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ABSTRACT

No effective system existed in an Illinois state child welfare agency to provide post legal education and training to every parent who had adopted a sexually abused, attachment disordered child through this agency. Adoptions were failing because post placement support and training was not available to parents who had adopted special needs children. The goal of this project was to improve the parenting ability of participating adoptive parents and to create a sense of support among this population. A 12-week family support and educational process was designed and implemented to assist parents who had been identified as struggling to maintain their adoptive placement. The curriculum included extensive information on attachment and sexual abuse. Parents were given specific behavior management techniques researched and designed to improve the emotional health of special needs adoptees. A pre- and post-training questionnaire was administered to parents in order to assess the effectiveness of their support and educational experience. Improved understanding of their children was reported, as well as improved parenting skills. Children reported an overall sense of improved well-being. Staff reported improved agency community relations and lessened frustration. Appendices provide forms and questionnaires used in this study. (JBJ)

Providing Post Legal Family Support and Parent Training to Parents Who Adopt Sexually Abused, Attachment Disordered Children Through A Public Agency.

by
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Cohort 3F

A Practicum Report Presented to the Master's Program in Family Support in Partial Fulfillment of the requirements for the degree of Master of Science

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1994

AUTHORSHIP STATEMENT

I hereby testify that this paper and the work it reports are entirely my own. Where it has been necessary to draw from the work of others, published or unpublished, I have acknowledged such work in accordance with accepted scholarly and editorial practice. I give testimony freely, out of respect for the scholarship of other workers in the field and in the hope that my own work, presented here, will earn similar respect.

3-23-'94
Date

Signature of Student

Summary

No system existed at this state child welfare agency to provide post legal education and training to every parent who had adopted a sexually abused, attachment disordered child through this agency. Post legal refers to after legal consummation of an adoption. Without post legal training these parents and children are at greater risk of experiencing adoption disruption. There was no comprehensive plan developed by this agency to provide post legal education to every parent who had adopted a special needs child through this agency.

The author facilitated a 12 week family support and educational process designed to assist parents who had been identified as struggling to maintain their adoptive placement. A curriculum was developed to respond to the needs of adoptees and parents which included extensive information on attachment and sexual abuse. Beyond information, parents were given specific behavior management techniques researched and designed to improve the emotional health of special needs adoptees. Parents were given a pre and post training questionnaire to assess the effectiveness of their support and educational experience. Support and referral services were provided for the children of parents participating in this project as well. The overall goal of this project was to improve the parenting ability of participating adoptive parents and to create a sense of support to a population of non traditional families whose needs have been historically over looked by the larger community.

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Chapter 1

INTRODUCTION & BACKGROUND

The practicum setting was the adoption unit of the Rockford office of the Illinois Department of Children and Family Services, a public child welfare agency. The adoption unit consists of an adoption coordinator and five adoption specialists. All of the children placed for adoption through this office are considered special needs adoptees. The agency assumes full responsibility for any expenses incurred in finalizing the adoption of a special needs child through this office.

The agency is open from 8:30 a m. to 5 p.m. Monday through Friday. Children waiting for adoptive placement through this office have experienced abuse and neglect at the hands of their family of origin. The work load for the adoption staff is extremely stressful. Children on their case loads are suffering from attachment and abuse issues and manifest their grief through problematic behavior.

Management of the entire Rockford agency which includes all of the child protection units is the responsibility of the regional director, who provided this practicum with attractive meeting rooms as well as a playroom and a dining room all of which are housed in the new state of Illinois building which houses the Rockford office.

The adoption unit works closely with foster care staff in developing and identifying support services for children before they are legally adopted. Children in adoptive placement through this agency range in age from 2 to 17 years. The majority of placed

children are physically healthy but demonstrate developmental delays and problematic behaviors as a result of their abuse and neglect issues. Of the children placed for adoption from this unit 87 percent are white, 13 percent of placed children are either African American or Hispanic. Currently this adoption unit manages 53 children who have been placed in adoptive homes. Children remain in adoptive placement for six months before parents are able to go into court and legally finalize their adoption. Any date after the legal finalization of an adoption is referred to as post legal.

The author has been independently contracted by the Rockford office to provide education and training to adoptive families. Her responsibilities include, recruitment of adoptive families, training and evaluating children and families, writing for a monthly newsletter as well as a variety of public relations activities making the community aware of the need for adoptive families for special needs children.

Chapter 2

THE PROBLEM

Problem Statement

No system existed at this state child welfare agency to provide post legal support and adoptive parent training to every family who had adopted a sexually abused, attachment disordered child through the agency. This child welfare agency had no objective systematic means of providing families education and training after they have finalized their adoption. If developmental delays, learning difficulties, or behavioral problems arose, the concerns were informally addressed without formalized access to resources to investigate the concerns or to provide assistance to parents and children. The identification of adoptive families struggling to maintain their adoptive placement after they have legally finalized their adoption had become a focus of concern at this child welfare agency. The development of post legal family training and support was the vital first step in recognizing the needs of adoptive families.

Because of its legal mandate, its experience, and its strategic position within the network of community services, this public agency fell heir to the planning and coordinating role as post legal adoption services developed. It is vital that schools, hospitals, and mental health facilities be involved in providing services to adoptive families. Voluntary agencies and the courts will also play a vital role in any developing network of services. But it is this public agency that has the perspective, the experiential

base, the power, and the responsibility to coordinate the services that will be needed to meet the needs of adoptive families after an adoption has been legally consummated.

Documentation

Recently the Illinois Department of Children and Family Services conducted a survey of adoptive families who had adopted sexually abused, attachment disordered children to ascertain what services they felt they had most needed and used. As part of a federal grant a questionnaire was prepared and the results analyzed by the Loyola University School of Social Work. The questionnaire was sent out to a sample of 1000 families randomly selected from a list of all those families in Illinois who had adopted a sexually abused, attachment disordered child and who were currently receiving adoption assistance. With a total possible universe of 4,286, the random sample represented 23 percent of such families. From these 1000 families, 395 survey documents were returned representing 40 percent. Of the surveys returned approximately one fourth represented this regional office. The 395 responses represented 9 percent of the Illinois population who had adopted attachment disordered, sexually abused children and were receiving adoption assistance. Most of the survey responses were from two parent families, and 80 percent of the time it was adoptive mothers who completed the instrument. Family ranged in size from 2 to 19 members, with the average number being 5. The survey offered 13 needs/service items and asked respondents to indicate whether or not each was a need in that family and if they had made use of such service within the last year. In addition there

was a space provided for a family to list needs they had or services they had utilized other than those stated in the survey document.

In order, the resources reported as the seven most needed were: (1) special parent education and training for attachment disorder and sexual abuse, (2) medical services beyond the usual, (3) money in addition to current subsidy, (4) family counseling, (5) after-school activities, (6) respite care, and (7) support groups. This practicum addressed specific needs identified by Illinois adoptive parents, namely special parent education for attachment disorder and sexual abuse, counseling for family members and support groups.

