

Chronological List of Handouts

Handouts

1. Meeting 3 Agenda
2. Feelings/Behaviors of Children Who Are Grieving
3. The Life Book
4. Understanding and Helping Children Who Are Grieving – Worksheet
5. Helping Children with Healthy Grieving – Family Strengths and Needs
6. A Strengths/Needs Worksheet for Fertility Loss Experts
7. Bonding and Attachment
8. Retrace Developmental Stages to Help Older Children Heal
9. An Adoptive Adolescent's Struggle

Meeting 3: Losses and Gains: The Need to Be a Loss Expert

Agenda

<u>Time</u>	<u>Topic</u>
(30 Minutes)	A. Introduction to Meeting 3 <ul style="list-style-type: none">◆ Welcome back◆ Meeting 3 agenda◆ Mutual selection issues◆ Bridge from Meeting 2
(20 Minutes)	B. The Need to Be a “Loss Expert” <ul style="list-style-type: none">◆ Why loss is so powerful◆ Impact and examples of loss on our own lives — maturational/situational loss
(30 Minutes)	C. The Grieving Process <ul style="list-style-type: none">◆ Stages in the grieving process◆ Recognizing children’s feelings and behaviors in the grieving process◆ Developmental grieving
(10 Minutes)	BREAK
(40 Minutes)	D. Impact of Loss on Feelings and Behavior <ul style="list-style-type: none">◆ Impact of grieving process on children’s behaviors◆ Helping children: Life Books and family visits◆ Helping children in the grieving process

<u>Time</u>	<u>Topic</u>
(40 Minutes)	E. Partnership in Loss: Turning Losses Into Gains <ul style="list-style-type: none">◆ How parents' personal losses can help or hinder their ability to help children◆ The role of foster parents, adoptive parents and child welfare workers in turning losses into gains◆ The importance of partnership in turning losses into gains
(10 Minutes)	F. Meeting 3 Summary and Preview of Meeting 4 <ul style="list-style-type: none">◆ Summary of Meeting 3◆ Preview of Meeting 4◆ Next step in the mutual selection process◆ A Partnership in Parenting Experience

ROADWORK

- ◆ Review all handouts from Meeting 3, especially Handout 2, "Feelings/Behaviors of Children Who Are Grieving", Handout 3, "The Life Book," Handout 7, "Bonding and Attachment," Handout 8, "Retrace Developmental Steps to Help Older Children Heal," and Handout 9, "An Adoptive Adolescent's Struggle," and bring your questions to Meeting 4.
- ◆ Complete Meeting 3, Handout 6, "A Strengths/Needs Worksheet for Fertility Loss Experts," if appropriate. Be prepared to discuss the worksheet at the next family consultation.
- ◆ Schedule your Family Consultation if you have not done so.

Feelings/Behaviors of Children Who Are Grieving

To help children move forward, foster and adoptive parents must first recognize where children are in the grieving process. Behaviors are an expression of feelings and needs. How children express strong feelings is influenced by many things like age, experiences and temperament.

This handout identifies some things that children may feel or do at each stage of the grieving process and should be considered as a “guide,” not a set of rules.

Stage of Grieving	Feeling	Behavior
Shock/Denial	<p><i>Emotions seem to be absent – the child may appear not to be bothered at all by the separation.</i></p> <p><i>The child may be numb.</i></p> <p><i>The child may appear to be happy.</i></p> <p><i>(An example is the “good baby” who only sleeps and eats.)</i></p>	<p><i>Some children's bodies “shut down.”</i></p> <p><i>There may be short-term memory loss, confused thinking, loss of hearing, or becoming physically ill after moving into a new foster or adoptive home.</i></p> <p><i>Very rhythmic behavior may occur (e.g., head banging, skipping rope continuously, bouncing a ball).</i></p> <p><i>The child may have difficulty focusing or performing well in school.</i></p> <p><i>This is also known as the “honeymoon” period – the child is eager to please and is not really dealing with what has happened; the foster or adoptive family may be misled into thinking the child is an “angel” or has no problems adjusting to loss.</i></p>
Anger	<p><i>Anger is the predominant feeling. The child may be angry toward:</i></p> <ul style="list-style-type: none"> <i>• birth parents for causing the children's move into foster care</i> <i>• the foster parents for accepting the children's move into adoption,</i> <i>• themselves because they may believe they are to blame for the circumstances leading to foster care or for not being able to prevent the placement</i> 	<p><i>Anger is directed toward the only parents around – the foster parents– and is expressed through:</i></p> <ul style="list-style-type: none"> <i>• Refusing to follow requests</i> <i>• Refusing to take care of personal hygiene needs</i> <i>• Running away</i> <i>• Temper tantrums</i> <i>• Angry outbursts/swearing; making it clear the foster parents can't do anything right</i> <i>• Violence directed at others or self</i> <i>• Destroying property</i>

