Dissolution/Disruption Team Review
December 2013 Summary of Findings to Date

Dissolution Team

In the fall of 2012, Bethany began a Dissolution/Disruption Review team as part of our Performance and Quality Improvement and Adoption Services programs. This team is made up of:

- Kris Faasse, Director of Adoption Services
- Kristin Meyer, Assistant Director of Adoption Services
- Sarah Horton-Bobo, Director of Post Adoption Support and Education
- Jessica Conway, Director of Quality and Risk Management
- Kim Offutt, Nationwide Foster Care Adoption Liaison

In addition, branch workers and directors at the branch where the dissolution occurred also participate to share their perspective of the situation and knowledge of the family.

Dissolution Review Process

Team members independently review previous reports and records in the adoption file. A standardized form is completed by each members of the team to identify risk factors involved in the dissolution. Potential concerns related to the adoptive family, child and agency are assessed. Careful consideration is given to areas identified in research literature about risk factors in dissolution, including:

- Adopting a child over the age of three
- Adoptive mother having some college education or higher
- Having limited medical or behavioral information prior to adoption
- Unmet parental expectations
- Multiple changes in adoption workers
- Child risk factors such as behavioral issues, sexually acting out, emotional issues, and multiple placements prior to adoption
- Lack of family training prior to adoption

After completing an independent review, the teams meets together with the branch staff directly involved in the dissolution to gather more information and to discuss areas that may have contributed to the dissolution. The team is looking for opportunities to improve future practice and ultimately prevent additional dissolutions.

Observations

To date, eight comprehensive reviews have been completed. Many of the risk factors presented in the literature have been noted in each case. The team also identified other potential risk factors for dissolutions. We are monitoring these factors to determine their occurrence for potential areas of research. These factors include:

- The relationship between self-identity and parenting an adoptive child
- Un-integrated past trauma of the parents
- Unequal investment of both parents in the adoptive child
- Significant stress for other children living in home
- Adoption resulting in changed birth order
- Changes in preferences of child characteristics during the adoption process
- Untreated, post-adoption parental depression

- Family rigidity

Opportunities
The team has also identified opportunities for Bethany to strengthen its practice. Several changes have already been implemented since these dissolutions occurred including:

- improving access to post-adoption resources and services
- increasing the number of pre-adoption training hours
- screening for post-adoption depression
- use of the SAFE home study
- additional training resources for home study providers such as addressing parental alcohol/drug use

The team is optimistic that these changes will reduce the occurrence of dissolutions. The team feels additional areas to address include:

1. An individualized and comprehensive service plan needs to be utilized throughout the adoption process both pre and post placement.
2. Staff need to be able to identify any possible red flags or concerns during a family's home study and a plan should be developed for how to address the concerns including denying or deferring a home study when appropriate. There is a challenge for staff when families withhold information during home study that is only revealed when family is struggling.
3. Home studies need to more thoroughly assess family adaptability and cohesion.
4. Tools to conduct an in-depth assessment of needs of other children living in home and exploration of changes to family dynamics resulting from new adoption should be utilized.
5. A thorough assessment and revised service plan is needed any time a family makes a significant change in child preferences during the adoption process.
6. Training topics to be emphasized: culture, adult attachment, normal child development compounded by institutionalization/trauma/special needs, feeding/eating issues, parenting children who have been sexually abused, implications of changing birth order
7. Case notes, post-placement reports and home studies need to accurately reflect staff impressions and observations. Documentation is not showing when staff have concerns about a family's ability to parent a child, or other concerns within the family unit.
8. Post-adoption visits should be focused on assessing current family functioning and strive to provide concrete, behaviorally specific plans for support and resources to strengthen family functioning.
9. Opportunities to engage a family in the use of post-placement services should be considered when a referral is made but a resource is not utilized or when agency relationship with family becomes strained.
10. Resources need to be identified or developed to address grief and loss associated with dissolution.
11. Training opportunities focused on recognizing and responding to the effects of trauma need to be available to families post-adoption

Dissolution Webinar Training Resources

Adult Attachment Styles

1. DVD "Attachment: Why It Matters" -Karen Purvis, Texas Christian University
   http://www.child.tcu.edu/DVD%20sales.asp
2. ADULT ATTACHMENT INTERVIEW PROTOCOL by Mary B. Main
   http://www.psychology.sunysb.edu/attachment/measures/content/aai_interview.pdf

Normal Child Development

1. Bethanylifelines.org article - http://www.bethanylifelines.org/your-childs-health/
2. Ohio Child Welfare Training Program's Developmental Milestones Chart

Recognizing and responding to the effects of trauma

1. National Child Traumatic Stress Network http://nctsn.org/resources
2. Ohio Trauma Consortium: Jane Schooler resources/documents
   Trauma Consortium Resources

Eating and Feeding for adopted children

1. Spoon Foundation - http://www.adoptionnutrition.org
2. Katja Rowell, M.D. – book: Love Me, Feed Me http://www.thefeedingdoctor.com

Parenting children with sexualized behavior

Sexualized Behavior Resources for Adoptive Parents - Resource list containing links to:

- Locate a specialists for assessment
- Develop a sexual safety plan
- Parent a child who has experienced sexual abuse
- Respond to disclosure

Implications of changing birth order and/or adopting an older child

1. Several resources listed on Creating A Family
   http://www.creatingafamily.org/adoption-resources/adopting-out-of-birth-order.html
2. BCS Global tools in Lotus
   http://manual.bethany.org/Intl/BIAProtocols.nsf/0/5E2D3C0A4A499DBC85257A6B0071C3AD

Family # 1 - Zeta, Age 15

Michael (52) and Catherine (38) are both Caucasian. Michael completed high school and works as a police officer. Catherine earned a bachelor's degree in psychology and currently works part time in fashion. Michael and Catherine met in March 2003 and married in July 2003. They both had previous marriages. Catherine was 23 when she had her first marriage which ended fairly quickly due to irreconcilable differences. Michael was married from 1977 until 2002. Strained for many years, the marriage ultimately ended due to his wife's infidelity. Michael's two adult daughters, ages 30 and 28, feel that Michael is to blame for their parents' divorce, so his relationship with them is estranged.

