

**Transitioning young children into adoptive homes I:**

**Responding to the emotional needs**

**of the child and involved adults**

**by**

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### Abstract

When young children are transitioned into adoptive homes, many emotions arise in the child and involved adults and can dramatically affect the success of the transition. Likely emotional needs are described for the child, adoptive parents, foster parents, and caseworkers and other involved professionals. A timeline of meetings and communications is outlined. The relationship between adoptive and foster parents is highlighted and suggestions are made for content that can be exchanged. A coordinator role for an involved adults is described with the coordinator attending to the logistical and emotional issues of all while prioritizing the well-being of the neediest member.

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Imagine, for a minute, a foreign woman comes to your home one day and your spouse (we will assume you have one for right now) lets her in. This woman seems nice but she doesn't speak any English or any other language you know. The visit is confusing and you don't understand it. The next day she comes back and motions for the two of you to leave together and she has police back-up – you don't have a choice. Even more weird – your spouse has already packed a bag for you. Neither the police nor your spouse will answer any questions. You leave in a car but you don't know where you are going. The woman is still acting friendly and nice. The police drive the two of you to the airport and you fly for hours and hours and land in some big city in Asia but you are not sure if you are in China, Korea, Vietnam or some other country. After you land, she drives you out of the city into a rural area to a house with no telephone. You have to get used to a whole new way of life including new customs, food, clothes, hygiene. Gradually, you learn her language and come to know that the plan is for you to live the rest of your life with her in this foreign place never to see your wife, friends or America ever again.

Imagine the feelings you might be having on the plane, in a week, in two months, in a year; feelings about your prior life and those relationships; feelings about this new woman who seems nice but is hard to communicate with and you are not sure what her role is; feelings about your future, your unclear role there and if there is any danger involved. Might you have some anxiety, sleep difficulties, longing for your old life, anger outbursts, confusion, and/or difficulty believing/trusting that all of this is really happening? Would it have been easier if you had had some preparation (maybe joining the Peace Corps or even being drafted into the military) to say goodbye to family and friends, learn a few phrases in your new language, more meetings to get

to know this woman more, and prepare yourself for the big changes? Now imagine that whole process happens four more times over the next three years.

Adults can already have a difficult time understanding the world from the young child's point of view (see Stern, 1990 for a wonderful depiction of the world through a baby's eyes). As you may have guessed, the purpose of the above scenario was to give the adult reader some sense of what it might be like to be a young child in a quick, confusing transition to a new home.

Young children transitioning from one placement to another in the child welfare system are somewhat like the adult in the scenario except they likely have already been traumatized and/or neglected and undergone prior stressful or even traumatic transitions and don't have adult-level coping resources. Young adults reflecting on entering foster care described it as a cultural adjustment: "Almost regardless of the age when the transition took place, most interviewees experienced similar bemusement, especially regarding family rules (times for coming home in the evenings, afternoon nap for children) and family habits (brushing teeth several times a day, taking lunch together at the table and eating regular meals). It was always a challenge for them to accept these rules and habits and to appreciate that it was part of the foster family's culture" (Reimer, 2010; p.19).

The thesis of this article is that young children need adoptive transitions that are designed to allow the child to make some sense of what is happening, to build relationships with new parent figures and to begin the process of mourning the relationship with the caregivers they are letting go of. There are a few models for a transition process for older children (Fahlberg, 1991; Price-Levine, 2005; Ziegler, 2005) but not for younger children (see some general recommendations in Harden [2007]).

Yet providing more time for the young child to do the relational work involved in an adoptive transition is of little use if the child's partners in those relationships – the involved adults – aren't also having their emotional needs recognized and responded to. As Jeree Pawl has said so beautifully, “Do unto others as you would have others do unto others. (Pawl & St. John, 1998)” This quote illustrates the principle of parallel process – that what happens or doesn't happen to an individual, whether positive or negative, in one relationship will tend to be repeated by that individual in other relationships. Thus, if we want the adults involved in the adoption transition to be thoughtful about the child's needs, we also need to be thoughtful of their needs and how they can be kept in mind. Therefore, this paper will look at the emotional needs of the young child, the adoptive parents, the foster parents, and the caseworkers and other professionals and how they all can be kept in mind in the adoptive transition process (Sprince, 2002) while still privileging the young child's needs as the most vulnerable member of the system and the member that others have agreed to make sacrifices for.

### **Needs of the young child**

Attachment theory (Bowlby, 1969, 1973, 1980) forms the basis for this presentation of what the young child needs when shifting their reliance from one primary caregiver or set of primary caregivers to another within the context of prior loss and trauma. The #1 goal for children is to stay alive. Given young children's relative helplessness, they need attachment figures to protect and provide for them. Thus, a primary developmental task is for young children to figure out how attachment relationships work. What can they expect from attachment figures? These expectations include: Will attachment figures be consistently present over time to

provide protection? Will attachment figures be attentive to the child and their needs and create a safe environment? Will attachment figures be responsive to signals from the child that they are in distress/danger?

In additions to expectations for attachment figures, children are also trying to figure out how they can influence the attachment figures' behaviors. The attachment relationship is a bidirectional, transactional relationship (e.g., Sameroff & Chandler, 1975). Children will be trying to determine: What is the best signal to use to initially get the caregiver's attention? What is the best facial expression and tone of voice to use when the caregiver has already said "No"? When a caregiver is initially unresponsive to the child's overtures, what to try next? Children in abusive and neglectful homes are trying to answer those same questions; as are children in multiple foster homes.