<p>Depression/ Despair</p>	<p>Common feelings during this stage include:</p> <ul style="list-style-type: none"> • depression • hopelessness • sadness • loneliness • apathy 	<p>Many children refuse to eat or experience eating and sleeping disorders after moving to a foster or adoptive home.</p> <p>Listlessness, lack of energy, being withdrawn, and pushing others away are typical behaviors.</p> <p>Regression or loss of skills previously mastered (like staying dry at night or wanting to be “babied”) are common.</p> <p>Self-destructive behaviors like cutting or drug and alcohol abuse can occur.</p> <p>Talking about or threatening suicide should be taken very seriously. Seek professional help immediately if the child, at any age, threatens suicide, gives away possessions, or changes behavior patterns abruptly and expresses no hope that things can improve.</p>
<p>Acceptance/ Understanding</p>	<p>Feelings during this stage include:</p> <ul style="list-style-type: none"> • Hopeful • Able to experience the full range of emotions, including pleasure as well as sadness • “Connected” to their past • “Connected” to other people 	<p>Children <u>may</u> behave more like what is expected of their chronological age developmentally (physical, emotional, social, spiritual/moral, and intellectual).</p> <p>A verbal child will talk about his or her parents and why they could not do the “job” of parenting right then.</p> <p>Children will be more willing to be part of family life.</p> <p>Children will demonstrate fewer signs of “guilt” about the separation from parents.</p> <p>Children will be more comfortable talking about the feelings they have as well as the information they need about birth parents, sisters, brothers and previous foster families.</p> <p>Child will have energy needed to complete developmental tasks.</p>

The Life Book*

A Life Book is a tool and process to help children understand their life experiences so that they can function better, feel better about themselves in the present and be better prepared for the future. The Life Book is a combination of a story, a diary, and a scrapbook. The Life Book is an important part of a child's connection to his or her birth family. It is an important collection of the child's history and aids the child in developing his or her identity.

The best time to begin a Life Book is when a child comes into the foster care system, when information about the birth family and the child's developmental and family history are more available. Unfortunately, this process often does not happen. Then, it becomes the task of the ongoing child welfare worker and the foster parents, or even the adoptive parents (if no one else has done this job), to begin to retrieve and collect important identity information for the child. The Life Book is developed with the child, not for the child, if the child is old enough to participate.

Information for a Life Book may be collected from such sources as:

- ◆ Case records
- ◆ Case records from other agencies that have had contact with child/and or family
- ◆ Birth parents
- ◆ Foster parents
- ◆ Grandparents or other relatives
- ◆ Previous social workers
- ◆ Hospital where born
- ◆ Well-baby clinic
- ◆ Other medical personnel
- ◆ Previous neighbors
- ◆ Teachers and schools
- ◆ Court records
- ◆ Newspapers — birth announcements, marriage announcements, obituaries
- ◆ School pictures (from school records)
- ◆ Policemen who have had previous contact with the birth family
- ◆ Church and Sunday School records

** This information is adapted from Adoption of Children with Special Needs: A Curriculum for the Training of Adoption Workers. Prepared by the Office of Continuing Social Work Education, School of Social Work, University of Georgia. Athens, GA, 1982, published by the U.S. DHHD, ACYF, Children's Bureau.*

The information to be included in the Life Book could be:

- ◆ Birth Information
 - birth certificate
 - weight, height, special medical information
 - picture of the hospital
- ◆ Birth Family Information
 - pictures of birth family
 - names, birth dates of parents
 - genogram
 - names, birth dates of siblings, and where they are
 - physical description of parents, especially pictures of parents and siblings
 - occupational/educational information about birth parents
 - any information about extended family members
- ◆ Placement Information
 - pictures of foster family or families
 - list of foster homes (name, location of foster homes)
 - names of other children in foster homes to whom child was especially close
 - names of social workers
 - pictures of social workers to whom child was especially close
- ◆ Medical Information
 - list of clinics, hospitals etc., where child received care; and care given (surgery, etc.)
 - immunization record
 - any medical information that might be needed by the child as he or she grows up, or as an adult
 - height/weight changes
 - loss of teeth
 - when walked, talked, etc.
- ◆ School Information
 - names of schools
 - pictures of schools, friends and teachers
 - report cards, school activities

- ◆ Religious Information
 - places of worship child attended
 - confirmation, baptism and other similar records
 - papers and other material from Sunday School
- ◆ Other Information
 - any pictures of child at different ages of development
 - stories about the child from parents, foster parents, and social workers
 - accomplishments, awards, special skills, likes and dislikes

It is never too late to start a Life Book. Foster parents have an important role in collecting information and working with the social worker to help the child develop the Life Book. Foster parents can share the Life Book with the child's birth parents when the child is leaving foster care, to help the birth parents share in their child's past. Or, they can share the Life Book with new adoptive parents to help with the child's move from one family to another.