Michael and Catherine decided to create a family through adoption as Catherine had a hysterectomy due to a medical condition. The couple expressed wanting to provide a family and home to a child in need. In late 2009, they adopted a six year-old boy, Douglas, from Haiti. While in country, they decided to pursue adopting two more children from the same orphanage, Zeta and Joanie, who were 13 and 15 years old. Referral information highlighted the need for a family who would be willing to commit to the challenges of caring for children who had lived in an orphanage for 8 years and had suffered great loss. In preparation for adoption, the family completed 20 hours pre-adoption educational courses including a full day training on bonding and attachment.

BCS Global staff and branch staff had concerns that the overlapping of Douglas's adjustment period with the girls' adjustment period would be detrimental to all three of the children. A letter was sent to Michael and Catherine, suggesting that they wait a few months to minimize this overlap. Undeterred, Michael and Catherine projected a position of authority and significant influence and dismissed the idea of delaying the adoption. The family worked with 3 different BCS adoption specialists during the adoption process which was finalized in September 2010.

In March, for the six-month post placement visit, Michael and Catherine presented that generally, the girls and their brother were all adjusting fairly well. Joanie and Douglas were "two peas in a pod" as they had been in the orphanage. Joanie was particularly noted to prefer being physically close to Catherine and eager to attach. Zeta had some difficulty expressing her feelings and could be competitive with her siblings for attention, but she was participating in counseling and making great progress. In general, staff felt the family was guarded in their willingness to share progress or challenges with adjustments. The family resisted staff's attempted to provide post adoption support.

At 12 months post placement, August 2011, the family reported that Zeta was no longer living in the home and that over the past 6 months, Zeta had been threatening to hurt herself and her younger brother, Douglas. She had also been acting in a sexually provocative manner. After threatening suicide, Zeta had been hospitalized. The family chose to then place her in a residential setting where she could be more closely supervised and kept safe. The family did not inform Bethany about any of the challenges they were facing. The family shortly stopped engaging in Zeta's treatment while she was in the residential setting and eventually parental rights were terminated.

In 2013, Joanie was placed out of the home also. The adoptive mother reports that Joanie has had behavior challenges for several years.

Family #2 - Lian, 13 months old

Brad and Angelina, a couple currently in their mid-30's, dated for three years before getting married in 2005. Brad has a bachelor's degree in international business and works in that industry. Angelina has a master's degree in speech language pathology and works part time. They had a daughter, Samantha, in 2007 who was 1 year old at the time of the homestudy. Their application expressed preference for a 0-12 month old boy or girl with no special needs. It was also noted that Angelina worked in China and was heart-broken to see children in the orphanage and fell in love with the culture and people. Brad and Angelina stated they felt the desire to give a child a family and believed adopting orphans pleases God. Also, the application noted that they had some experience with special needs, knowing a cousin who is diagnosed with RAD, and through Angelina's work as a speech pathologist.

Brad and Angelina reviewed several referrals and asked many questions about the possible unknown delays or medical issues. During this time, they gave birth to their son, Michael. The family worked with four different adoption specialists as they moved through the adoption process. They completed 10 hours of training through reading and participating in courses.

In 2011, they accepted a referral for an infant girl, Lian, missing her right forearm due to a birth defect. The developmental evaluation was completed just prior to travel and noted Lian was about 6 months old cognitively but 2-3 months old in fine and gross motor skills. Brad and Angelina were set to travel to China for finalization but decided to delay one month to revisit their decision about whether Lian would be a good fit for their family. Staff had some concern about how fully open the family felt about accepting this child's special needs. After taking additional time to consider their referral, the family moved forward with the adoption.

Shortly after arrival home, Brad and Angelina had Lian evaluated by several specialists. A prosthetic was not recommended for her age, 13 months old, but the family proceeded to have her fitted with one. Genetic testing was also completed to assess whether the forearm malformation was possibly due to a rare genetic disorder. This disorder was ruled out. Throughout post-placement supervision, both Brad and Angelina reported challenges with getting adequate sleep and with bonding. Angelina began to have frequent episodes of crying, and Brad had a tendency to get frustrated with Lian's behavior, specifically when she would hit her siblings. Evaluations continued to report that Lian's behavior and skills were within normal range for her developmental age which was very frustrating to Angelina who felt Lian behaved differently in evaluations than she did at home. Angelina and Brad continued to report challenges with bonding with Lian despite some counseling sessions and intentional efforts to build bonding and attachment.

The family participated in specialized post adoption services, however, at one year post adoption and after many months of feeling torn, Angelina and Brad decided that they would not be able to cope with Lian's needs long term. She was transitioned to the care of another adoptive family where she is thriving today.

Family #3 – Alex, 8 years old

Jack and Diane, both Caucasian, were in their mid-twenties when they married in 2001. Diane had some college education but chose to be a stay-at-home mom. Jack had a bachelor's degree and worked as a military contractor. The couple had one biological son in 2004. In 2005, they decided they would like to grow their family by adopting a child in need and began working with another agency who completed and approved their original home study.

The home study noted that Diane had been placed in foster care as an adolescent due to her mother's mental health. Her parents' had divorced some years earlier, and the brother with whom she was very close, went to live with the father. Diane chose to not live with her father due to feeling uneasy about comments and gestures he made toward her. Diane denied any sexual abuse but went to live with her youth pastor and his family. She had sporadic contact with her mother and lost contact with her brother and father for many years. Diane had some reconciliation with her father prior to his death on 2006 and had participated in counseling to process her history with him.

In 2005, Jack and Diane traveled to a Lithuanian orphanage where they felt an immediate connection with a particular three-year old boy named Alex. Alex's referral documents indicated that the following diagnoses were possible: FASD, ADHD, RAD, heart defects, and muscular defects. The agency they had been working with closed the Lithuanian program, but Jack and Diane were determined to bring Alex home to be a part of their family.

