an expectant mother, it may not be wise to tell your child about the match or the specifics of when the baby is due. This is because if for any reason the match disrupts, your child will likely have a difficult time understanding why and it may bring up many other questions and emotions. You also may not wish to tell friends, neighbors and other family members about the potential match for the same reasons.

Finally, it is important that each of your children have their own birth/adoption story with special meaning. You can express that their stories are different, but neither is less or more special. Whether both of your children are adopted, or one is biological and the other is adopted, find a way to make both of their stories special and unique because they will be completely different.

Preparing the nursery and baby showers

It is a normal reaction when you begin an adoption plan to want to immediately prepare a nursery, or to have friends offer to host a baby shower for you. While this is understandably an exciting, joyous time for you, you may want to instead plan on putting the finishing touches on the nursery and having a baby shower until after you bring the baby home.

Having a perfectly completed nursery or celebrating at a baby shower may actually make the wait harder for you. Having a room full of baby gifts or a completed nursery down the hall may make the wait seem as if it is inching by. Likewise, if you were to experience a failed match with an expectant mother, having a room full of baby gifts may make it harder for you to move past that match and on with your adoption plan. There will be plenty of time once you bring the baby home to put those special touches on the nursery and to celebrate with a baby shower. Also, by waiting until after you bring the baby home, you will be able to make those special touches that complement your new baby's own unique personality.

How to deal with negative comments/reactions

Unfortunately, you may also encounter people that may react negatively when you tell them about your adoption plan. They may question why the "real" mother is "giving up" her baby. This can be an opportunity to educate them about modern adoption and gives you the chance to point out that such negative language can be very hurtful to both adoptive parents and birth parents. Many times you find that people do not intend for such comments to be hurtful or insulting, they simply didn't realize that what they were saying had such a negative connotation.

This is an exciting time in your adoption journey, and whether or not you decide to share that excitement with family and friends, or keep it close to just you and your spouse for a little longer, that is completely your choice – this special journey is yours to cherish anyway you choose.

Adoption Research- Attachment, psychological adjustment adopted children

"Raising Adopted Kids - New Research"- Creating a Family blog summarizing the report by the Evan B. Donaldson Adoption Institute titled "[Beyond Culture Camps: Promoting Healthy Identity Formation in Adoption](#)"

"Bridging the Divide: [Openness in Adoption](#) and Post-adoption [Psychosocial Adjustment](#) among Birth and Adoptive Parents"- How does **Open Adoption** affect **adopted children, adoptive parents, and birth mothers**. *Journal of Family Psychology*, 2008.

The Minnesota / Texas [Adoption Research Project \(MTARP\)](#) is a longitudinal **adoption research study** that focuses on how open adoption affects adopted children, birth mothers, and adoptive parents. It was national in scope and followed participants for over 20 years. It is the **largest adoption study** of its type involving over 720 individuals (190 adoptive families and 169 birth mothers). Participants were interviewed and visited at several times during the study. Some of the highlights of this study are as follows:

- **Adopted kids between the ages of 4-12 scored within the normal range on self esteem.** Average levels of self-esteem did not differ by level of openness in the children's adoptions.
- **Adopted adolescents were as well adjusted as non-adopted teens.** The level of openness by itself was not a major predictor of adjustment outcomes. However, the degree of collaboration between the adopted and birth parents and the adopted parent's perception of the child's incompatibility with the family were predictive of problematic adjustment.
- **Differences in degree of preoccupation with adoption were not related to the level of openness in the adolescent's adoption.**
- **Birthmothers in open adoptions had lower adoption-related grief and loss than those in confidential (closed) adoptions.** There were no significant differences by openness level associated with birth mother regret about the decision to place.
- **Birth mother mental health was not related to open adoption or frequency of contact.**
- **Adoptive parents in open adoptions fared better than adoptive parents in closed adoptions.** Up to adolescence, when compared to **adoptive parents in closed adoptions**, those in **open adoptions** generally reported higher levels of acknowledgment of the adoption, more empathy toward the birth parents and child, stronger sense of permanence in the relationship with their child as projected into the future, and less fear that the birth mother might try to reclaim her child.