Adoptive parents can begin helping with the Life Book at the time of placement. Again, foster parents will want to share the Life Book with the adoptive parents. Adoptive parents may want to share their own Life Book with the child as a way of getting to know each other.

The process of constructing a Life Book can:

- ◆ Help the child welfare worker, foster parents, adoptive parents, birth parents and child to form an alliance;
- ◆ Help a child understand events in the past;
- ◆ Help a child feel good about self and record memories;
- ◆ Provide a way for the child to share his or her past with others;
- ◆ Increase a child's self-esteem by providing a record of the child's growth and development;
- ◆ Help the birth family share in that part of the child's past when they were living apart; and
- ◆ Contribute to the adoptive family's understanding of the child's past, to better help the child develop a positive identity and self-concept.

Understanding and Helping Children Who Are Grieving – Worksheet

Instructions: Review the information and answer the questions listed following the background.

Anton is 11-years-old and has been in care for six months because of lack of supervision and neglect. His father is in jail, serving a sentence of 6 to 9 years. His mother is chemically dependent on alcohol, has sought treatment and struggles to maintain sobriety. Throughout her struggles, she kept in contact with her AA sponsor. The last time his mother relapsed, Anton was left home alone for days, living on soup and crackers. It was his mom's sponsor who called social services after a call from Anton's mother.

Both parents say they love Anton. The goal is for Anton and his mother to be reunified. If she doesn't complete treatment and is unable to take care of Anton and keep him safe, the plan is for him to be adopted by his foster parents.

Anton has little self-confidence; his most common expressions are “I don't know” and “I can't.” He clings to his foster mother; he is of average intelligence but can't read and is repeating the fifth grade. He looks and acts more like an eight-year-old. He wets the bed almost every night and acts depressed and sad. Anton gets along well with younger children.

1. Where is **Anton** in the grieving process?

Shock/Denial

Anger

Depression/Despair

Acceptance/Understanding

2. What are some of the maturational and situational losses **Anton** is experiencing?

3. What are additional grieving behaviors a foster parent may see **Anton** do?

4. How might **Anton's** losses affect his well-being and healthy development?

5. What situations might trigger developmental grieving for **Anton**?

6. Think about ways to help **Anton** express and release feelings of anger, sadness, fear and sorrow. In order to help **Anton** grieve, what are some parenting strategies or interventions you might choose?

Instructions: Review the information and answer the questions listed following the background.

Karen is 14 and has been in and out of foster care three times during her life due to neglect and medical neglect. The last time was three years ago. Her father is chemically dependent on alcohol and has not been heard from in four years. Her mother has recurrent problems with drugs and alcohol. When she relapses, she is unable to care for Karen. Karen has Fetal Alcohol Syndrome (FAS). She is developmentally delayed, is three years behind grade level, and has dyslexia and a heart murmur. When she is in recovery, Karen's mom makes sure that Karen gets to her medical appointments and follows through on the school's recommendations.

Karen was placed into care again after her mother disappeared for a week. Broken promises, brushes with the law, and Karen's placement have estranged mom from all members of her extended family, who refuse to help. The plan is for Karen to be reunited with her mother if her mother completes treatment and can keep her safe and meet her needs.

Karen has been in this foster home for three months; this is the second time she has lived here. If Karen can't be returned home safely, her current foster parents may adopt her but they have not made a final decision. They love Karen but don't know if they can meet her needs. Karen has two friends from her foster parents' church, who are two years younger than she is. Karen has a big smile when she is happy and she loves to dress up. She looks forward to Sundays when her mother eats dinner with the foster family.

1. Where is **Karen** in the grieving process?

Shock/Denial

Anger

Depression/Despair

Acceptance/Understanding

2. What are some of the maturational and situational losses **Karen** is experiencing?

3. What are additional grieving behaviors a foster parent may see **Karen** do?

4. How might **Karen's** losses affect her well-being and healthy development?

5. What situations might trigger developmental grieving for **Karen**?

6. Think about ways to help **Karen** express and release feelings of anger, sadness, fear and sorrow. In order to help **Karen** grieve, what are some parenting strategies or interventions you might choose?

Instructions: Review the information and answer the questions listed following the background.