During the struggle to adopt Alex, in 2007, the family had a second biological son. Despite years of program and country disputes, Jack and Diane were not deterred. In 2009, they submitted a formal application with Bethany to pursue an independent adoption. The home study update that was completed by Bethany indicated they were open to a child 7 to 12 years old with minor medical problems. The family completed 10 hours of pre-adoption educational courses and independently completed reading about adoption.

The family made several trips to Lithuania to visit Alex. Throughout the long pre-adoption process, the family actively referred to Alex as their son and claimed him as their child by hanging his picture throughout their home. At one point before Alex came to live in the US, Jack and Diane held up a picture of Alex during their family photo session so that his image would be included along with their other two children.

After overcoming many obstacles, the adoption was finalized in December 2010. At arrival, Alex, now 8 years old, displayed hyperactivity, immaturity, high pain tolerance and difficulty with transitioning activities. Three months after arriving home with Alex, the family continued to have challenges with Alex's behavior. Alex was very hyperactive, struggled to complete homework, defecated in his clothing and on the classroom floor, and attempted to kiss a girl at school. Also, medical examinations found two small holes in Alex's heart that would likely require surgery in the future. Jack and Diane stated that Alex was very different from the child they visited in the orphanage.

In June 2011, the family's situation quickly deteriorated. Jack and Diane reported difficulties with Alex's bullying behavior toward one of the other children and with their bonding with Alex. They questioned whether they were the best family for Alex. The family was referred for independent and family counseling as well as respite care. In early August, Jack and Diane reported plans to separate and shared they had experienced marital issues in the past but did not disclose this in the home study because they felt the issues had been resolved. In late August, it was reported that Alex touched one of the sibling's penis. At that time, Jack and Diane decided to pursue a dissolution. Two weeks later, Jack moved out of the home. Alex lived with Jack until another adoptive family was identified.

In 2012, Jack and Diane divorced. Alex was adopted by another family as their only child in 2013. He was formally assessed and diagnosed with FASD and is reported to be doing well.

Bethany Christian Services USA and Global, LLC
Adoption Dissolution/Disruption
Policy and Guidelines

INTRODUCTION

When an adoptive placement is in crisis, Bethany Christian Services will make an effort to provide or arrange for counseling by an individual with appropriate skills to assist the family in dealing with the problems that have arisen. If counseling and other support services do not succeed in resolving the crisis and a disruption of dissolution is imminent, BCS will work with the adoptive family to find another appropriate placement for the child if possible. Alternate placement options include, but are not limited to: a new adoptive family, temporary foster care, or residential care provided by third party professionals.

POLICY

It is the policy of Bethany Christian Services that any decisions regarding the disruption or dissolution of an adoptive placement will be completed in the child's best interest. The child's age, development, wishes, and, in cases of inter-country adoption, length of time in the United States will be considered if a subsequent adoptive placement is necessary.

In the event of a threatened disruption or dissolution, the adoptive parents retain all legal, financial, and custodial responsibility for the child, until the time that a subsequent placement is made and legal custody is transferred. Provision of services other than by consultation or referral may be fee based.

PROCEDURE

DISRUPTION/DISSOLUTION GUIDELINES

- **General Guidelines:**
  The BCS worker will act promptly and in accordance with any applicable legal requirements if a threatened disruption or dissolution is imminent. The worker responsible for the case will notify the branch director and begin exploring alternative placements with the family. The branch director will notify and consult with the Regional Director as well as the National Director of Post Adoption Support and Education as necessary. In the case of inter-country adoption, BCS Global must also be notified.

  In all cases where removal of a child is considered, the child's view will be considered when appropriate based on the child's age and maturity. Also, when required by state law, consent will be requested from the child prior to decisions regarding removal.

- **Cases with Alleged Abuse or Neglect from Adoptive Family:**
  If alleged abuse or neglect is involved in the disruption or dissolution, the BCS worker responsible for the case will also notify local protective services authorities according to the applicable state law and BCS' Mandated Reporting Policy. An Incident Report will also be completed according to Policy.

- **Inter-country Adoption**
  In the event of a disruption or dissolution of an inter-country adoption, a child **will not** be returned to the country of origin unless it is determined to be in the child's best interest and such a plan is in place with the country of origin and placing agency. The Central Authority of the child's country of origin and the United States Department of State will be notified in writing by BCS if the disruption occurs within the post- placement period and both must give their consent in writing before a child can be returned to the country of origin. Branch offices must work with BSC Global to coordinate communication with the U.S. State Department and the country of origin.

- **Domestic Adoption**

  Foster care adoption: The branch will notify the appropriate department of the state holding legal custody of the child and work with that department in accordance with applicable state law regarding any decisions involving subsequent placement of the child.

  Infant adoption: The BCS worker will notify the person or agency that consented to the adoption and follow applicable state law regarding change of placement.

- **Reporting of Bethany Adoption Dissolutions/Disruptions**

  For Bethany clients still involved in formal post placement supervision: When a branch worker begins to work with a family seeking disruption or dissolution of an adoption, a record must be entered in AMS. An Incident Report will also be completed within 24 hours of learning of the family's plan for disruption or dissolution.

  For Bethany clients who have completed formal post placement supervision: When a branch worker begins to work with a family seeking disruption or dissolution of an adoption, a record in the post adoption services (PAS) database will be opened. Documentation of services provided will be tracked in PAS. A case note will also be entered in AMS linking case to the PAS record number. An Incident Report will also be completed within 24 hours of learning of the family's plan for disruption or dissolution.

- **Reporting of Inter-country Adoption Dissolutions/Disruptions**
  Within 48 hours of a disruption or dissolution resolving OR in the event a BCS branch becomes aware of a disruption or dissolution arranged independently by a family, a Disruption or Dissolution Form Report will be entered in AMS. A disruption occurs for cases in which an adoption has not been completed in the sending country and at the time the child is removed from the adoptive home with the intent of re-placement. A dissolution occurs for cases in which an adoption has been completed in the sending country and at the time parental rights of the adoptive parents have been terminated.

  A formal report of the disruption/dissolution is required to be submitted to the Council on Accreditation/Hague within 30 days of the occurrence. The Director of Quality Services is responsible for submitting this report.