"Internationally Adopted Adults Who Did Not Suffer Severe Early Deprivation: The Role of Appraisal of Adoption," published in *Children and Youth Services Review* (Volume 32, Issue 1 February 2010). An **adoption study** of the **psychological adjustment** of 53 adults **adopted from Greece** to the Netherlands without early deprivation found their general well-being and self-esteem were comparable to the general population, though adopted men reported more depression. The average age at adoption was 9 months and the average age at the time of the study was 20. Factors related to lower mental health scores included search status (those who searched reported more mental health problems), no current partner (lower well-being); and a negative appraisal of adoption (more mental health problems and lower well-being). Note that this was a very small study and that these children had very good pre-adoption care, but the result support what almost all research shows, that **adopted people compare favorably on psychological test with non adopted people.**

The University of Minnesota has been on the forefront of adoption research for years, which is one of the reasons I make an annual contribution to them. One of their best research projects is The Minnesota / Texas Adoption Research Project (MTARP), which studied the **affect of openness in adoption on adopted children, adoptive parents, and birth parents.** [Summary](#)

"History of Early Neglect and Middle Childhood Social Competence: An Adoption Study" by Dr. Tony Xing Tan. *Adoption Quarterly*, 9(4), 57-72 (2006) [Summary](#)

Preschool-age Adopted Chinese Children's Sleep Problems and Family Sleep Arrangement by Dr. Tony Xing Tan and Dr. Kofi Marfo 2008 **Adoption research that looks at sleep problems/sleep issues with adopted children. Evaluated the effects of sleeping alone, sleeping with parents, the Family Bed, co-sleeping, and sharing the parent's bedroom.** [Summary](#)

Cognitive Recovery in Socially Deprived Young Children: The Bucharest Early Intervention Project by Charles A. Nelson, III, Charles H. Zeanah, Nathan A. Fox, Peter J. Marshall, Anna T. Smyke, Donald Guthrie *Science* 21 December 2007: Vol. 318. no. 5858, pp. 1937 - 1940

This **adoption research** compared the cognitive development of children raised in one of three settings: institution or orphanages, foster home, or family of birth. The study was designed to compare abandoned children reared in child welfare institutions to abandoned children placed in institutions but then moved to foster care. A control group of children born at the same maternity hospitals but living with birth families was also studied. Of the non-control group, there were 187 children less than 31 months of age residing in six orphanages for young abandoned children in Bucharest, Romania.

Young children living in institutions were randomly assigned (drawing names out of a hat) to continued institutional care or to placement in foster care, and their intellectual development was tracked through 54 months of age. **The cognitive outcome of children who remained in the institution was markedly below that of never-institutionalized children and below children taken out of the institution and placed into foster care.** The improved cognitive outcomes observed at 42 and 54

months were most marked for the youngest children placed in foster care.

The three main findings from this study are:

1. **Children reared in orphanages showed greatly diminished intellectual performance (borderline mental retardation) relative to children reared in their families of origin.**
2. **Children in foster care experienced significant gains in intellectual development.**
3. **The younger an orphan is when placed in foster care the better for brain development.**
There may be a sensitive period spanning the first 2 years of life within which the onset of foster care exerts a maximal effect on cognitive development. Indeed, there was a continuing "cost" to children who remained in the institution over the course of our study. These results are compatible with the notion of a sensitive period, but discovering whether such a period truly exists or determining the borders that delineate it would likely require a larger sample size with a broader age range at intervention onset.

"Behavioral Outcomes for Substance-Exposed Adopted Children: Fourteen Years Postadoption." By Crea, Thomas M.;Barth, Richard P.;Guo, Shenyang.;Brooks, Devon. *American Journal of Orthopsychiatry* v. 78, 1, p. 11-19 (2008)
One counterintuitive finding is that **children adopted from foster care were faring better than children adopted through private agencies or independently.** The researchers hypothesized that this may be because families **adopting from foster care** had a realistic expectations of the challenges they were likely to face, and adoption research has consistently shown that realistic expectations are directly related to positive outcomes. Realistic expectations for children's behavior likely affects parents' perceptions of the severity of their children's problem behaviors.