Background information: **Alana**, age 15, is the mother of Matthew, 6 months. Her father is dead and her grandmother has raised Alana and her two younger sisters since her mother disappeared when she was four years old. When Alana became pregnant, her grandmother told her she could not keep the baby. She ran away. When the police picked her up, her grandmother refused to take her home and she entered foster care. That was a little over a year ago. Todd, Matthew's father, is also 15 and is involved with his son. Alana and Todd plan to marry when they are old enough. Both attend school. Alana's grandmother does not want Alana to see Todd but the foster parents welcome him into their house to visit with Matthew. Alana is searching for her mother who has a history of prostitution and drug use. Alana is very attentive to Matthew's needs and is helpful in the foster home. She becomes very sad and sometimes angry because her grandmother refuses to see her or allow her to see her two younger sisters. Alana is considering getting an order from Family Court that would allow her to visit with her sisters. She can talk about her anger toward her grandmother.

1. Where is **Alana** in the grieving process?

Shock/Denial

Anger

Depression/Despair

Acceptance/Understanding

2. What are some of the maturational and situational losses **Alana** is experiencing?

3. What are additional grieving behaviors a foster parent may see **Alana** do?

4. How might **Alana's** losses affect her well-being and healthy development?

5. What situations might trigger developmental grieving for **Alana**?

6. Think about ways to help **Alana** express and release feelings of anger, sadness, fear and sorrow. In order to help **Alana** grieve, what are some parenting strategies or interventions you might choose?

Helping Children with Healthy Grieving – Family Strengths and Needs

Thinking about the children to whom you were introduced to in Meetings 2 and 3, consider and discuss your own losses and how these losses create strengths and needs for you to help each one of the children with their own grieving.

Child/Youth	Losses of Child or Youth	My Strengths	My Needs
Beau	Soon to lose mother, health is impacted by chronic disease, normal childhood, hope for a pet, dreams of flying an airplane		
Karen	Normal family life, healthy heart, ability to read well, old friends		
Jason	Childhood, close relationship with friends and father, relationship with mother		
Jeryce	Cultural roots, self-esteem, being with family, friends, innocence of a normal childhood		
Alana	Relationship with mother, contact with siblings, good relationship with grandmother, normal freedom of adolescence		

Child/Youth	Losses of Child or Youth	My Strengths	My Needs
Anton	Normal childhood, dad in jail, physical, emotional intellectual well-being, age appropriate friends, self-esteem		
Joey	Relationship with Mom, who is unable to care for him, health (born dependent upon crack cocaine), normal childhood experiences		

A Strengths/Needs Worksheet for Fertility Loss Experts

This worksheet is for individuals or couples who have experienced the loss of fertility, i.e., have not been able to conceive a child or give birth to a surviving child.

It can help you consider if fostering or adopting is “right” for you, in terms of infertility issues.

Please read the tasks below. Write out examples of how you know you have accomplished the task. Write any needs you have concerning any or all of the tasks. For any or all of the tasks, you may have both strengths and needs. Some of the tasks may not apply to you. If two of you are participating in the program, compare your lists.

Task	Strengths (What I have done to accomplish this task)	Needs (What I still need to do)
1. I have decided that I want to parent a child and that parenting is more important than giving birth.		
2. My decision to pursue fostering or adopting has happened gradually over some months.		
3. I have not been able to conceive a child and I have grieved for that loss.		
4. I have sought information about foster care or adoption for several months.		
5. I am willingly pursuing fostering or adopting and at this time do not feel coerced by my spouse or others in my family.		

Task	Strengths (What I have done to accomplish this task)	Needs (What I still need to do)
6. I have talked with at least one family who has fostered and at least one family who has adopted.		
7. Over several months, conversations with family members and friends have focused on foster care or adoption.		
8. I have planned and discussed ways to talk with a child about being adopted or being in foster care.		
9. I feel comfortable about “sharing parenting” with birth parents — if not in person, then at least through helping the child have a positive self-concept and feel positive about self-identity and “roots.”		
10. I understand the difference between foster care and adoption.		

Task	Strengths (What I have done to accomplish this task)	Needs (What I still need to do)
11. I understand if I choose foster care, I have an obligation to help the child return to their birth family.		
12. I am committed to participate in the program as a way of accomplishing the above tasks.		
13. I feel comfortable about helping the child learn information about and/or locate birth family and previous foster families.		

Bonding and Attachment*

Children cannot grow up normally unless they have a continuing stable relationship, an attachment to at least one nurturing adult. According to Dr. Vera Fahlberg, in normal development most infants bond with the mother or caretaker through the feeding experience. It is beginning to be recognized that bonding and attachment occur through a stress/stress-reduction type of cycle.