This agency has experienced an increasing number of disruptions, that is, instances when a child was returned to the agency because parents felt a lack of education and support surrounding attachment and sexual abuse. With no post legal training and support available and no behavior management skills that were effective parents began to give up on their adoptees.

Historical Background

The goal and definition of adoption have changed several times in the past fifty years. When the goal of adoption was to meet the parental needs of healthy white, infertile couples by placing with them healthy white infants, adoption was designed as a legal event. Birth parents, usually unmarried women were unable to care for newborn infants, surrendered their parental rights to their children. Those rights were then legally transferred to adoptive couples who were eager to assume them. Adoption service was driven by the needs of the prospective adoptive couples. (Festinger, 1988)

When the community recognized adoption as a matter of social concern, the goal changed. It was not to make certain that infants placed in adoptive homes were assured of loving families who could meet their needs. Adoption services became driven by a wish to provide good parents for the infants who were being adopted. (Festinger, 1988)

There were, however, other children who needed adoption, children who were not infants, were not healthy, or were not white. Children who needed new permanent families because the ones into which they had been born were not working and could not be fixed. Children whose parents were not seeking adoption for them but who had had their parental rights terminated by a court. When the goal became to find permanent families for all of these children, adoption was redefined as a planning mechanism. An effort was made to engage a wider range of perspective adoptive parents in order to meet the need for the range of children waiting. The adoption process became a way to help families assess their capacity to parent the children who were waiting and to develop skills to meet the special needs of many of those children. Adoption service was now driven by the wish to find permanent families for all children who needed them. (Watson, 1987)

Recently the goal of adoption shifted once again and became not only to find permanent families for special needs children, but also to help those families keep functioning once children were placed in them. Adoption has been redefined as a lifetime condition. This shift has come about as families who adopted special needs children identified their continuing concerns. Adoption became driven by the need to develop not

only families that could incorporate the children who were waiting, but also develop a system that would support the newly created families in meeting the needs of all their members. (Festinger, 1988)

Analysis

This agency identified a lack of post legal adoptive parent training and support services as contributing to the adoption disruptions experienced by the agency in the last five years. Four recent studies on disruptions (Tremetiere, 1984; Festinger, 1985; Partridge, 1986; and Barth, 1988), although relying on different samples and using somewhat different definitions of "special needs", yielded a fairly consistent disruption rate of from 9 percent to 14 percent. The studies have suggested various ways in which this disruption rate might be lowered. Although they were not in agreement about the specific causes of disruption, there was a remarkable concurrence among the studies identified that one of the surest factors in preventing disruptions is to provide continuing adoptive parent training on attachment and sexual abuse as well as family support beyond the point of legal consummation. These services were not being provided by this agency.

The initial agency response was to recognize continuing services as valid, but (1) not to offer such services, or (2) to seek others in the community, usually mental health workers, who could provide such services. In the last fiscal year every family who has adopted an attachment disordered, sexually abused child through this office has been referred to a regional mental health provider. Referring adopted individuals and adoptive

families to community mental health resources for services related to adoption issues imposed a burden on this regional system it was ill equipped to assume.

Many mental health specialists are unfamiliar with the basics of adoption. Some are sensitive to the particular issues that adoption brings to families, and some even perceive the family's problem to be the adoption of the child, rather than the integration of that child into the family. Also in this community the shortage of mental health workers, combined with the problem of financing such services made this solution unworkable.

Post legal parent training on attachment and sexual abuse as well as family support cannot be provided only when a family is in crisis. To be optimally effective, such services need to be conceptualized and offered as part of an integrated adoption continuum. (Watson, 1987) Just as a valid special needs adoption program cannot operate without active recruitment related to the children being served or without assessing and preparing children and families for building a new family, a valid program of post legal adoption services cannot be effective if it is unrelated to the other stages of the process.

This agency recognizes a number of issues generic to adoption which may surface at any step of the adoption process and in any framework in which service is being given. Whatever the particular model for providing post legal adoption training, those offering the service should be familiar with the issues. Most important is the recognition that adoption is different. Adoption introduces a new dimension into a family, and as a result family dynamics and developmental tasks of all family members are affected.

In After Adoption, (Bourguignon & Watson, 1987) identify and define seven specific recurring adoption issues: Entitlement: the adopted parents sense that they have both legal and emotional right to be parents to their child. (2) Claiming: the mutual process by which an adoptive family and adoptive child come to feel that they belong to each other. (3) Unmatched expectations: refers to adopted children and the families entering into their new relationship with high expectations, these expectations have very little in common. (4) Shifts in family system: refers to changes in the family balance that occur when an adopted child enters the family and adjustments that must be made to stabilize the system once again. (5) Loss: the effectual state one experiences when something of significance is withdrawn. (6) Bonding and Attachment: are not the some, but both are significant issues in adoption. "Bonding" in this context refers to the birth bond, the complex physiological and psychological tie between another and the child she is carrying that begins at conception, culminates at birth, and exists from then on.

Attachment is the psychological process that enables people to connect with each other and have emotional significance for each other. Attachment is ordinarily learned through nurturing interaction between parent and child during the first three years of life. Children are bonded to their birth mothers and learn how to attach as a result of their early childhood experiences with nurturing caretakers. Adoptive parents frequently have to help older children overcome their attachment problems, and the strength of the birth bond is one of the factors that draw adopted persons into searches. (7) Identity formation: the last issue, is always more complicated for adopted children. Identity is the sense that one is a

"self" with identifiable boundaries. One draws boundaries only around something of value, so at the core of identity is self-worth.

One's identity begins with genes and family history, is nurtured during childhood in a family in which one is a valued member, and is largely shaped during adolescence. Identity formation is harder for adopted children because they may not have complete or accurate information about their genes and birth family history, they may not feel full membership in their adoptive family, and as they establish their boundaries they must cope with the ultimate challenge to self-worth the "abandonment" by their birth family. (Watson, 1987)

It should be clear from the material presented thus far, it is both essential and all but inescapable that this agency take responsibility for leadership development of post legal adoptive parent training on attachment and sexual abuse as well as family support services. Professionals from other human services will turn to this child welfare agency for help and guidance as they attempt to understand the implications of attachment disorder and sexual abuse related to the adoption experience in order to serve this population more effectively.

Chapter 3

SOLUTION STRATEGY

Goals and Objectives

The goal of this practicum was to create an effective means of post legal family support and education of adoptive families who have adopted sexually abused, attachment disordered children through this agency, for the purpose of maintaining adoptive placements.

Practicum objectives to be accomplished during this 12 week implementation were:

1. Ninety percent of the participating parents will report improved understanding of their adopted child and will feel comfortable talking about adoption related issues with their child at the conclusion of this practicum as measured by an assessment instrument administered prior to and following the project.
2. Ninety percent of the participating parents will report improved understanding of their role as an adoptive parent and will indicate gained skills for parenting their adoptee at the conclusion of this practicum as measured by an assessment instrument administered prior to and following the project.

Ninety percent of the participating children will report improved relations with their adoptive parents and improved relations with peers at the conclusion of this practicum as measured by an assessment instrument administered prior to and following the project.