- **Reporting of Non-Bethany Adoption Dissolutions**

This would include families who did not complete their adoption through Bethany, but contact Bethany to seek support in the dissolution process. Documentation of services provided will be tracked in the post adoption services (PAS) database.

DISRUPTION/DISSOLUTION FOLLOW UP

Upon notification of a disruption/dissolution a disruption/dissolution review team meeting will be held. Core members of this team include: the Vice President of Clinical Services, the National Director of Post Adoption Support and Education, and the National Director of Quality Services. Additional individuals will be invited based on the type of disruption/dissolution, and may include:

For Inter-country Disruptions/Dissolutions:

- International Services Manager
- International Services Coordinator or worker from BCSG
- International Adoption Specialist involved with the case at the branch level
- Branch Director for the branch at which the event occurred
- Regional Director(s)

For Domestic Disruptions/Dissolutions:

- Adoption Specialist involved with the case at the branch level
- Branch Director for the branch at which the event occurred
- Regional Director(s)

The focus of the Disruption/Dissolution Review will be to review the case file to: identify lessons learned, conduct an evaluation of the services that were provided, ensure that an appropriate plan and supports are in place, and assess if BCS staff took appropriate action to minimize the occurrence of the disruption (timeliness, services, responsiveness, referrals, etc.). A summary of findings will be shared with the Regional Directors and Branch Directors to ensure the quality and improvement of services where necessary.

RELATED POLICIES

Post-Placement and Post-Adoption Services Policy
Dissolution/Disruption Review Form

REPLACED

Reporting of a Dissolution or Disruption of Inter-country Adoption Policy and Procedure

COA: AS 12, ICA 7
Hague: 96.50 (c) (d) (e) (f), 96.51 (d). 96.43 (b) (3, 4)

APPROVED: 4/19/2013 by National Adoption Services Team and Director of Quality Services
Revised/Approved: 7/28/2014 by National Adoption Services Team, BCSG and Director of Quality Services

Operational

Bethany Christian Services USA and Global, LLC
Notice of Disruption or Dissolution of International Adoption Reporting Form

When the Bethany Christian Services branch becomes aware of a disruption or dissolution of an international adoption, a report must be submitted in AMS and to the BCSG Business Manager at Bethany Christian Services Global (BCSG) within 48 hours of its discovery. This is necessary so that a report can be submitted to the Council on Accreditation (COA)/Hague as required, and so the Foreign Central Authority can be notified as required.

This report is to be prepared by the Bethany Christian Services branch worker with direct knowledge of the disruption/dissolution, the child, and the adoptive family.

Child's Adoptive Name:	____________________	Date of Report	__________
Child's Previous Name:	____________________	Child's DOB:	__________
Adoptive Mother Name:	____________________	Country of Adoption:	__________
Adoptive Father Name:	____________________	Country ID #:	__________

State to which the child immigrated to, if applicable: ____________________
Date of Placement: ____________________
Disruption Date: (Date child removed from home): ____________________
OR
Dissolution Date: (Date of Court Hearing): ____________________
Date of Discovery by BCS: ____________________

Describe in detail what pre-adoption education had been provided to the adoptive family, including number of training hours completed and name of the training provider if applicable:
Click here to enter text.

Describe in detail what post-placement/post-adoption support and/or education was provided to the adoptive family:
Click here to enter text.

Describe in detail what information (social, developmental, medical) was provided to the adoptive family upon referral of the above named child: (Was this referral information reviewed by professionals?)
Click here to enter text.

Narrative of events leading to disruption/dissolution: (including any concerns noted prior or after the placement by the prospective adoptive parents or the professionals involved in the adoption).

Click here to enter text.

Narrative of the support services provided, if any, in response to identified concerns.
Click here to enter text.

Measures taken to prevent disruption/dissolution:
Click here to enter text.

Number of post placement/adoption visits conducted before the disruption/dissolution:
Click here to enter text.

Plan for replacement (include name of facility/family, date of replacement, and description of any ongoing Bethany branch involvement:
Click here to enter text.

Describe the Bethany branch support to be given to new family, and support system that is in place to assure a successful replacement:
Click here to enter text.

What could have been done differently in this adoptive placement or to prevent disruption/dissolution?
Click here to enter text.

What have you (individual, team, and supervisor) learned from this experience?
Click here to enter text.

(Branch Worker Name and Credentials) Date Submitted

(Branch Worker Signature)

(Branch Director Name and Credentials)

(Branch Director Signature/Credentials) Date Reviewed

***Report(s) must be delivered to BCSG via confidential scan or email within 48 hours of disruption/dissolution or immediately upon learning of disruption/dissolution.**

For BCSG use only:
_____ I-600 (Non-Hague) or I-800 (Hague) filed

______ Date Foreign Authority Notified

______ Date reported in the ATS

______ Copy submitted to Director of Quality Services

______ Copy submitted to Director of BCSG

______ Copy submitted to Post Adoption Specialist

Hague 96.43(b) (3, 4)
COA PQI 4.02
Approved: 10/21/09 by TQM Committee
Revised/Approved: 7/28/2014 by National Adoption Services Team, BCSG, and Director of Quality Services

Operational

Bethany Christian Services
Depression after Adoption – Education and Screening
Policy and Procedure
For Infant and International Adoption

INTRODUCTION

Knowledge about adoption-related issues continues to grow and affect adoption practice. One such issue is that of adoptive parents experiencing depression after adoption, commonly referred to as Post-Adoption Blues or Post-Adoption Depression. Educating prospective adoptive parents about depression and assessing them for risk after placement increases the likelihood that staff will be able to help parents get the support and treatment they need and remove potential barriers to the safety and healthy functioning of their new family.

To better educate prospective parents about depression after adoption, and to normalize feelings related to unmet expectations, exhaustion, or the demands of parenting, and to assess new adoptive parents for depression, Bethany staff have several points of contact with adoptive families in the pre-adoption education and post-placement periods.

POLICY

It is the policy of Bethany Christian Services that adoption staff will include information about the prevalence, symptoms, and treatment for depression after adoption in their pre-adoptive education with prospective parents, will have at least four contact points with adoptive families in the post-placement period prior to finalization or the post adoption supervision period, and will include a brief assessment for depression in each contact.