This was an interesting longitudinal study of adopted **children exposed to prenatal substance abuse**. It was expected that substance exposed children would fare significantly worse than non exposed children and that the problem behaviors would increase as they aged. This study followed the children for 14 years. They found that **children exposed to drugs or alcohol during pregnancy fared slightly worse overall, but their behavior problems do not appear to be increasing at a faster rate than those of nonexposed children.** It appears that the **behavior problems in adopted children** that result from prenatal alcohol and drug exposure exposure are consolidated early in life and do not generate ongoing deterioration. The report also found that **children 3 years or older at adoption appeared to have overall poorer outcomes compared with children adopted at younger ages.**

The [Evan B. Donaldson Adoption Institute](#) release a report titled "**Finding Families for African American Children: The Role of Race & Law in Adoption from Foster Care.**" The [New York Times](#), [Time](#), and [The Washington Post](#) ran articles on this report. This report found that:

- **The federal laws passed in the mid 1990's to remove race as a factor in placements from foster care have not resulted in equity in adoption for African American children.**
- **The "color blind" interpretations of these laws run counter to widely accepted best practices in adoption.**
- **The laws call for "diligent recruitment" of prospective adoptive parents who represent the racial and ethnic backgrounds of children in foster care has not been well implemented or enforced.**

Adjustment and Self Esteem of Children in Transracial Adoption

Researchers in the fields of sociology, psychology, and social work began to focus on **transracial adoption** in the 1970s and 1980s, examining children's overall adjustment, including self-esteem, achievement, and level of adjustment problems. Most used very small sample sizes and evaluated children at one point in time and at young ages; and some did not have comparison groups of children placed in same-race families. Also, almost all of these studies have been conducted on **children adopted as infants** or from other countries, rather than on **children adopted from foster care**. Generally, these studies found that **children adopted transracially in the U.S. or from other countries had overall adjustment outcomes similar to children placed in same-race families** (Grow & Shapiro, 1974; Kim, 1977; McRoy, Zurcher, Lauderdale, & Anderson, 1982, 1984; McRoy & Zurcher, 1983; Simon & Alstein, 1987; Feigelman & Silverman, 1983; Shireman & Johnson, 1986).

Research on transracial adoption has progressed over the past 35 years in methodological rigor and complexity. Overall, the current body of research on this issue supports three key conclusions:

1. **Transracial adoption in itself does not produce psychological or social maladjustment problems in children.**
2. **Transracially adopted children and their families face a range of challenges, and the manner in which parents handle them facilitates or hinders children's development.**
3. **Children adopted from foster care have more risk factors.** For these children, research points to the importance of adoptive placements with families who can address their individual issues and maximize their opportunity to develop to their fullest potential.

Little **adoption research** has examined **transracial adoption of children from foster care**, but the **adoption studies** that do exist have found that while parents are equally satisfied, there is a higher rate of problems in minority foster children adopted transracially than children adopted by families or their same race. Also, when children have issues, there is evidence that they have a stronger association with problematic parent-child relationships among **transracial adoptions** than in same-race adoptions (Rosenthal & Groze, 1992; Howard & Smith, 2003).

An underlying assumption of past research was that **transracial adoption** was not a challenge for adoptees if there were no significant differences on overall adjustment measures between groups of transracial and in-race adoptees. However, recent studies - using more rigorous methods to directly

measure the **racial and ethnic experiences of adoptees** and how these experiences may contribute to **psychological adjustment** - have found parents' attitudes and behaviors related to racial socialization affect their **transracially adopted children's** outcomes on a range of variables (Lee, 2003).

When **children in foster care** cannot be safely reunited with their birth parents or members of their extended families, they need the security, stability and love of adoptive parents. To ensure that **children of color** are placed with **adoptive families** who can meet their long-term needs, this report makes the following recommendations:

- Reinforce in all adoption-related laws, policies and practices that a child's best interests must be paramount in placement decisions.
- Amend IEP to allow consideration of race/ethnicity in permanency planning and in the preparation of families adopting transracially. The original MEPA standard - which provided that race is one factor, but not the sole factor, to be considered in selecting a foster or adoptive parent for a child in foster care - should be reinstated.
- Enforce the MEPA requirement to recruit families who represent the racial and ethnic backgrounds of children in foster care and provide sufficient resources, including funding, to support such recruitment.
- Address existing barriers to fully engaging minority families in fostering and adopting by developing alliances with faith communities, minority placement agencies, and other minority recruitment programs.
- Provide support for adoption by relatives and, when that is not the best option for a particular child, provide federal funding for subsidized guardianship.
- To help families address their **transracially adopted children's** needs, provide post-adoption support services from time of placement through children's adolescence.

See my review and concerns about this report under my blog titled "Transracial Adoption Revisited" For a well reasoned rebuttal to this report see the Stress Reactivity Study.