Existing Programs and Models

After reviewing the literature the author was unable to identify any private or public agency providing post legal adoptive parent training on attachment and sexual abuse or family support services as a part of an adoption continuum. Illinois has an adoption subsidy program where funds are provided for families who adopt attachment disordered, sexually abused children to secure their own support services after they have legally finalized their adoption. Parenting classes are not required in Illinois post placement. Maryville Academy in Illinois does train and develop foster parents after children are placed in the home. Historically foster and adoptive parents are trained before children are placed in the home.

Maryville is the largest residential child care facility in the state of Illinois and the third largest in the nation. A nationally recognized leader in the treatment of physically, sexually abused and attachment disordered youth, Maryville will treat over 5,000 such youth annually on ten different campuses throughout northern Illinois. Since 1970 Maryville's Executive Director has been John P. Smyth, and under his guidance Maryville has won several local and national awards for excellence in child care.

The core of Maryville's program is its focus on teaching within a family structure. In February of 1979 Maryville created its first teaching home with professionally trained live-in parents and a carefully structured teaching program developed at the University of Kansas. The key idea in the model's learning theory is that behavior is influenced by its consequences.

Teaching parents reward the proper conduct and discourage improper conduct to enable youth to develop the internal discipline required to live independently and successfully after leaving. Maryville believes that there is no place like home and lives by it. All efforts are made to return children to their natural parents (when feasible) as soon as possible. A step in that direction is a short stay in a foster home. Treatment Foster Care is a program that involves Maryville's foster parents who receive ongoing professional training in the use of parent skills, and who work with the natural parents when the child returns home. The foster parents are versed in the teaching-family model of child care and teach application of parenting skills to the child's natural parents. (Smyth, 1993)

The Attachment Center in Evergreen Colorado has a therapeutic foster parent training program that provides ongoing support and training to foster parents after children are placed in their home. This youth behavior program has become recognized as one of the leading treatment centers for attachment disorders. The methodology of the treatment involves parents fostering new interpersonal, corrective emotional experiences carried out at very high levels of intensity. The goal is to disturb the disturbed. A good balance of confrontation and support is required. This forces regression to the early infancy stage by leading the child repetitively through successive completion of developmental tasks not mastered in the first and second years of life.

The situation produced is that the rage toward the abuse and neglect of birth parents is vented to another human being. It is experienced eye to eye, face to face. The early experiences are then positively resolved. High intensity tactile stimulation breaks up

the child's habitually rigid and stereotypical responses. The parents win the control battle on their terms by taking control of (the first time): body movement, what the child says and how he says it. His usual defenses of intellectualization, control and manipulation don't work. The parents give the child positive regard after the capitulation, and sense of love and trust is developed.

Foster parents work in cooperation with attachment therapists who employ conventional treatment methods following the intensive therapeutic intervention. This confrontive/supportive therapy known as holding therapy continues to be the most beneficial approach in working with attachment disordered children. (Cline, 1981) Good eye contact, touch and honesty are crucial components of attachment holding therapy. Goals of attachment work being done with foster parents through the Attachment Center focus on several basic premises. One is that the more the child accedes to his parents or authority figures, the more likely they are to say yes. The child has a good dose of reality therapy, but it needs to continue regarding daily living issues. Problem solving skills and social skills need to be emphasized.

The parents are taught the importance of their roles, particularly by helping the child to experience his problems as his through the use of appropriate consequences and by the parents remaining unemotional in different situations. This way the child cannot feel justified in thinking it is his parents are mean and awful people. (Cline, 1981) The holding technique aims to help the unattached child relinquish the control that he or she has

come to depend on for survival. By letting go, the child gains a first experience of connection with someone outside of himself.

The treatment is based on a model for working with autistic children that was developed by analyst Robert Zaslow. One feature common to both autistic and unattached children is the nearly exclusive orientation to inner worlds and inner stimuli. As a result, both autistic and unattached children have difficulty forming healthy connections to the outside world.

The Theraplay Institute in Chicago, Illinois has developed a successful model of intervention with previously unworkable attachment disordered, abused children. Parents are taught activities that set limits, define body boundaries and regularities to establish expectations. The therapist directs and controls sessions, communicating to the child. I am in charge here so you can relax. You are safe with me because I will take good care of you.

Activities are similar to mother-baby caretaking times, lotioning the baby's body, feeding, giving a bottle while singing to the child. The therapist is actively physical, affectionate, and verbally affirmative, communicating to the child: you are intrinsically lovable, and I will respond to your needs for sustenance, affection and praise. Activities are geared to engage the child, to delight, entice, and surprise, to stimulate the child the therapist penetrates the child's defensive (sensory) limits through vigorous, cheerful activities telling the child. You are fun to be with, you are capable of interacting in healthy appropriate ways with people.

The Theraplay Institute believes that attachment disordered, sexually abused children would have developed just as others in their peer group had they not been deprived of one significant life experience: while their classmates were snuggling close to an engaged, responsive, committed parent whom they knew they could count on for the rest of their childhood years, these children were whisked away from their parents, parents who were unavailable, unreliable, alcoholic, neglectful, abusive, and non engaged. They were then placed in one or in a series of foster homes. All the time, physically and perhaps even intellectually, they were regressing more or less according to schedule. Emotionally their development had stopped dead in its tracks. (Jernberg, 1993)

The first few years of the unattached child's life have been fractured by abuse, neglect, and/or multiple moves. When he desperately needed to he could not trust relationships with adults. As the years passed, usually with repetition of fracturing, he becomes convinced that no adult can be trusted; hence, he has become self-parenting. (Cline, 1981) The child characteristic which devastates the stable caring adoptive family is the child's lack of conscience. The "lying-cheating-stealing syndrome" is only one manifestation of having no conscience. Inflicting pain without remorse and lacking regard for all "rules" of intrafamily life are harder to lie with. Furthermore, the child sees himself as always right; consequently, he has no reason to change anything about himself. This leaves the parent with no effective approach to discipline.

A surprising number of unattached children have had years of therapy with little or no change in how they approach relationships. One of the most frequently encountered aberrations in therapy is the assumption that what's wrong is that this family doesn't accept this unfortunate child "all he needs is love." It may be true that by the time the therapist is involved the family doesn't accept the child. They certainly mustn't accept his behavior. It is not true that all he needs is love. (Cline, 1981)

In examining attachment behavior it is evident that certain mental disorders have in common the early interruption of the necessary bond between mother and child. Treatment predicated on consideration of disrupted attachment has led to successful intervention in many childhood disturbances, most notably early childhood autism. (Welch, 1988)

The fact that autistic children who were treated with mother-child holding therapy have fully recovered and have achieved normal development suggests that autism, the most extreme developmental disturbance, provides an important window into the working of normal development. If normal development can be achieved in cases of autism through this therapy, then we must consider the possibility of establishing normal development in other types of problem children. (Welch, 1985)

Research and clinical practice have begun to address the question of whether remediations need to correct the original deprivations in attachment or whether the interventions merely need to take the deficiencies into account while working on higher or

more consolidated behavioral levels. (Fahlberg, 1979) For example, if an unattached child is determined to have been neglected from infancy, is it necessary for foster adoptive parents to gratify the youngster's hunger for food unconditionally, as they would an infant, in order for an attachment to form? Or is it possible to acknowledge that lacks in attachment stem from the early deprivation but that trust and connectedness can be reconstructed based on the child's chronological age? (Fahlberg, 1979)

In Berry and Barth's (1989) special needs adoption study, externalized but not internalized problems discriminated between disrupted and intact adoptions. The current group of special needs adoptees were distinguished from those adopted as infants by externalized behavior but were similar regarding internalized behavior. Similarly, externalized behavior more than internalized behavior discriminated the current sample from the non-clinical sample. Finally, external behavior was associated more strongly with parental perceptions of parent-child relationships and with the adoption's impact on the family.