PROCEDURE and PROTOCOL

1. Bethany staff will be educated about depression and its prevalence specifically among adoptive families.
   - Education will include information about current research, prevalence, symptoms, support and treatment options, screening questions, and follow up.
   - Bethany adoption staff will receive this training within the first three months of employment in an adoption program and every two years thereafter.

2. Prospective adoptive families will receive information about depression and its impact on adoptive parents during both pre-adoption education and assessment.
   - Family education will include information about current research, prevalence, symptoms, and support and treatment options.
   - During the assessment process, families will identify at least 3 other individuals and/or families who will provide support to them in the weeks following placement. They will also identify a physician and/or mental health care provider to address and treat symptoms of depression, should that become necessary after placement, and a support group of other adoptive parents that can provide peer support.
   - Adoption specialists will document in their case notes that the family identifies as their support team members and as their physician and/or mental health provider, as well as each of the contacts outlined below.

3. Once physical placement of a child has occurred, Bethany staff will contact the family by phone within the first 48 hours of their arrival home.

4. Bethany staff will conduct the first post-placement face-to-face visit within 4 weeks of physical placement or arrival home, in the family's home and with both spouses present. Staff should

prepare family in advance that they will need to speak with each spouse separately during the visit, in addition to their joint conversation, and that other children in the home need to be present for at least part of the visit. In cases of single parent adoption, Bethany staff should obtain the parent's written consent to contact one of their previously identified support team members and child care providers and conduct a phone interview with that person to discuss their support for the newly adoptive parent.

5. Bethany staff will conduct two additional post-placement visits in cases of domestic adoption and three in cases of international adoption. Those next visits occur at 3 months, 6 months and, in the case of international adoption, 12 months post placement/post adoption.. Also in cases of international adoption, Bethany staff may add a 9 month post placement/post adoption visit as needed based on the assessment of branch staff in consultation with BCSI staff.

6. In cases of international adoption, if the country in which the child was born requires visits at intervals other than 6 months and 12 months post placement/post adoption, that country's schedule will be followed instead as long as there has not been a positive screen for depression up to and including the 3 month face-to-face visit. If during any of the first three contacts with the family, one or both parents have a positive screen for depression, then in addition to the face-to-face visits that take place according to country guidelines, additional phone contacts must be made with the parents at the 6-month and 12-month intervals **and** with the physician or therapist providing clinical care.

7. Post placement/post adoption visits will be in accordance with applicable state law and/or licensing regulations, with additional visits being made according to state or country specific regulations.

8. During each formal post-placement/post-adoption contact with the family, Bethany staff will assess the adoptive parents for depression, using the following questions:
    i. "During the past month, have you often been bothered by feeling down, depressed, or helpless, hopeless?"
    ii. "During the past month, have you often been bothered by having little interest or pleasure in doing things?"
    iii. "Is this something with which you would like help?"

Foli, K. (2010) http://www.pediatricnews.com/article/S0031-398X(10)70268-X/preview

9. If a parent responds "yes" to either of the first two questions, the family's Bethany worker will refer him or her to the physician and/or mental health care provider they self-identified prior to placement, obtain the affected parent's written consent to contact the physician or therapist for follow-up, discuss the assessment with their Bethany program supervisor, and follow up with the care provider and family.

10. Follow up will consist of:
    a. A phone call to the family within 48 hours to confirm that they have scheduled an appointment to see their physician or mental health care provider;
    b. Contacting the physician or mental health care provider to request a report summarizing their assessment and treatment plan with the parent/family (done after the affected parent has provided written consent to release of information);
    c. Reviewing the report with the Bethany program supervisor upon receipt; and
    d. Contacting the family again to provide support and discuss the family's engagement with additional community supports.

11. The family's Bethany worker should continue follow-up contacts with the family by phone weekly, speaking with both the affected parent and the parent providing support. At 12 months post-placement/post-adoption, the worker should request a follow up assessment from the effected parent's physician or mental health care provider in order to document

whether symptoms have improved above the clinical range for a depression diagnosis. The parent can request that their physician or mental health care provider submit this assessment to Bethany sooner than 12 months post-placement if, prior to that time, the professional determines that diagnostic criteria are no longer met.

RESOURCES

Payne, J., Fields, E., Meuchel, J., Jaffe, C., & Jha, M, (2010). Post adoption depression. *Archives of Women's Mental Health.*, *13*(2), 147-151.

Senecky, Y., Agassi, H., Inbar, D., Horesh, N., Diamond, G., Bergman, Y., & Apter, A. (2009). Post-adoption depression among adoptive mothers. *Journal of Affective Disorders*, *115*, 62-68.

Foli, K. (2010). Screen for post-adoption depression. *Pediatric News*, *44*(6), 27.

Foli, K. & Thompson, J. (2004). *The Post-Adoption Blues: Overcoming the Unforeseen Challenges of Adoption.* Emmaus, PA: Rodale Books.

National Institute of Mental Health. (2008). *Depression*. Retrieved from: http://www.nimh.nih.gov/health/publications/depression/complete-index.shtml

Parker-Pope, T. (2010). *Understanding post-adoption depression.* Retrieved from: http://well.blogs.nytimes.com/2010/03/31/understanding-post-adoption-depression/

Bond, J. (1995). Post adoption depression syndrome. *Roots and wings.* Retrieved from http://www.adopting.org/pads.html

Approved: 12/15/2010 by TQMC

ADOPTING OUT OF BIRTH ORDER

-QUESTIONS TO CONSIDER

Please note that this is not an exhaustive list of questions for families to consider, rather, this should be used as a tool for families to begin discussing issues related to adopting children out of birth order.

- What do children currently in the home think about adopting another child into the family?
  - Please consider the children's individual personalities

- How would the adoption impact the current relationships the children have?
  - Sibling relationships

- How will the child(ren) feel about no longer being the (older, middle, youngest child?)
  - Have you/the family had these discussions with each individual child and talked about how the family can support them and the adopted child with this?