In feeding, the baby gets stressed because he is hungry. After being fed he feels the reduction of that stress, the feeling of relaxation. The feeling of being safe and cared for comes from being with this one particular person who looks, smells and sounds the same every time he is fed. He begins to feel that the world is safe. He feels, "If I'm in any kind of trouble this particular person will help me out!" We sometimes see babies who become shy around strangers and cling to their mothers (or fathers if they are bonded with their fathers). If there is a loud noise in a room of toddlers they all end up around their appropriate mother's knees. This is the attachment cycle that is absolutely necessary for children to learn and to be emotionally and behaviorally intact.

Removing children and putting them in foster care is extremely damaging to children because it disrupts the basic developmental process of attachment to a particular adult. Sometimes removal is necessary. But we have to be very clear about what is being done when children are removed and put somewhere else. One thing that happens is interruption of the basic developmental process, and it is life threatening at times.

Many children put in institutions in the past and cared for by different people around the clock died by the time they were one year old. The foster care movement came out of that experience. If babies were cared for by foster families, they didn't seem to die as readily. It became obvious that having one consistent person care for an infant was important. Over the past 50 years and particularly within the last ten, we have become aware that this bonding and attachment of a child to a caring adult is an important one. What happens when we break this attachment? What happens when we remove a child either through death or through foster care from the parent or the adult they are bonded to? We tend to get some very specific effects.

The very young child whose parent dies goes into a grief process. People who do bereavement counseling are beginning to recognize children's grief as lasting from six to eight years. The younger the child, the more intense and long-lasting is the grief.

Adults typically take one to two years to go through the grief cycle, but young children can take half their childhood. Removing a child from a parent or foster parent to whom he is attached has an effect similar to a loss by death; it initiates a grief process.

* Reproduced from Adoptalk. "Bonding and Attachment," by Ann Coyne, Ph.D., Associate Professor, School of Social Work, University of Nebraska at Omaha. July/August 1983.

What happens, then, to children coming into foster care or into adoption? First of all, there are apt to be short-term memory deficits. These children typically are not processing information well. You tell them something; they don't remember a thing. You think, "Why is he doing this to me?" Why is this child seemingly so compliant and yet not doing anything he's asked? You say to him, "You told me 15 minutes ago you were going to do this and you haven't done it!" He says, "You never told me!" He really doesn't remember. He literally forgets, because his short-term memory isn't processing well. When short-term memory isn't processing well, long-term memory is also affected, which means he doesn't learn to read well. Many children who are in foster and adoptive homes are learning disabled. It is probably not because they were born learning disabled or that they have received brain damage. It is more likely that the process of grief is disrupting short-term memory. Developmental delay is common in children who are in foster care. The grief process has disrupted their ability to develop and learn.

A second issue is children's sense of who they are. We all need to know where we started and how we developed in order to have a story about ourselves. We know we were born in a certain place; we grew up in a certain place; these were our parents; there were our brothers and sisters; that was the school we went to; these were the teams we played on; these were our friends. Children in foster care tend to not remember clearly. Children in foster care don't know which of these four or five families they lived with was their birth family. A lot remember the family they were living with at about age four. That could have been their third foster family, but they sometimes think it is their birth family. Maybe they only stayed there a month, but they suddenly get it into their head, "that person is my mother." Yet they have other memories that don't quite fit. They remember three or four different dogs and all those siblings; they're not sure which are theirs and which are someone else's. And the big question: why were they there?

Suddenly, instead of a consistent story about who they are, they have a history with confusion in it. They don't know where they came from. It is not unusual for children in foster care to think they came full grown, that they did not grow inside a mother, and that they were not born. Some children in foster care under eight or nine will tell you they were never born, that they just came, that they somehow appeared in a foster home at about age three.

These children have an exceedingly difficult time reattaching to a family when they are adopted, because they cannot attach and go through a process of separation from what has happened to them in the past. They can't do it because they don't understand what's happened. It's very important to reduce the number of different families these children experience. It is also important that we communicate to them very clearly about everything that has happened to them.

Workers are beginning to do this by using Life Books with pictures and drawings. In what order did his families happen? His life should be documented so that the child, even if it's not a story he likes, at least has a story about who he is. He can then begin to detach from all that

hurt and all that grief, and begin to make a more positive attachment to his adoptive family. Otherwise he may never be able to reattach.

The third issue I want to look at is behavior. The behavior of children in foster and adoptive homes many times indicates a grief process. Some of the first behaviors you see are denial and bargaining. Often there is a honeymoon period where children coming into care will be very good for a few weeks. That's a combination of denial and bargaining. "If I'm really good they will let me go home," "If I'm really good my mother will love me." Most times the children feel they did something wrong: "If I had not thought those bad things about my parents, then the sheriff wouldn't have picked me up."