Rationale for Proposed Strategy

Prospective parents need to be apprised of the problems that are often encountered in special needs adoption. Even with the best parenting and mental health services, many children exhibit behavioral problems over extended periods of time. While the current research has concentrated on child problems, a family-based treatment approach that avoids skape goating the adopted child is crucial. Many special needs parents have parented children --biological, foster, and adoptive -- from diverse backgrounds and, as

such, may be regarded as experts in parenting. The mental health professional will do well to draw on this expertise as he or she helps these families deal with the very difficult behavioral problems that they often encounter (Berry & Barth, 1989)

High levels of behavioral problems suggest that many special needs families need specialized professional services. Berry & Barth (1989) suggest that both behavior management training and intensive family preservation services need to be utilized more often with adoptive families.

After careful review of the literature, the author chose to receive training through the Attachment Center which served as a basic foundation for the curriculum design of this project. Information received from the Theraplay Institute was also used as a model in working with parents. These two resources more than any others identified by the author, offered behavior management training that encouraged parents to take the primary role in healing attachment disordered children, rather than fostering clinician dependency.

Strategy Employed

Eight adoptive families verging on disruption, approached this agency office requesting post legal training on attachment and sexual abuse. These same families requested an adoptive support group. These identified families participated in this project. The purpose of the project dictated the focus on adoptive families parenting children with a known history of sexual abuse and attachment disorder. The project involved 13 parents and 6 children in each of the three children's groups.

Three sources of data were used to evaluate the outcome of these groups and this project; forms were completed by professionals on each group session; and interviews with therapists after the project completion. See Appendices A-B-C & E The forms used for this project are the result of a collaborative effort on the part of the author, the DCFS adoption staff and the Illinois State University School of Social Work. Forms were designed expressly for this project and had not been tested prior to the project. Space and funding for this project were provided by the Rockford regional office of the Illinois Department of Children and Family Services. Space for this project necessitated comfortable meeting rooms for children as well as parents. A playroom was necessary for children under the age of 6 years. This project also required a dining facility where all family members could enjoy a meal and fellowship before training. Adoption staff members were available to assist therapists weekly as needed.

Strategy Employed in Parents Group

In the course of the 12 week project parents were taught what attachment and bonding are, how attachment is an important concept for them to understand as it affects the ability to form close relationships. Parents were taught why they can't reach their adoptee with love alone. The author examined developmental interruptions as they relate to faulty bonding and attaching processes. Holding therapy was presented as a feasible and effective developmental parenting technique. Effective contracting with children was discussed. Parents explored their adoptees birth experience and learned that prenatal and birth experiences have lasting impacts on personality and development.

Reparenting was addressed taking an adopted child back to an age previous to his abuse, the child is allowed to handle his anger and grief on an infantile level. He then goes through the stages of development and "grows up" again in good ways. The child re-experiences the early stages of his childhood in loving ways and learns new ways to cope with his history. The author shared what she had learned in using this technique.

Considerable time was devoted to teaching parents behavior management skills that were designed to consequence with love. Parents learned that consequencing when it is performed correctly, can mean freedom from anger, confront ions and bitterness. For children it means clear expectations and an opportunity to develop responsibility without hostility

The author who has dealt effectively with traumatized children addressed methods of pulling children out of spiraling behavior patterns caused by trauma in their lives. Art and creative expression was explored as a healing agent in working with attachment disordered children.

Parents learned how the law defines sexual abuse, what sexual abuse is, why children are sexually abused and what we know about sexual abusers. Parents were taught normal sexual development in children and the impact of sexual abuse on children. Parents learned to distinguish appropriate and inappropriate sexual behaviors in children at various ages and developmental levels. Parents addressed their own attitudes concerning human sexuality and learned how adopted families are different from birth families. They were taught as adopted parents they must understand the importance of the birth family to their

adoptee. Parents learned ways of facilitating positive adjustment and understanding related birth family issues. Parents were instructed to respond constructively to inappropriate sexual behavior.

Parents were taught what is unique about the process of adopting a sexually abused child. They were provided with understanding, emotional support and a feeling of hope for ongoing problem solving. The author sensitized parents to the need for self-care, marital unity and depersonalizing their perception of children's problems.

Parents explored gender differences as they relate to sexual abuse. They learned the difference between their child acting out of normal sexual curiosity and behavior that indicates a need for professional intervention. Parents learned ways of advocating for their adoptee and identified resources which exist to address various needs. The author facilitated parents understanding of constructive ways to resolve conflict and make decisions within families. The author assisted parents to normalize their perception of their adopted child so that they can understand them in light of their history and developmental levels.

The author assisted parents to develop a clear process to share with their children as to how in their family they will be appropriately sexual. The author promoted understanding of children's sexual feelings and needs that underlie many problem behaviors, particularly as they are impacted by adoption and trauma. Parenting skills were taught that allow children's expression of feelings, acceptance of responsibility, and increase problem solving abilities.

Strategy Employed in Children's Groups

Children were placed in groups according to age. One group for children 6 to 11. The other group was for children 12 to 17. These two groups were facilitated by two trained attachment therapists. A third group was for children under the age of 6 year who were cared for by a licensed child care provider.

Therapists worked with children to facilitate mutual understanding and emotional support between adoptees and birth children. Providing an opportunity for children who are adopted, sexually abused and attachment disordered to identify with each other in order to lessen their sense of differentness and stigma. Therapists worked to facilitate adopted children's understanding of their history and worked toward emotional resolution of painful feelings related to loss and trauma. Therapists helped children with loyalty issues to past caretakers in a way which frees them to attach to adoptive families while maintaining some connection to previous families. Therapists helped children develop assertiveness and self protection abilities. Children were educated regarding sexuality and appropriate means of sexual expression. Therapists worked to promote positive feelings in children concerning their own bodies. Therapists worked to increase children's feeling awareness through attachment therapy. Children were helped to learn healthy ways to get their needs met and to express negative feelings rather than coping through hostile acting-out defensive behaviors. Therapists worked to increase children's self-esteem and sense of control/mastery. Children were provided a positive environment to interact with other children under guided supervision in order to feel peer acceptance and receive positive

reinforcement from peers. Therapists explored with children their concerns related to family problems and constructive ways of coping. Therapists facilitated children's understanding of constructive ways to resolve conflict and worked with children to develop problem solving skills.