- Have you/family discussed with the children what their expectations are for another brother or sister?
  - Please discuss

- Has the family identified resources for the children at home now to help them deal with the transition?
  - Therapeutic
  - Supportive
  - Family supports
  - Extended family and friends
  - Have you talked to a family that has adopted/parented a child out of birth order?

- How would the family cope if the child was older than expected at the time of referral? (if the birth order was again further disrupted, or the children's places in the family are no longer what they initially anticipated)

- How would the family deal with the impact of the chronological age being different to the stage of development or educational ability of the newly adopted child? For example the child could come in as the eldest by date of birth but perform below the younger children educationally or be emotionally less mature than one of the younger children.

- How would the family consider the needs of the child who has been inserted into the birth order but has not had the experience of being the youngest child?

    - How will they assure the child still has some special attention and support?

- There is a risk that the child coming into the home may have been exposed to physical, sexual, emotional abuse and/or neglect.
    - Has the family considered the impact of this on the child coming into the home and other children, especially given the disruption in birth order?

- There is a risk that the child could act out physically or behave in a sexually inappropriate way towards the children already in the home.
    - How would the family ensure the safety and wellbeing of ALL of the children?
    - Would the family be able to remain fully committed to the newly adopted child if any of these issues were to arise?
    - Has the family identified a Children's Assessment Center in their area?

- What else do they feel they need in order to be fully prepared for adopting out of birth order?

- What other research have they done?

Resource Recommendations

- Adoption Learning Partners – *Brothers and Sisters in Adoption*

- *Brothers and Sisters in Adoption* by Arleta James

- *Adopting out of Birth Order* at Creating a Family:
  *this is intended to start a discussion between the social worker and family about adopting out of birth order, and does not include comprehensive or research-based information on the topic.

- Podcast at Creating a Family:
  Should you adopt out of birth order? What risks should parents be aware of? How can adoptive parents make it easier for their children if they adopt a child older than one of their existing children? Our guest will be David Brodzinsky, Ph.D., Professor Emeritus of Clinical & Developmental Psychology at Rutgers University and currently, Research Director of the Donaldson Adoption Institute in NYC. He is internationally known for his research, training, and clinical work in the area of adoption and has published five books, including *Being Adopted: The Lifelong Search for Self.*

ADOPTING AN OLDER CHILD

-QUESTIONS TO CONSIDER

Please note that this is not an exhaustive list of questions for families to consider, rather, this should be used as a tool for families to begin discussing issues related to adopting an older child.

- How do you/the family feel adopting an older child would impact the current relationships that the children currently in the home have?
  - Sibling relationships
  - What are the expectations the family has for the adopted child?

- How would the family cope if the child was older than expected at the time of referral? (if the birth order was disrupted, or the children's places in the family are no longer what they initially anticipated)

- How would they deal with the impact of the chronological age being different to the stage of development or educational ability of the newly adopted child? For example the child could be placed with a chronological date of birth but perform below that chronological age level educationally. What if this child was emotionally less mature than his or her chronological age?

- How will the family help communicate new rules and expectations in the home? Has the family discussed how the changes would be handled as a couple and as a family?

- Think through expectations about language acquisition and usage in the home, expectations regarding incorporating food from child's culture into home.
  - Will they expect the child only to adapt to them or will they also work to adapt their family to the child?

- Please identify and discuss the following resources. It is important for the family not only to identify these resources in their area, but have the willingness to seek them out for the child and their family: (Ask: How likely to utilize these resources if needed? (scale 1-5)
  - Translation resources (and will they use them?)
  - Learning the child's language
  - Therapeutic resources - a counselor with international adoption experience
  - Respite Care

- Good educational support for an older child - (access to ESL services) or other services as deemed appropriate depending on the child's educational and developmental needs
- Have they contacted their local school system to ask about the educational support in their area? What will they offer?
- Intention to identify local cultural resources (or have already done) other than adoption support groups
- Do they intend to connect with these resources while they are waiting and also after the child reaches the United States?
- Have they talked to a family that has adopted/parented an older child?
- What additional supports do they have?
- Are they open to receiving family counseling if this was deemed to be in the best interest of the children in their home?
    - Please consider the distance of some of these resources. Are they within close proximity to their home?

- There is a risk that the child coming into the home may have been exposed to physical, sexual, emotional abuse and/or neglect.
    - Have they considered the impact of this in their home?

- There is a risk that the older child could act out physically or behave in a sexually inappropriate way towards other children. Has the family considered issues such as the safety for other children?
    - How would they ensure the safety and wellbeing of all of the children?
    - Would they be able to remain fully committed to the newly adopted child if any of these issues were to arise?
    - Have they identified a Children's Assessment Center in their area?

- Do they have an understanding of the grief, loss and trauma an older child coming from another country may have been experienced?
    - Has this been included in their training thus far?
    - What other trainings have they identified to help with their understanding of grief, loss and trauma to an older child?
    - Do they have an understanding of how older children may process their grief?
        - Reactions and expressions of grief may vary at different levels of maturity for each individual child.

- What are their expectations for how the older child will interact with them and what he/she will need from them?
    - Children may have had a high level of independence (particularly teens) and may not initially seek guidance from them.

- What expectations does the family have for the child as they get older? Do they have suitably broad expectations for the child's long term future? For example the child may graduate high school and go to college but there is also a possibility they will not, are the okay with any potential outcomes for their child?

- Please have them examine their own expectations – what if the child does not meet their expectations?

- What else do they feel they need in order to be fully prepared for adopting an older child?

- What other research have they done on the effects of institutionalization of older children? Families should also consider the length of time children have lived in orphanage care, the number of transitions they may have gone through and the impact this will have on their emotional and cognitive development.