There are a lot of common behaviors in denial. One is very rhythmic behavior. Children may skip rope continuously, or bounce a basketball or kick the wall or sit with toys making noise. This kind of rhythmic behavior is not usually recognized by adults as a grief response. If the child keeps running, if he keeps banging the wall, he won't have to deal with the hurt.

The anger of these children is often very serious and there is a great deal of acting out of their behavior problems. What wouldn't normally bother a child will bother these children. They are angry about disconnections, angry about the detachments. They go through the stages of grief. In the depression stage you have children who are not sad or crying, but with very little energy. These kinds of behaviors are really indications to us that they are grieving. We need to treat them as people in grief, to do grief work with them.

The whole philosophy of permanency planning is to have a system in which we try to protect children's primary attachments. We need to protect children's attachments to their birth parents. We need to move services into the home to protect children at risk of being abused by those they live with. In those situations where it's not possible, we need to have a system that creates new attachments for children to have adopted parents. Every child must have an attachment to one or several adults that is consistent, that is expected to be permanent, that is to someone he can count on.

Adults don't have to be attached to children. Adults don't have to be attached to one another. We like to be attached to our husbands and wives, but we are not going to die without it. We may go through grief but we aren't going to go through all kinds of developmental problems. Children must be attached. They simply must. They cannot develop normally without being attached to one adult over a period of time because their whole sense of safety, their whole sense of the world, their whole sense of learning, depends on it.

Retrace Developmental Stages to Help Older Children Heal

By Claudia Fletcher

An adoptive parent and child welfare expert, Claudia is a sought-after speaker. She and her husband Bart founded Third Degree Parenting, LLC, and in 2009 published *Out of Many, One Family: How Two Adults Claimed Twelve Children through Adoption*.

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Years ago, I was the social worker on two separate cases that disrupted the same year. With each set of parents I tried to explain a fundamental truth: relationship reciprocity and bonding expectations for a child during the first year of an adoptive placement must be the same as those for a newborn. To heal and thrive, older adoptees must be able to retrace, with their new family, developmental steps they missed early on.

During college I studied Erik Erikson, a Pulitzer prize-winning psychologist known for his work on identity and psychosocial development in the mid-1900s. Decades later, I noticed remarkable connections between his theories and parenting older children. The key part of Erikson's theory is that until a person completes one developmental stage, they cannot go on to the next stage.

Erikson's first four stages—applied to youth from the time of placement to the time they get ready for independence—can teach parents how to help older children heal while they still live at home.

Stage One: The First 18 Months

Ego Development Outcome: Trust vs. Mistrust;

Basic Strengths: Drive and Hope

"[E]mphasis is on the mother's positive and loving care...[using] visual contact and touch. If we pass successfully through this period of life, we...[can] trust that life is basically okay and have basic confidence in the future. ...[I]f our needs are not met, we may end up with a deep-seated feeling of worthlessness and a [general] mistrust of the world." I

Research has shown us how important it is for children to attach. Even so, in the first year after placement, we new parents still make the mistake of dwelling on behaviors instead of attachment. Things can change if we view a newly placed children of any age as a newborn:

- Expectations. Can a newborn give back emotionally? Do chores like everyone else? Know how to have a reciprocal relationship? Of course not. Neither do older kids in a new family.

- **Response.** If expectation changes, so does the response. Instead of thinking a child is refusing to comply, assume she is unable to complete the task. This nurturing, teaching approach often nets better results whether a child is being oppositional or is truly incapable.
- **Realizations.** Until a child is attached, behavior will not change. If the child cannot bond with anyone, why would he want to please anyone? Too often adoptive parents expect compliance outside the context of a relationship. Without that relationship, however, a child has no incentive to behave better.

To help children attach, learn to gently correct behaviors without over-reacting. Picture yourself as a new husband or wife trying to please the other and be genuinely attractive and worth attaching to. Long lists of rules and consequences that require consistent behavior management should not be the focus of this first stage.

As much as possible, create good feelings for the child whenever you are around. Use lots of laughter, pop a Hershey's kiss in her mouth when she sustains eye contact, and give as much affection as she will allow. When the child misbehaves, stay calm and point out that the behavior is not appropriate while redirecting her to a new activity with you by her side. Actions and reactions like these promote bonding between parents and children.

One of the most significant pieces of this stage in understanding hurt children is Erikson's definition of hope: "enduring belief in the attainability of fervent wishes."² Recognizing that many children who enter care do not believe they can get what they want provides insight into their little hearts. With no hope and no belief in their own abilities, they are victims in a dim dark world. And, according to Erikson's theory, the only way they can develop the ego quality of hope is to attach to another person.