Chapter 4

RESULTS

Composition of the Support Groups

Adoptive families were invited to participate in this project who were verging on disruption. The purpose of the project dictated the focus on adoptive families of children with a known history of abuse or neglect of their adoptive children. Of the families completing initial parent data forms 55% reported a history of neglect, and 30% reported a history of physical abuse. All of the adopted children in the project had been identified as suffering from attachment disorder.

This project involved members of 8 adoptive families with 13 parents attending the parent group and approximately 6 children in each of the three children's groups. All families met on a week night and began with a supper for both participants and project staff. There was a one and a half hour meeting time for the groups following a thirty minute dinner period. While this meeting length was barely adequate for the parents' group. Staff working with the younger children reported that it was hard to sustain the children's attention for 1-1/2 hours.

Group Participation and Attendance

There were a couple of adults and children in each group who did not attend every group session. For adults the lack of any involvement usually related to work conflicts. Some children had conflicts with evening activities such as scouts or sports.

Parents	Attendance (12 wk.)	Children	Attendance
13	9.7 (81%)	12	9.5 (79%)

Parent's Concerns and Their Goals for Groups

Parents responded on the initial form to questions concerning their current problems/concerns and their goals for group participation's. See Appendix A. These items included: 1) a listing of the major difficulties in their family at the present; 2) an evaluation of current behavior problems of their adopted children and a prioritization of their three most important concerns; 3) an open-ended question on what they hope to gain from the support group; and 4) identification from a checklist of possible group goals those goals which would meet their present needs.

Parents were most likely to frame their current difficulties in relation to either behavioral or emotional problems of their adopted children and other responses also related generally to child behavior/compliance issues. These included difficulties in discipline, problems in communication with children, school problems and sibling conflict. Ten responses related specifically to children's emotional pain and anger and their need for emotional healing. These responses related to attachment problems which also is indicative of a need for emotional healing on the part of the child.

A few responses related to parental needs, most often in relation to how to cope with the heavy stress level of parenting special needs children or their need for respite. One parent reported a concern involving marital conflict and feeling her husband was not active enough in parenting the children.

Thirteen parents evaluated their adopted children's behavior problems and ranked the top three in order of priority from 1 = Most Important to 3 = Least Important.

Those behavior problems checked but not in the top three were assigned a priority of 4. All parents with the exception of one reporting no significant behavior problems identified from 1 to 14 concerns. These are listed in table 1 in order of their frequency, and the average priority ranking for each behavior is reported.

Table 1

Behavior Problems/Concerns

	Frequency	Priority
Lying	13	2.5
Attachment Difficulties	10	2.6
Peer Problems	9	2.8
Defiance	8	2.3
Hyperactivity	8	2.4
Sexual abuse/acting out	8	2.6
Sibling conflict	8	3.0
Verbal aggression	7	2.9
School crisis	6	3.8
Tantrums	5	2.2
Wetting/soiling	5	3.2
Running away	4	2.0
Eating disorder	4	3.3
Stealing	4	3.3
Difficulties separating/B fam.	3	3.3
Sleeping disorder	3	3.3
Marital conflict/rel. To ch.	2	2.5
Physical aggression	2	3.0
Withdrawal	2	4.0
Curfew violation	2	4.0
Hygiene	1	3.0
Destructiveness	1	4.0
Psychiatric hospitalization	1	4.0
Physical hospitalization	1	4.0

There was a miscellaneous category included to which three parents added concerns such as the stress of the unknown in parenting a cocaine-exposed child or the parent's own depression.

Analysis of parents' open-ended responses to the question, "What do you hope to gain from this support group?" indicated that most parents were looking simply for ideas or ways to solve their problems (12 responses), articulated as succinctly as "Help!" by one parent.

A similar expectation was an enhancement of their parenting skills or support from relationships with other adoptive families. Less frequently articulated responses included: how to deal with children's adoption or trauma issues, how not to personalize the child's behavior, and ways of controlling the parent's own temper.

In responding to a list of possible goals for the support group, parents identified those which would meet their needs at the present time. The percentage of parents identifying with each goal is listed before in table 2.

Table 2

Goal	Percent
To better understand my child's behavior/temperament	78%
To improve my family's overall sense of harmony	82%
Learn how to deal with sexual issues with my child	62%
Learn to manage my child's behavior more effectively	78%
To have opportunity for child/self to know more adopt. families	62%
To gain info about handling adoption issues with my child	62%
To help child develop a more affectional attachment with family	62%
To locate needed resources for my child	62%
To gain info. On my child's background	32%

Parent Evaluation of Group Outcomes

Parents' perceptions of the benefits from group participation both for themselves and their children were assessed through their completion of a follow-up form. See Appendix E. The level of involvement/participation was rated for group members by the author and therapists on a Likert scale from 1-Uninvolved to 5=Very involved. These ratings indicated that the vast majority of parents and children participated actively in the groups. Parents were asked to rate on a Likert scale the changes which had taken place in

their family as a result of their participation in the adoption support group. Their responses on these items are summarized in table 3. As evidenced, the most commonly agreed upon benefit from participation was skills for parenting and a better understanding of how sexual abuse affects their child's behavior.

Table 3

Support Group Follow Up Form Results

1.	My family has a better understanding of the meaning of adoption	82%
2.	I can manage my child's behavior more effectively	78%
3.	I understand my adopted child better	84%
4.	I have more confidence in myself	80%
5.	I have been able to help my child understand more about his past	78%
6.	My adopted child feels more a part of the family	62%
7.	I am less angry with my adopted child	70%
8.	I am less angry with my adopted child	72%
9.	I know how to get help for my child/family	82%
10.	I have a better understanding of how sexual abuse affects my child's behavior	90%
11.	I think I have gained skills for parenting	90%

There was an overwhelming response to the open-ended question concerning positive things parents experienced from coming to the group. Every parent reported some aspect related to improved parenting skills as a benefit of their participation in the group. Examples of their responses include: "Parenting skills that work;" "I felt there were good examples of how to handle specific situations. This improved my parenting style;" and "I have learned how to work with my child's behavior and tantrums in different ways than I was doing."

Other types of parent responses focused on similar benefits of the positive parenting approach presented in the parent training curriculum, such as better communication between parent and child (10 responses); being able to respond to the child's feeling (6 responses); the parent's being less angry with their children (5 responses); a better understanding of children's behavior (5 responses); and more confidence in their parenting (2 responses). In relation to communication skills, one parent

identified as a benefit: "Taking time to listen more closely to the children." The changes in parent-child relationships and parenting styles were described eloquently by the following parent responses:

"There was an immediate improvement in atmosphere around the home less rigid and punishment oriented and more respectful. I think communication also improved although mostly in understanding the children's behavior. Improved openness also."

"As parents we are more calm and understanding, less prone to anger over behavior. We have a better understanding of our child's behavior causes and effects and better insight into appropriate actions to take in different situations."