The Minnesota International Adoption Project is one of my very favorite research programs, and I contribute to them every year to help them with their research. One of their ongoing studies is examining whether children adopted from difficult situations have a more "reactive" stress biology system due to their early experiences. In the fall of 2007 they published their results. For most of the children, although they may have had more reactive systems when they were adopted, after several years in their adoptive families, their stress systems have settled down. They were rather stunned, but also very happy with the results they found. **Both the post-institutionalized children and the children adopted from foster care looked exactly like the birth children in their response to stress in this adoption study.**

[Eastern European Growth Project](#) is an **adoption research** project out of the University of Minnesota International Adoption Medicine Program. The project studied 120 internationally **adopted**

children from Eastern Europe between the ages of 6 to 48 months. The children were first evaluated within three weeks of their arrival in the United States and again at 6 months post-adoption.

This project looked at the risk factors that would predict stunted physical growth. The results so far indicate the following risk factors:

- If the child has a history of severe deprivation, it is more likely that they will be of shorter stature at the time of arrival.
- If the child is an older age at adoption, it is more likely that they will be of shorter stature at the time of arrival.
- If the child has a history of prenatal alcohol exposure, it is more likely that they will be of lower weight at the time of arrival.
- If the child has a history of prenatal alcohol exposure, it is more likely that they will have a smaller head circumference at the time of arrival.

Interestingly, they did not find a single risk factor that is able to predict growth stunting in all three growth measures (height/length, weight, and head circumference); also, failure in one area of growth (i.e.: height) can be predicted by more than one risk factor.

Adoptive parents will be more interested in the second part of the study which focused on the factors that influence whether the child will “catch up” growth once home. This **adoption study** found that most children demonstrated excellent catch-up growth in height, weight, head circumference within 6 months. Factors which might predict whether a child would catch up height were as follows: influenced the amount of

- Female sex seems to predict better linear growth.
- Severity of growth stunting at the initial assessment seems to predict better linear growth.
- An increase in IGFBP-3 between the initial and follow-up visit is associated with better linear growth.
- Changes in IFG-1 levels and weight are not significant predictors of linear growth. Why girls did better than boys, and the role of IGFBP-3 both remain to be studied.

[Language and Memory Project](#) This is an ongoing study by the Minnesota International Adoption Project. In the fall of 2007 they reported preliminary findings that **age at adoption and duration of time spent in institutional care (e.g. orphanage care) impact an internationally adopted children’s language skills during the school-age years.**

[Association for Research in International Adoption](#)

The [Evan B. Donaldson Adoption Institute](#) recently released a report titled “[Beyond Culture Camps: Promoting Healthy Identity Formation in Adoption](#)”. This **adoption study** was one of the largest studies of **identity formation** focused on adult adoptees.

School Issues for Adopted Children

- "[Friendships, Social Skills, and Adoption](#)" put out by that wonderful group at The Center for Adoption Medicine at the University of Washington. This is a great fact sheet on social skill development and gives practical useful suggestions for how parents can help their children develop these skills.
- "Adoption in the Schools: A Lot to Learn" Promoting Equality and Fairness for all Children and Their Families prepared by: [Evan B. Donaldson Adoption Institute](#)
- The US Government provides a free Factsheet on "Adoption and School Issues" which covers how adoption impacts a youngster in school. They address if, when, how, and why to talk about adoption with school personnel. Also examined are specific educational problems that are common to adopted children and how to advocate for the educational and support services that they might need. Ways are suggested to help students, teachers, principals, and other school personnel to become more sensitive to adoption issues. http://www.childwelfare.gov/pubs/f_school/
- EMK Press has a nice resource page for adoption issues that may arise at school. <http://www.emkpress.com/school.html>
- *An Educator's Guide to Adoption* by the Institute for Adoption Information Great resource for educators or for adoptive parents to give to their child's teacher. www.adoptioninformationinstitute.org/education.html
- S.A.F.E. at School Manual presents 5 proactive strategies to help teachers and counselors create a positive adoption environment in school. This wonderful booklet is provided by [The Center for Adoption Support and Education](#) and can be ordered at their website.
- "In the Children's World at School" is a free fact sheet provided online by [The Center for Adoption Support and Education](#).
- IEP ideas for children with Attachment Disorders www.attachmentdisorder.net/IEP.htm
- "Talking to Teachers About Adoption" by Kathryn Kaatz is a good introduction to the topic of how to address adoption with your child's school. <http://www.adoptinfo.net/schoolarticle5.html>
- *Adoption and the Schools: Resources for Parents and Teachers* by Lansing Wood & Nancy Ng.
- "Adoption Awareness in School Assignments: A Guide for Parents and Educators" is a worksheet by Christine Mitchell.
- [Education and the Adopted Child: What issues do parents face when their adopted children start school?](#) A good very general overview.