Stage Two: 18 Months to 3 Years after Placement

Ego Development Outcome: Autonomy vs. Shame;
Basic Strengths: Self-Control, Courage, and Will

Once an adopted child learns to attach, he is ready for stage two—the "terrible twos" in typical development. For a child placed at 11, this stage can coincide with puberty. Complicating matters further, we parents find it exceedingly hard to muster the emotional response we would offer a tantruming toddler when confronted with a older child having a meltdown.

During Erikson's second stage, as Arlene Harder explains, we can "build self-esteem and autonomy as we gain more control over our bodies and acquire new skills, learning right from

wrong. And one of our skills during the 'Terrible Twos' is our ability to use the powerful word 'NO!' It may be pain for parents, but it develops important skills of the will.³

Parents are often so relieved when it appears the child is attaching that they begin to panic when defiance kicks up a notch. They wonder if the attachment isn't real, but according to Erikson, only when children complete the attachment stage can they enter the willful stage during which the need to question, tantrum, and act out dramatically multiplies.

Responding to an older child's tantrum as if she were a two-year-old is tricky. We can pick up a two-year-old and take her to a safe place to calm down. When a youth is 15, however, that's not an option. Remembering that her actions are as impersonal and unplanned as a toddler's can help us overlook much of it.

In the midst of a tantrum, children cannot reason. Do not try to discuss their behavior or redirect them by speaking more loudly. That only escalates the situation. If the child is safe and doesn't pose a danger to himself or others, the best choice is often to leave the room and give him time to finish the tantrum. If safety is a concern, sit down and remain silent or talk very softly. Active listening is much better than attempting to reason.

Consider a raging child who goes into the "nobody likes me" mode. Our natural instinct is to assure her of our love, but that just gives her a reason to argue. A better response is, "It sounds like you are feeling sad or feeling like you aren't loved." To de-escalate tantrums, listen actively and rephrase the child's thoughts.

Many of our children have raged over the years, all at different stages and in different ways. They have used foul language, threatened us, and damaged property. At the outset of our parenting journey we wanted to rapidly stop the meltdowns, but that just made things worse. Now, with our younger children, we respond as calmly as possible and wait it out.

Stage Three: 3 to 5 Years Post-Placement

Ego Development Outcome: Initiative vs. Guilt; Basic Strength: Purpose

Erikson links the third psychosocial crisis to the "play age," or later preschool years. During this time, the healthy developing child learns to: (1) imagine and broaden skills through active play of all sorts, including fantasy, (2) cooperate with others, and (3) lead as well as follow. 4

Healthy preschoolers can explore and develop social skills fairly easily, but the same lessons are much harder for an older child. Using the example of a boy who is 10 at placement, let's go through his adolescence according to Erikson.

For 18 months after your family welcomes the child home, until he is 12, the boy is working on attachment. Then it is time for his defiance phase. Until the child is almost 14, he is oppositional, argues with everything, and has fits of aggression. Now he's entering high school, and it is time to learn the social skills his peers learned in preschool.

At this stage you must allow for failure, let him be imaginative, and set up ways he can test skills without being embarrassed. Scouting or martial arts classes where multi-age groups participate can offer children a place to connect with whomever they feel comfortable. Preschoolers love hanging out with "cool" older kids. Allowing older children to master interactions with much younger children can be beneficial for both.

Some of our oldest kids really enjoy spending time with the youngest ones. We supervise the interaction, and try to keep other siblings' comments to a minimum. Finding situations in which the youth can be both a leader and follower may also help during this stage.

Failure to resolve this stage, Erikson explains, causes immobilizing guilt. Children maybe be fearful, hang back from groups, rely too heavily on adults, and have a limited ability to play and imagine.

Thus it is key to guide children through stage three so they can face stage four without fear or guilt. Trying to rush them through stages because they are so much behind their peers is counterproductive.

Stage Four: 6 to 12 Years after Placement

Ego Development Outcome: Industry vs. Inferiority;
Basic Strengths: Method and Competence

"During this stage...we are capable of learning, creating and accomplishing numerous new skills and knowledge, thus developing a sense of industry. This is also a very social stage of development and if we experience unresolved feelings of inadequacy and inferiority among our peers, we can have serious problems [with]...competence and self-esteem."⁵

Years after their peers, many adopted children reach a stage where they can make future plans. Up to this point they have had a sense of inadequacy and inferiority that has eroded

feelings of competence and hurt their self-esteem. Fortunately, with support of dedicated parents, youth can still work through stage four and learn to feel good about themselves.