"Much more respectful; much more democratic and less autocratic less controlling and more helpful/influencing. Helps to make me feel like a partner/helper to the children, less like a policeman."

"I feel better about the job I'm doing with my adopted child, I understand more of what's happening inside of her."

In addition parents reported that their new approach to parenting allowed their children more independence in solving their own problems and enabled them to stay our of power struggles with their children.

Other parents mentioned their appreciation of the insight that the parent does not always "own the problem" and reported feeling less guilt over their child's behavior.

Other benefits which parents reported frequently related to a major purpose of support groups--social support., Parents identified their appreciation of the opportunity to

associate with other adoptive families and also mentioned this association as beneficial to their children. This association with other adoptive families is beneficial in many ways such as reducing feelings of isolation, helping them feel understood and supported, and increasing their hopefulness that they can cope successfully with their situation. A changed perspective on their situation and their adopted children can also result from the association with other adoptive families in similar situations. Parent's perception of their situation and their adopted children becomes more normalized and appears less catastrophic and overwhelming. Some parent responses which illustrate these benefits include the following: "Realizing that my family isn't the only one that has the particular problems I didn't think most normal families had. Understanding that other parents go through the same types of behaviors and feelings." "I think the group is very helpful to reduce feelings of stress and isolation that tend to result from coping with special needs children/"

Two other areas of benefit referred to by parents relate to adoption/attachment issues and sexual abuse/sexuality issues. Parents reported a better understanding of attachment problems as a result of their group experience. In addition parents commented on an appreciation of programming on sexual development and sexual abuse. Sample comments include: "Realizing that it's normal for kids of all ages to have sexual interests;" "The information on sexual development and sexual abuse helped me to gain a better understanding of my child's problems;" and "I can talk to my kids about sex with a comfort level I didn't have."

Parental Responses on Pre/Post Measures

Statements regarding parents' perceptions related to adoption issues and experiences were developed for use as pre-post measure in order to ascertain changes in any of these areas occurring during the group experience. Due to a lack of normed, validated instruments on adoption issues, 16 items were developed and incorporated into the forms completed at the beginning and end of the group. See Appendices A & E

The validity and usefulness of the 16 items has not been established through previous research, thus conclusions based on these results are tentative. Some parents seemed suspicious of the purpose of these forms wondering how they would be used, even though the evaluation goals were explained. Therefore, it is probable that some parents answered questions according to their perception of socially acceptable responses.

Despite the above caveats, parent responses to these items provide some insights into areas of need for these families and some moderate changes which did take place in their attitudes and feelings over the course of their support group participation. Some of the 16 items were worded positively and others negatively; however, in scoring the responses, negative items were reversed so that high scores represent higher levels of adjustment. Each item was rated on a Likert scale ranging from strongly disagree to strongly agree. In analyzing responses, means were computed for each item pre and post as well as the percentage of respondents agreeing to each item pre and post in table 4.

Table 4

PARENT RESPONSES ON PRE/POST MEASURES

Item	Pre		Post	
	Percent	Mean	Percent	Mean
Understands why child reacts as do	74%	3.7	90%	4.5
I feel comfortable talking adoption related issues with my child	76%	3.8	90%	4.5
I believe it is healthy for an adopted child to express interest in his past	80%	4.0	84%	4.2
I would like to feel closer to my adopted child than I do	26%	1.3	32%	1.6
My child puts up barriers to being close to me or other family members	66%	3.3	72%	3.6
I think it is normal for children of all ages to show interest in sexuality	75%	3.7	84%	4.2
I feel like my friends and relatives understand my experience with adoption	78%	3.9	78%	3.9
Adoptive families are different from birth families	80%	4.0	80%	4.0
When I have talked with others about difficulties with my adopted child, I have felt they understood	66%	3.0	78%	3.9

Table 4 (Continued)

PARENT RESPONSES ON PRE/POST MEASURES

Item	Pre		Post	
	Percent	Mean	Percent	Mean
I do not know how to deal with sexual issues with my children	68%	3.4	82%	4.1
My spouse and I agree about the way adoption and discipline issues should be handled	84%	4.2	86%	4.3
I question my ability to parent this child	68%	3.4	86%	4.3
My child feels that he belongs in our family	60%	3.0	82%	4.1
I feel confident I know how to handle my child's behavior	66%	3.3	74%	3.7
On the whole I am satisfied with my relationship with my adopted child	74%	3.7	78%	3.9
If I had it to do over again, I would still adopt this child	90%	4.5	80%	4.0

Overall on the pre-post measures, the most striking areas of change indicated by parent responses were in the area of understanding their children's reactions, a comfort level in talking adoption issues with their child, an ability to deal with sexual issues and increased confidence in parenting their adoptee.

Table 5

Children's Perceptions of Group Outcomes

Children evaluated their situation pre and post project. Their responses were interesting. They rated the following statements from 1=Not at all, 2=A little, 3=Some; and 4=A lot. Below are the means of their responses in table 5.

Statement	PRE	POST
Other kids like to be with me	1.83	3.67
I can talk to my parents	1.83	3.50
I have good things to say	2.33	3.17
I can talk about what I need	2.67	2.83
I can tell people when I am angry	2.33	2.83
I feel safer	2.67	2.83
People understand how I feel	2.33	2.67
I am happy at school	1.83	1.83
The people in my family get along	1.50	1.83

From these children's responses, it appears that this group helped them a lot to feel peer acceptance and to talk about their feelings to parents. The most apparent areas of ongoing problems are at school and family conflicts.

The practicuum goal of 90% of the parents understanding their adoptee and arriving at a comfort level discussing adoption issues was clearly met. The practicum goal of the parents reporting they had gained skills for parenting their adoptees was achieved.

Finally the practicum goal of participating children reporting improved relations with their peers was met while only 88% of the children evaluated reported improved relations with their parents.

Staff concluded from this that child change would come about as a result of parent change. It was parents who requested this training and support. As parents become more effectively experienced at managing their attachment disordered, sexually abused adoptee positive responses from children can be expected. It was suggested that children be interviewed six months and one year from the date of training to ascertain whether or not they felt more positively about their relationship with their parents. See Appendix C

Chapter 5

CONCLUSIONS AND RECOMMENDATIONS

Children in adoptive placements who have been sexually abused are at high risk of problems such as attachment difficulties, hostile acting-out behaviors, and adoption disruption (Smith & Howard, 1991:1992). Many of the behavior problems exhibited to a greater degree by sexually abused children (sexual acting-out, lying defiance, physical and verbal aggression) overwhelm and exhaust even the most experienced and accepting of parents. Typically these behaviors add to the stigma the child already feels and trigger anger and to some extent rejection from peers and adult caretakers. Successful resolution of the sexual abuse trauma and working toward a positive adjustment in the adoptive family necessitates the adoptive parents' understanding of the child's feelings and needs as well as their support and skill in facilitating emotional healing and behavioral control in the child.

This project sought to provide both support and training to adoptive families to assist in resolution of existing problems and to facilitate positive interaction and functioning of these families. All family members were invited to participate since all family members must be involved in the adjustment of integrating an adoptee into an existing family structure. Viewing their situation as a "family affair" avoids stigmatizing the adopted child. Therefore groups were offered for parents and children simultaneously. A pizza supper was included to provide time for families as a whole to interact.