Resource Recommendations

Webinars

- Adoption Learning Partners – *Adopting the Older Child*
- Adoption Learning Partners – *Brothers and Sisters in Adoption*
- Adoption Learning Partners – *Conspicuous Families: Race, Culture, and Adoption*
- Adoption Learning Partners – *Finding the Missing Pieces: Helping Adopted Children Cope with Grief and Loss*
- Adoption Learning Partners – *Tough Starts Series: Brain Development Matters, Treatment Matters, Parenting Matters*

Books

- *Adopted Teens Only: A Survival Guide to Adolescence* by Danea Gorbett
- *Adoption Healing ...a path to recovery* by Joe Soll
- *Brain-Based Parenting: The Neuroscience of Caregiving for Healthy Attachment* by Daniel Hughes, Jonathon Baylin, & Daniel J. Siegel
- *Building the Bonds of Attachment: Awakening Love in Deeply Troubled Children* by Daniel Hughes
- *A Child's Journey through Placement* by Vera Fahlberg, M. D.
- *The Connected Child,* by Karyn B. Purvis, Ph.D., David R. Cross, Ph.D., and Wendy Lyons Sunshine
- *Empowering, Connecting & Correcting Principles* by Karyn Purvis
- *The Family of Adoption* by Joyce Maguire Pavao
- *Healing Parents: Helping Wounded Children Learn to Trust & Love* by Michael Orlans, Terry M. Levy
- *Help Yourself for Teens: Real-Life Advice for Real-Life Challenges* by Dave Pelzer
- *Nurturing Adoptions - Creating Resilience after Neglect and Trauma* by Deborah D. Gray

- *Telling the Truth to Your Adopted or Foster Child: Making Sense of the Past* by Betsy Keefer and Jayne E. Schooler

- *Three Little Words: A Memoir* by Ashley Rhodes-Courter

- *The Whole-Brain Child: 12 Revolutionary Strategies to Nurture Your Child's Developing Mind* by Daniel J. Siegel & Tina Payne Bryson

- *Wounded Children, Healing Homes*, by Jayne E. Schooler, Betsy Keefer Smalley, LSW, and Timothy J. Callahan, Psy.D.

- *Beneath the Mask – Understanding Adopted Teens.* Debbie Riley, M.S., with John Meeks, M.D

- *Parenting your Internationally Adopted Child: From your first hours together through the teen years.* Patty Cogen

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Inter-Country
Post Placement/Post Adoption Supervision
Framework for Assessment

Note to staff: This framework is **not** intended as a checklist. Depending on the family, needs of the child, and timing of the report some questions will be more appropriate than others. This represents basic questions to start your assessment of the family's functioning. The question for you is always, what else do I want to know or what questions does that raise for me? When you pursue those questions to your satisfaction, we are likely to have a much better picture of the family including the child's adjustment and not simply a report.

Sources: Assessment areas were developed based on multiple resources including components from Structured Analysis Family Evaluation (SAFE) Desk Guide to the Psychosocial Inventory; Questions to Make Home Visits More Effective by Jayne Schooler, Trauma Consortium Resources; and Bethany Christian Services adoption staff members.

A. Child's Adjustment to Parents, Siblings and Culture

Adjustment		
If child is able to communicate with you, ask the child directly about their adjustment and transition to the family. If child is not old enough or not able to communicate, ask parents to answer from the child's point of view.		
Questions	**Comments**	**Follow up**
Is there anything that has been different about living in your family or in the United States than you expected?		
What has been the best part?		
What has been the hardest part?		
Is there anything that has made you feel afraid or sad? How safe do you feel at home, at school, other places?		
What routines, rituals, food or objects from your past have you kept?		
What is comforting to you when you are upset?		

Communication		
Questions	**Comments**	**Follow up**
If your child's first language is something other than English, what things has your family done to facilitate communication with your child?		
On a scale of 1 to 10, with 10 being impossible to communicate, how difficult has it been to communicate with your child?		

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How does your child react when he or she has difficulty either understanding your efforts to communicate or expressing himself or herself to you?		
Has your child had a speech/hearing/language assessment?		
What opportunities have you had to discuss adoption with your child? What emotions or questions has your child identified about their adoption?		

Eating		
Questions	**Comments**	**Follow up**
What foods does your child enjoy eating?		
What foods does your child not enjoy?		
What concerns do you have about your child's eating?		
What signs of food insecurity have you observed? What strategies have been helpful in addressing this?		

Sleep		
Questions	**Comments**	**Follow up**
How long does it take for your child to fall asleep at night?		
How does your child respond to waking in the morning?		
How alert is your child throughout the day?		
How frequently does your child wake during the night? How do you address night time awaking?		
How have your child's sleep patterns affected other family members?		

Relationship with Family Members		
Questions	**Comments**	**Follow up**
Who does your child approach to get basic needs met?		
With whom has your child formed close relationships? Does your child show preference for one parent over the other? How is that affecting relationships in the family?		
Who does your child approach when seeking affection? How does your child respond to physical affection? Who does your child		

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approach with seeking comfort?		
How does your child interact with their siblings? Does your child show preference for one sibling over another? How is that affecting relationships in the family?		

B. Family's Adjustment to Child and Increased Responsibility; Parenting Skills

General adjustment		
Questions	**Comments**	**Follow up**
What have things been like since placement? What are a typical day and a typical night like? What happens on an **atypical** day or night?		
What has been the best part of parenting this child?		
What has been the biggest surprise?		
What has been the hardest? How have you managed the hard parts? What has been most effective? What hasn't worked? What kind of help do you need or would you like?		
How are your child care arrangements working for you and for your child up to this point (what has gone well/what concerns have there been)?		
How have your family's social activities changed? How do family members feel about these changes?		
In general, how are the child's needs that were known prior to or at placement being addressed (may be special needs physically, health care needs, language/communication needs, needs related to the impact of abuse, neglect, or life in an orphanage on the child's development, etc)?		
How well did the training you received prepare you to meet the needs of this child? What do you wish would have been addressed differently?		

Parenting Skills		
Questions	**Comments**	**Follow up**
How would you rate your feeling of competence as a parent?		
How has parenting this child been different than what you expected it would be like (e.g.		

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demands on time, child's needs, child's behaviors, different developmental path, etc)?		
How attuned do you feel to your child's needs?		
When it is needed, how have you handled discipline with your child?		
How does your child respond to discipline?		
How aligned do you feel with your partner on your approach to discipline?		
Are there behaviors you are dealing with that your spouse is not seeing?		
What experiences from how you were parented do you find yourself using with your child? How is that working for you, for your child, for your spouse?		