Children who hit this stage at age five have years to test a variety of life choices. Older children who still need to discover talents and interests must try many different things in an abbreviated timeframe. It's important to give youth plenty of chances to succeed and offer a lot of encouragement. Tasks that your children do with you can increase their confidence and receptivity to new activities.

Schools and communities offer other options. Music, sports, drama, and other community ed classes enable children to explore many avenues. We allow our stage four children to try a lot of activities and ask only that they participate for one season before electing to opt out.

Final Thoughts

Parenting older adopted children requires patience, time, and realistic expectations. Keeping in mind Erikson's stages has helped me to parent my own children more effectively, and better prepare parents as they plan to adopt and work through the first few years of placement.

Each stage takes longer than we might prefer. But just as we cannot expect a healthy two-year-old to act like a 10-year-old, we cannot expect a 10-year-old child who is emotionally two to act his age. When we take a step back, slow ourselves down, celebrate small victories, and walk through this journey with our children, there can be healing for us all. END

Footnotes

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An Adoptive Adolescent's Struggle

by Molly, age 18

The following is reprinted with permission and is an excerpt from Molly's senior thesis, May 2001.

My adolescence has been very complex and filled with anger. A lot of people do not understand why, and as a result, they do not understand me. The reason is that I am adopted. Even if people say that they understand how I feel, they really do not.

In adolescence, feelings are key. Anger is a part of every adolescent's experience. You are really angry at your family, at your friends. But you can at least resolve the anger you have at the people who are there. But when you are adopted, you can't resolve the hate and anger that you feel toward your birth parents. They are not there. The absence of the birth parents also means that you cannot express any love you may have for them. I have stored up these feelings and the only way that I have been able to release them is to express anger towards my adopted parents. It's a little like "tough love". I put them through a test. By being angry with them, it allows me to see if they will leave me like my birth parents did.

I also play out these feelings with my friends. I have about ten different groups of friends. Whenever I get the feeling that I am getting too close to any one group of friends, I can leave them for another group. I don't think that is the same kind of test that I put my parents through. I tend to just leave friends before they can leave me, while with my parents; I try to intentionally push them away. It's kind of ironic that the fear of rejection leads me to dare people to reject me, therefore creating a vicious circle. Fear is one of my biggest problems.

As my adolescence went on I broke away, but when my parents go away I still worry that something is going to happen to them. I often tried to test their limits on how much they care about me and how much they would put up with. In order to let my parents into my life I have tried to push them away many times. I have felt fits of rage and the unbelievable feelings of hate and rage that I have built up against my birth parents have been taken out on my parents. I think that, like other adoptees, I tend to take it out on my parents because they are the ones in my life. They have never stopped loving me, there are times when I thought I had finally succeeded in pushing them away.

I think a very hard time when abandonment comes up is when my parents get sick. Even if it is only cold or the flu, I worry about them. The worst time that these feelings were apparent was when one of my moms got breast cancer. It really brought up the feelings and emotions around death. I got really angry at her. I withdrew and I was very mad at her because I thought it was her fault.

I deal with each of my moms differently. I feel a little closer to my mom Lynn I think because she was home with me when I was a baby. When she gets sick I get worried and frantic.

Since I have recently turned eighteen, the issue of abandonment is very much present in my life. At this time in my life it feels like I am being abandoned all over again. I am less than four months away from leaving my family. I have to start a new life, a new identity; I have to start living on my own. I have a lot of “news” coming up. And the “news” do not include my family. To quote one of my adopted friends, she told her parents last Christmas, “well, I guess this is the last Christmas I will be spending with you guys.” Adoptees feel like once they leave home, they are no longer a member of their family. I remember saying the exact same thing to my parents last Thanksgiving. In fact it is very common for adoptees to feel that when they are approaching their “last” times at home they will no longer be a part of their family and will not be able to come home again. Thinking back now it would have been great to be able to share this feeling but one of the things about being adopted is that you do not share your feelings. You learn to cope with your abandonment by showing the world that you can be independent, you do not need others, and you are not vulnerable.

I want to help others understand what it is like to be adopted and the issues that adopted adolescents grapple with. The issues of worrying every time my parents and I are separated and that this time they may just not come back. The thought that two of my best friends, who introduced will decide they do not want to be around me any more and will stop being my friends, especially before I have the chance to leave them. It's perfectly fine for me to stop being in relationships with people just as long as I leave them first.

Through writing this I have been able to learn that I am not alone. There are others out there who feel the same way I do and help is available. This has been very hard though because I am approaching the time when most adoptees start to feel as though they lose their family and their identity. I trust I have provided the reader with a greater understanding of what it feels like to be adopted and the consequences of those feelings in relationships with others. And now that I have explained my behavior and the way I think, I will continue my pattern and leave (my high school) before they can leave me.

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