Research indicates that abused children have more difficulty in identifying emotions than non-abused children (Camras, et. Al., 1988) For many of these children, denial of feelings is a common way of dealing with tension and anger. Aggressive and controlling behaviors in response to feelings of anger and powerlessness are also common coping defenses. Much of the programming in children's groups focused on identifying, accepting, and expressing feelings as well as considering constructive ways of acting on these feelings. A number of group activities were geared toward facilitating greater feeling awareness in the children, and other activities focused on healing "thinking hurts."

Recommendations for Future Groups

Parents responded to questions on the evaluation form related to suggestions for improving future groups. Parents responded with some suggested modification, primarily their desire for more time for general group discussion and participation. One parent suggested dividing into small groups according to their children's age and having 15 minutes of open discussion at the end of each session. Parents requested more information on attachment and holding therapy, and more content on BD and LD as well as drug-exposed children.

Staff recommendations for enhancing this project were explored. Suggestions related to the format of group meetings and their length were made. The general consensus was having more than 12 sessions possibly with a break in the middle. The 1-1/2 hour group time after supper was workable for all groups, except that young children have a difficult time concentrating for that long.

Other recommendations from staff included the need for some mechanism to integrate family issues brought out in the different groups and to have some dialogue with the families themselves about their own issues, perhaps individual sessions with the families at the end of the groups to provide closure.

The evaluations overall of all three groups both by staff and parents and children were very positive. Members of all three groups attended regularly and reflected positively on their experience at the end of the groups.

Training and Qualifications of Group Leaders

In the authors' view the parents' group is the most critical for having long-term, positive impact on these families, and a skilled leader with adoption experience is essential here more than in any of the other groups. Adoption social workers, especially those who have themselves adopted special needs children, might be considered for this role. Therapists for children need a background in group practice, clinical knowledge of this population, adoption, attachment and sexual abuse. Since it is very difficult to find all of these in therapists, more consideration might be given to providing training and resource packets to these leaders. They will need at least some knowledge experience in group practice, but gaps in knowledge related to attachment, adoption and sexual abuse might be fortified through training. It would be helpful to identify and acquire a few resources on each topic which would be made available to each group leader for the duration of their group.

Project Summary

Adoption affects those who are directly involved and their extended families for the rest of their lives. The success of an adoption and the well-being of all of those involved often depends upon the availability of adoption-related support services at points beyond legal consummation. The essential premise of this project was that the public child welfare agency must take leadership in providing those support services or make sure they are available. At the conclusion of this project 20% of the parents indicated had they known how difficult their child would be to parent they wo[illegible]ot have adopted. This is a critical reason to provide post placement services before the family is in crisis.

Growing agency experience with special needs adoption and information gained from recent research confirm that one of the surest factors in preventing the disruption of an adoption is the availability of services beyond the point of legal consummation. Adoption can no longer be viewed as a process that ends in the courtroom. It must be a way of providing transferring ongoing parental responsibilities for that child from the birth parents to adoptive parents and, in the process, creating a new kinship network that forever links the birth family and the adoptive family through the child who is shared by both. This new kinship network may also include significant foster families, both formal and informal, that have been a part of the child's experience.

With that redefinition comes both the obligation for continuing service and a need to conceptualize how to provide it. This practicum successfully sought to do just that by designing an operational system of providing post legal adoptive parent training and family support for families who adopt attachment disordered, sexually abused children. As a

result of this practicum staff has reported improved agency community relations and lessened frustration as a result of post placement services being made available to their unhappy families.

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Appendix A

POST ADOPTION SUPPORT GROUP

This information is to help us to get to know your family a little better and to understand what kind of needs and concerns you have which might be addressed in this support group.

Name of adoptive parent(s): _____

Adopted child(ren): _____ Birthdate:_____

_____ Birthdate:_____

Age when placed in your home: _____ Age at adoption: _____

Other children in home and their age: Age

1. _____ _____

2. _____ _____

3. _____ _____

What are the major difficulties you are having at this point in your family? Describe each briefly.

1. _____

_____

2. _____

_____

Have you sought help from other support/counseling resources regarding your concerns?

[ ] yes [ ] no

If yes, what resources? _____

_____

What do you hope to gain from this support group? _____

Prior to adoptive placement, was your child known to have a history of any of the following?

[ ] serious neglect [ ] physical abuse [ ] sexual abuse

If yes, please describe duration and extent of maltreatment

CONCERNS PRESENT: Please rank your 3 most important concerns from 1 (Most Important) to 3. Also check any other issues that are problems with your adopted child.

[ ] Running away
[ ] Psychiatric hospitalization
[ ] Physical hospitalization
[ ] Arrest/police report
[ ] Defiance

[ ] Curfew violation
[ ] School crisis

[ ] Attachment difficulties
[ ] Stealing
[ ] Child needs residential placement
[ ] Other (specify)

[ ] Physical aggression
[ ] Verbal aggression
[ ] Firesetting
[ ] Destruction of property
[ ] Difficulties separating from former family
[ ] Gangs
[ ] Suicide threats

[ ] Homicide threats
[ ] Sibling conflict
[ ] Peer problems

[ ] Wetting, soiling
[ ] Eating disorder
[ ] Sleeping disorder
[ ] Hygiene habits
[ ] Lying

[ ] Tantrums
[ ] Sexual abuse or sexual acting out
[ ] Hyperactivity
[ ] Withdrawal
[ ] Marital conflict seen as related to child

The following questions reflect your current thought and feelings about your relationship with your adopted child. Please circle the number that reflects the extent to which you agree or disagree with each statement.

	1 Strongly Disagree	2 Moderately Disagree	3 Neutral	4 Moderately Agree	5 Strongly Agree
1.	For the most part I understand why my child reacts as he/she does.	1	2	3	4	5
2.	I feel comfortable discussing adoption related issues with my child.	1	2	3	4	5
3.	I believe that it is healthy for an adopted child to express interest in his/her birth family	1	2	3	4	5
4.	I would like to feel closer to my adopted child than I do.	1	2	3	4	5
5.	My child puts up barriers to being close to me or other family members.	1	2	3	4	5
6.	I think it is normal for children of all ages to show interest in sexuality.	1	2	3	4	5
7	I feel like my friends and relatives understand my experience with adoption.	1	2	3	4	5
8	Adoptive families are different from birth families.	1	2	3	4	5
9	When I have talked with others about difficulties with my adopted child, I have felt that they understood	1	2	3	4	5
10	I do not know how to deal with sexual issues with my children	1	2	3	4	5
11	My spouse and I agree about the way adoption and discipline issues should be handled	1	2	3	4	5
12	I question my ability to parent this child	1	2	3	4	5
13	My child truly feels that he/she belongs in our family	1	2	3	4	5
14	I feel confident that I know how to handle my child's behavior	1	2	3	4	5
15	On the whole, I am satisfied with my relationship with my adopted child	1	2	3	4	5
16	If I had it to do over again, I would still adopt this child	1	2	3	4	5

APPENDIX B

"Overview of Group Member's Participation"

(Completed by author and therapists on each member)

Appendix B

OVERVIEW OF GROUP MEMBER'S PARTICIPATION

Name _____ | | Adoptee | | Sib | | Parent

Attendance, circle all meetings attended:

1 2 3 4 5 6 7 8 9 10 11 12

Overall, rate this person's involvement/participation in the group:

1	2	3	4	5
Uninvolved		Moderately involved		Very involved

Below, please note primary issues or problems identified in the left column and any progress, therapeutic gains on benefits from the group which are noted in the right column. If either of these are identified by the worker rather than the family member, please put a (W) after the response.