Feelings toward Child		
Questions	**Comments**	**Follow up**
Do you feel like a family?		
When you picture your family 5 years from now, what do you see?		
What kinds of activities does your family do to encourage attachment? What concerns do you have about your feelings of attachment to your child?		
How do you respond to affection from your child?		
What things does your family do to have fun together?		
What interests do you and your child share?		
What is most frustrating about the child's behaviors? What do you think causes the frustration? What strategies seem helpful in these situations?		
How often have you had feelings of regret or doubt about your decision to adopt this child?		
As you are going through transitions, what support do you need to help the individuals in your family?		

Stress		
Questions	**Comments**	**Follow up**
What things have been stressful for you in parenting?		
On a scale of 1 to 10 (with 10 being the most		

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stressed you have ever been), what has your stress level been over the past month?		
How do you de-stress? How are you managing to fit that in to your daily routine?		
Which of your child's behaviors are most challenging for you?		
What does your support system look like? Who have you been talking with to share your feelings? What have they been telling you?		
How are you managing strong feelings? How do you see your spouse managing strong feelings? Has that changed since your child has entered your home?		
When is the last time everyone had a break from each other?		

Parental well being

Martial relationship		
Questions	**Comments**	**Follow up**
What changes have you noticed in your relationship with your spouse?		
What are you and your spouse doing to stay connected?		
What things do you and your spouse do to help each other parent?		
What things are you doing individually and as a couple that you enjoy?		

Depression		
PHQ-2 is a reliable and valid measure of depression in the general population. The PHQ-2 score ranges for 0-6. A score of 3 or above indicates a positive screen indicating a need for further evaluation. http://www.phqscreeners.com		
Questions	**Comments**	**Follow up**
"During the past month, have you often been bothered by any of the following: feeling down, depressed, helpless, hopeless or irritable?"		
"During the past month, have you often been bothered by having little interest or pleasure in doing things, by a loss of energy, or by changes in sleeping or eating habits?"		

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Scoring

- Not at all = 0
- Several days = 1
- More than half the days = 2
- Nearly every day = 3

Anxiety- (GAD-7 questions)		
GAD-7 is a reliable and valid measure of anxiety in the general population. See http://www.phqscreeners.com/ for information on scoring and referral guidelines.		
Questions	**Comments**	**Follow up**
Over the last 2 weeks, how often have you been bothered by the following problems? • Feeling nervous, anxious or on edge • Trouble relaxing • Not being able to stop or control worrying • Worrying too much about different things • Being so restless that it's hard to sit still • Becoming easily annoyed or irritable • Feeling afraid, as if something awful might happen		

C. Response of Extended Family, Friends and Community to a Foreign-Born Child

Response from Others		
Questions	**Comments**	**Follow up**
What has been the response of your extended family to your child?		
What has been the response of your friends to your child?		
What changes have you seen in relationships with friends and extended family since your adoption?		
How have you been impacted by the responses from family and community members to you and your child? How have you and your child responded to other people's questions about adoption?		
How often do you connect with other adoptive families?		

Culture		
Questions	**Comments**	**Follow up**

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How are you incorporating parts of your child's birth culture into your family life?		
Who are the people your child's encounters or spends time with that are from a similar cultural heritage?		
What experiences with racism and prejudice have you and your child faced recently? How have you responded to these situations?		

D. Child's Development and Health

Physical Health		
Questions	**Comments**	**Follow up**
How much does the child weigh?		
What is the child's height?		
What is the child's head circumference?		
Are facial features associated with Fetal Alcohol Syndrome* noticeable? (see http://www.nofas.org/wp-content/uploads/2012/05/identification.pdf)		
When was the child last seen by a physician?		
Were any concerns noted or addressed by the doctor at that time (if yes, please describe)?		
Are recommended immunizations up-to-date?		
Since the last doctor's visit, has the child had any illnesses or injuries (if yes, please describe)?		

***Only a trained medical provider can diagnose FAS. Not all children prenatally exposed to alcohol will exhibit the associated facial features.**

Physical development		
Questions	**Comments**	**Follow up**
What concerns do you have about your child's development? (worker should refer to developmental milestones such as those provided by: http://www.nlm.nih.gov/medlineplus/ency/article/002002.htm)		
What has surprised you about your child's development (e.g. delays in certain areas, accelerated development in any areas, unexpected likes/dislikes/needs)?		
What concerns do you have regarding your child's personal hygiene or bowel and bladder		

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control?		
Have you observed your child showing strong sensory seeking or avoiding behaviors? Have you observed over or under-sensitivity to: • Touch • Movement • Sound • Taste/Oral sensations • Smells • Visual input		
What referrals or specialist appointments have been made for your child?		

Emotional development		
Questions	**Comments**	**Follow up**
What makes your child happy and how does she act when she is happy?		
What makes your child sad/tearful and how does she act when she is sad/tearful?		
What makes your child angry and how does she act when she is angry?		
What makes your child worried or anxious and how does she act when she is worried or anxious?		
When your child is hurt or upset, who do they turn to?		
How does your child respond to physical affection?		

Social development		
Questions	**Comments**	**Follow up**
Describe your child's personality.		
What are three good character qualities that your child possesses?		
How does your child respond in social settings? How does your child approach other people (examples: shyly/cautiously; friendly; overly engaging with strangers)?		
Has your child had any difficulty making friends or building relationships within your family?		
What sexualized behaviors have you observed in your child? How are you addressing privacy and safety for all members of the family?		

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School Progress, Interest and Activities		
Questions	**Comments**	**Follow up**
Do you or your child's pediatrician have any concerns about your child's ability to learn?		
If your child is in school, has he or she had any learning difficulties?		
How is your child responding in an educational setting (school, pre-school, daycare, home school)? What is enjoyable? What is challenging?		
What social activities or interests does your child enjoy?		

E. Recommendations

Recommendations		
Questions	**Comments**	
What things can Bethany help you with?		
Review post adoption service plan with family. Identify activities to be completed prior to the next visit.		

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