Finding the Right Pediatrician for You

When preparing for parenthood, parents often find their minds a flurry with what may seem like endless “to do” lists and the excitement of shopping for cribs, strollers and car seats.

While it is easy to get caught up in the whirlwind of excitement that often comes with the adoption of a new baby, one very important aspect that waiting families should be prepared for is who you will trust with the medical needs of your new bundle of joy.

To begin, first ask your friends and neighbors that have children who they use for a pediatrician. Many insurance providers also provide a searchable list of pediatricians in their network via the Internet.

Once you have compiled a list of pediatricians and have checked with your insurance provider to ensure that they accept your form of insurance, begin to contact them and ask if they are accepting new patients. If they are, ask if you and your spouse can come in an interview the pediatrician face to face. Some pediatricians may charge for this time, while others do not. Be sure to inquire on the phone if there will be a charge for this time so that you are not surprised by a bill later.

Before meeting the pediatrician directly, prepare a list of questions to ask them. Those questions may include:

- What is the doctor’s pediatric background?
- Do they have a subspecialty or area of pediatric interest? If so, what is it?
- What are the office hours? Do they offer urgent care hours?
- Is it a solo practice or a group practice? If it solo, who will cover when the doctor is unavailable? If it is a group practice, how often will your child see other doctors in the group? Also ask about the backgrounds of any other doctors in the practice.
- How can you reach the doctor after hours or during an emergency?
- What hospitals does the doctor have privileges at?

- If you have a minor question, what is the best time to call? If the doctor is not available, who will handle your questions?
- Does the doctor respond to questions via e-mail?

Also be sure to speak to the doctor about your adoption. Ask them if they have any experience in treating adopted children. Ask them what kinds of information they may want to know about the birth parent's medical or social history so that you can provide that to them when the child is born. Due to the nature of adoption, your pediatrician will most likely not be the pediatrician who will initially see your child following the birth, as the birth will probably occur in another state or town. Ask the doctor when they would like to see the baby when you return home (i.e., immediately, when the child is 2 weeks old, etc.) and what information they may need about the birth.

You should also speak to the pediatrician about any other topics or views you have about the care of your child, such as any questions or concerns you may have about childhood immunizations, circumcision or discipline techniques. Finding a pediatrician that shares or supports your views will be a key in establishing a strong parent/doctor relationship for your child.



WAYS TO PREVENT CHILD ABUSE

- Volunteer with a local program. Parent support groups, crisis centers, emergency shelters, Big Brothers and Big Sisters, Boys and Girls Clubs, local schools and child abuse telephone hotlines are typical programs that welcome volunteers.
- Report suspected abuse and neglect to your county Department of Family and Children Services (DFCS) or the police. Keeping children safe means each of you has an obligation to inform the authorities if you suspect children are being mistreated. Your concern may protect a child from further abuse.
- Advocate for services that strengthen families. Communities need comprehensive services that address issues that affect families. Health care, parenting programs, employment and housing are all important to maintaining healthy families.
- Contribute to a child abuse prevention organization. Your donations are put to good use in much-needed community programs that are crucial to prevent abuse and neglect.
- Help a neighbor, friend or relative. Someone you know may be struggling with his or her parenting responsibilities. Offer a sympathetic ear or a helping hand. Offering to baby-sit once in a while or helping locate community resources can be a tremendous boost to someone under stress.
- Support and suggest programs on child abuse prevention sponsored by local organizations. Many groups, including churches and men's and women's clubs, offer excellent opportunities for raising awareness in the community.
- Promote school programs that teach children how to protect themselves.
- Help yourself. Recognize the signs that indicate you may need some outside help. If you feel overwhelmed, constantly sad, angry and often out of control, talk to somebody and get help. Remember, it is a sign of strength, not weakness, to ask for help.

Promotes Positive Parenting in Your Community



Division of Family and Children Services

Adapted from information from the National Committee to Prevent Child Abuse.