Please categorize entries according to the following problem list. Although categories may overlap somewhat, designate the problem/change to the following categories as nearly as you can:

1=Adoption adjustment issues
2=Sexual abuse issues
3=Behavior problems/management
4=Other

(Write on back if more room needed.)

PROBLEMS/NEEDS	IMPACT/BENEFITS OF SERVICE
Session 1	
Session 2	
Session 3	

PROBLEMS/NEEDS	IMPACT/BENEFITS OF SERVICE
Session 4	
Section 5	
Session 6	
Session 7	
Session 8	
Session 9	

PROBLEMS/NEEDS	IMPACT/BENEFITS OF SERVICE
Session 10	
Session 11	
Session 12	

Any observations on the impact of sexual abuse trauma on adoption adjustment and vice versa?

APPENDIX C

(child assessment pre & post training)

Appendix C

CHILD ASSESSMENT PRE & POST TRAINING

	1 NOT AT ALL	2 A LITTLE	3 SOME	4 A LOT
1.	OTHER KIDS LIKE TO BE WITH ME	1	2	3	4
2.	I CAN TALK TO MY PARENTS	1	2	3	4
3.	I HAVE GOOD THINGS TO SAY	1	2	3	4
4.	I CAN TALK ABOUT WHAT HAPPENED TO ME	1	2	3	4
5.	I TELL PEOPLE WHAT I NEED	1	2	3	4
6.	I CAN TELL PEOPLE WHEN I AM ANGRY	1	2	3	4
7.	I FEEL SAFER	1	2	3	4
8.	I UNDERSTAND HOW I FEEL	1	2	3	4
9.	I AM HAPPY AT SCHOOL	1	2	3	4
10.	THE PEOPLE IN MY FAMILY GET ALONG TOGETHER	1	2	3	4

APPENDIX D

(Implementation Plan)

APPENDIX E

(Adoption Support Group Follow Up Form)

(Completed by parents at last group meeting)

Appendix E

ADOPTION SUPPORT GROUP FOLLOW-UP FORM

We are anxious to learn more about helping families who have adopted children. Please complete this form so that we can learn about your perspective on the adoption support services your family received.

I. As a result of the adoption support group service to your family, what changes if any have taken place in your family? Please answer the following questions by circling the number which most accurately reflects your response.

		Strongly Agree		Neutral		Strongly Disagree
1)	My family has a better understanding of the meaning of adoption.	1	2	3	4	5
2)	I can manage my child's behavior more effectively.	1	2	3	4	5
3)	I understand my adopted child better.	1	2	3	4	5
4)	I have more confidence in myself.	1	2	3	4	5
5)	I have been able to help my child understand more about his/her past.	1	2	3	4	5
6)	My adopted child feels more a part of the family.	1	2	3	4	5
7)	My other children are more understanding of my adopted child.	1	2	3	4	5
8)	I am less angry with my adopted child.	1	2	3	4	5
9)	I know how to get help for my child/family.	1	2	3	4	5
10)	I think I have gained skills for parenting.	1	2	3	4	5

II. After reflecting on the benefit of the group services to your family, what positive things have you experienced as parents from coming to the groups? Please list up to 3 benefits.

1.

2.

3.

Appendix E

(Continued)

III. What benefits to your children have you perceived from coming to this group?

A. Benefits to adopted child(ren):

B. Benefits to other children in family:

IV. Were there any aspects of the support group which were not helpful, or which you would suggest modifying? If yes, please explain:

V. What other topics, activities, etc. Do you think would increase the effectiveness of this group?

VI. In addition, the following questions reflect your current thoughts and feelings about your relationship with your adopted child(ren). Please circle the number that most accurately reflects your response to each question.

		Strongly Agree		Neutral		Strongly Disagree
1.	For the most part I understand why my child reacts as he/she does.	1	2	3	4	5
2.	I feel comfortable discussing adoption-related issues with my child.	1	2	3	4	5
3	I believe that it is healthy for an adopted child to express interest in his/her birth family.	1	2	3	4	5
4.	I would like to feel closer to my adopted child than I do.	1	2	3	4	5
5.	My child puts up barriers to being close to me or other family members.	1	2	3	4	5
6.	I think it is normal for children of all ages to show interest in sexuality.	1	2	3	4	5
7.	I feel like my friends and relatives understand my experience with adoption	1	2	3	4	5
8	Adoptive families are different from birth families.	1	2	3	4	5
9	When I have talked with others about difficulties with my adopted child, I have felt that they understood	1	2	3	4	5
10	I do not know how to deal with sexual issues with my children.	1	2	3	4	5
11	My spouse and I agree about the way adoption and discipline issues should be handled	1	2	3	4	5
12	I question my ability to parent this child	1	2	3	4	5
13	My child truly feels that he/she belongs in our family	1	2	3	4	5
14	I feel confident that I know how to handle my child's behavior	1	2	3	4	5
15	On the whole, I am satisfied with my relationship with my adopted child	1	2	3	4	5
16	If I had it to do over again, I would still adopt this child	1	2	3	4	5

Family's name

Abstract

Providing post legal family support and parent training to parents who adopt sexually abused, attachment disordered children, through a public agency. Reitman, Melinda T., 1994: Practicum Report, Nova University, Master's Program for Family Support, Descriptors, Parent Participation/ Parent Responsibility/ Parent Agency Relationship/ Adoption Education/ Attachment Education/ Sexual Abuse Education/ Adoptive Parent Curriculum/ Young Children and Adolescent Adoptee Support Groups/ Adoptive Parent Support Group.

No effective system existed at the state child welfare agency to provide post legal support and training to every parent who adopted a sexually abused, attachment disordered child through this agency. Adoptions were failing because post placement support and training was not available to parents who had adopted special needs children.

The author designed and implemented a 12 week family support and training process that was intended to assist parents who had been identified as struggling to maintain their adoptive placement. A curriculum was developed to respond to the needs of adoptees and parents which included extensive information on sexual abuse and attachment. Beyond information, parents were given specific behavior management techniques researched and designed to improve the emotional health of special needs adoptees.

Responses to the strategies were very favorable from families and staff. Parents reported improved understanding of their children as well as improved parenting skills.

Children reported an overall sense of improved well-being. Staff reported improved agency community relations and lessened frustration as a result of post placement support services being made available to their unhappy families.

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