FAMILY SERVICES POLICIES			
SECTION:	Foster Care Services: Emergency Behavior Intervention	EFFECTIVE:	4-10-08
SUBJECT:	Emergency Behavior Intervention That May Be Used	NO: PAGE:	110.02 1 of 2
MIN STD:	749.2051 .2063	CONTRACT:	21.A), C)
COA:	BSM1.01-.02, BSM2.03, BSM 5.01, .03, FC 16.05	SERVICE LEVEL:	

Emergency Behavior Intervention That May Be Administered

Family Services allows foster parents to administer the following types of emergency behavior intervention to a child in their care:

- Short personal restraint; and
- Personal restraint.

Chemical restraints, mechanical restraints or seclusion may never be administered.

Protective and supportive devices, used appropriately, are not considered emergency behavior interventions. For more information on protective and supportive devices, see Policies 108.09 and 108.10.

Who May Administer Emergency Behavior Intervention?

Only a foster parent or other caregiver qualified in emergency behavior intervention may administer any form of emergency behavior intervention, except for the short personal restraint of a child.

Actions a Foster Parent Must Take Before Using A Permitted Emergency Behavior Intervention

Before using a permitted type of emergency behavior intervention, the foster parent or other caregiver must:

- Attempt less restrictive behavior interventions that prove to be ineffective at defusing the situation; and
- Determine that the basis for the emergency behavior intervention is:
 - An emergency situation;

A need for a personal restraint to administer intra-muscular medication or other medical treatments prescribed by a licensed physician, such as administering insulin to a child with diabetes; or

A need for a personal restraint in a foster home where a child is significantly damaging property, such as breaking car windows or putting holes into walls. If this is the basis of the personal restraint, only a short personal restraint may be used and only to prevent damage.

Appropriate Use For a Short Personal Restraint

Generally, a short personal restraint is used in urgent situations, such as:

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- To protect the child from external danger that causes imminent significant risk to the child, such as preventing the child from running into the street or coming into contact with a hot stove. The restraint must end immediately after the danger is averted.
- To intervene when a child under the age of five (chronological or developmental) demonstrates disruptive behavior, if other efforts to de-escalate the child's behavior have failed; or
- When a child over five years old demonstrates behavior disruptive to the environment or milieu, such as disrobing in public, provoking others that creates a safety risk, or to intervene to prevent a child from physically fighting.

Precautions a Foster Parent Must Take When Implementing a Short Personal Restraint

When a foster parent or other caregiver implements a short personal restraint, the foster parent must:

- Minimize the risk of physical discomfort, harm, or pain to the child; and
- Use the minimal amount of reasonable and necessary physical force.

A foster parent or other caregiver may not use any of the following techniques as a short personal restraint:

- A prone or supine restraint;
- Restraints that impair the child's breathing by putting pressure on the child's torso, including leaning a child forward during a seated restraint;
- Restraints that obstruct the airways of the child or impair the breathing of the child, including procedures that place anything in, on, or over the child's mouth, nose, or neck, or impede the child's lungs from expanding;
- Restraints that obstruct the foster parent's or other caregiver's view of the child's face;
- Restraints that interfere with the child's ability to communicate or vocalize distress; or
- Restraints that twist or place the child's limb(s) behind the child's back.

Purposes for Which Emergency Behavior Intervention May Never Be Used

Emergency behavior intervention may never be used as:

- Punishment;
- Retribution or retaliation;
- A means to get a child to comply;
- A convenience for the foster parent or other caregiver or other persons; or
- A substitute for effective treatment or habilitation.



Emergency Services

A Crisis Has No Schedule. That is why BHL's professional and caring staff is available any time day or night to help you or a loved one with a mental health crisis or problem with drugs or alcohol. They can also help you schedule an appointment with a provider.

Since 1998, BHL has provided quality personal interaction through its crisis intervention and access services. Our programs are recognized nationally for setting a new standard of care, supported by emerging research in recent studies by experts from the University of Montreal, Rutgers University, and Columbia University.

Our unique approach to our services comes from combining the compassion and caring of a community provider, but the sophisticated business model, software, and data tools of managed care. Yet BHL is neither -- our core business is crisis intervention and access. It is our niche, our passion, and what we do best.

We differentiate our hotlines, mobile teams, and disaster services by:

- Active engagement and collaborative problem solving
- Informed choice empowered by BHL's status as an independent broker
- Real-time connection to services through shared scheduling
- Active follow-up for those with urgent and emergent needs
- Least intrusive intervention, which results in better outcomes and reduced cost (fewer ER visits, inpatient hospitalizations, and law enforcement interactions)

For immediate emergency call 24/7 1-800-715-4225