The emotional experience of children in foster care has filled volumes, including young children (e.g. Harden, 2007). When we think of a young child under the age of five, their primary emotional need in a placement transition is for a sense of safety and protection. Leaving the primary caregiver that the child has relied on for safety, perhaps ambivalently, and switching that responsibility to a new caregiver means the child may feel unsafe. These emotional needs of the young child undergoing a transition to an adoptive placement will be outlined here in this paper; specific techniques and procedures for adoptive transitions of young children will be described in the second paper in this series (Reams, 2012).

An initial crucial task in the transition is to create a relationship between the child and the adoptive parents in which the child can at first feel safe with the adoptive parents and then move further to trust the adoptive parents to keep the child safe from dangers in the world. When that

sense of safety is initially established (it will continue to develop over a long time period), then the child can start to see the adoptive family as possible alternative attachment figures and as new permanent caregivers.

There are several relevant levels of the young child's sense of safety with the adoptive parents. These levels of safety are crucial and cannot be developed in a brief transition. At each level, the child's communications, mostly nonverbal, about their sense of safety needs to be carefully looked at to see when the next steps can be taken to approach the next level of safety.

The first level of safety is the child feeling safe enough to directly interact with the adoptive parent even while in close proximity to the foster parents. That is when the child is being held in the caregiver's arms and the adoptive parent smiles and makes eye contact and maybe even speaks to the child, does the child bury his or her head in the caregiver's chest? If the child "acts shy" at that moment, the child is not feeling safe right then even if ten seconds later the child may peek out at the adoptive parents briefly.

The second level of safety is when the child interacts with the adoptive parents when no part of the child's body is touching the caregiver's body. Thus when a child interacts with a adoptive parent when the caregiver is two feet away the child is trusting the adoptive parent is not an immediate threat. At an instinctual level, the child is trusting the adoptive parent to not be a hungry lion and pounce and kill the child with one blow or snatch the child and run away faster than the caregiver could catch.

The third level of safety is when the child interacts with the adoptive parent while in visual line of sight with the caregiver but not in close physical proximity. The child trusts that the adoptive parent will not harm or abduct the child given that the caregiver is too far away to

prevent those events from the child's perspective. The child is accepting the risk that the adoptive parent could cause some amount of harm and distress before the caregiver could get over to put a stop to it.

The fourth level of safety is the child interacting with the adoptive parent while in the same location but not in visual line of sight. This level of safety implies that the child understands that the caregiver is still within auditory range - that if the child was to be loudly distressed, then the caregiver would reappear. In this level of safety, the child risks being more easily harmed or abducted and distress or hurt going on for a longer time. The child also gives up the caregiver witnessing the relationship and the caregiver's face being available to help clarify if the adoptive parent is confusing or vaguely threatening.

The fifth level of safety is to be alone with the adoptive parent in a public place, not the caregiver's home or yard, and the caregiver is not along. The child is trusting the adoptive parent with their life fully and to also be the protector temporarily. In addition, the child is trusting the adoptive parent with the relationship with the caregiver in that the child trusts the adoptive parent to return the child to the caregiver.

The sixth level of safety is for the child to be alone with the adoptive parent in a nonpublic place without the caregiver. There are no possible rescuers around and the child's safety is totally in the adoptive parent's hands. In terms of this new relationship, the child is ready to live with the adoptive parents, however there is more work to be done.

Seeing the adoptive parents as potential new permanent parents brings up the child's next task – dealing with the loss of the current caregivers. Ironically, we hope that this loss is painful for the child – this pain means that there is a substantial attachment between the child and the



foster parents. However, this loss also presents an opportunity because the vast majority of foster children have had prior losses that were sudden and unpredictable with no chance to express and receive feelings with the persons the child is losing. Thus the child can learn a new model for how good-byes can be done.

An extended transition means that emotional interchange about the loss between child and foster family can occur. Foster parents can express their valuing of the child and thus their sadness that the child is leaving and at the same time their valuing of the child and so their happiness that the child is going to a wonderful, permanent family. The child can express their sadness about losing these current family members and also the anger at foster parents that they could not/did not protect the child from the necessity of this transition. Children may also devalue the foster family as a way of separating from them – this can be identified as a communication about how hard it is to leave the foster family, as an expression of sadness.

Children in foster care do not approach these adoptive transition tasks of attachment and loss as blank slates. They almost always have a history of trauma, prior separations, disturbed interaction patterns, and disrupted attachments with caregivers. Each child's history is different so hard and fast rules are difficult. Each child's relational dance needs to be identified and looked for by all the involved adults and then reflected upon to guide the process. For instance, a boy this author treated previously was exposed to daily domestic violence in his birth home until his removal at 12 months of age. Now at 20 months, he is legally free to transition to an adoptive home but has intense stranger anxiety and clings to his foster mother whenever they are outside the foster home. This transition began with adoptive parents sitting on the front porch talking with the foster father and sipping lemonade while foster mother held the child and

watched from 20 feet inside the house through a large window. Foster mother was coached on talking with the child about what they were watching and giving the child control whether they were facing the window or facing away. It took multiple meetings like this before the adoptive parents were inside the house and in the same room 20 feet away from the child still held by foster mom. Following this child's cues led to a successful adoptive transition.

Before a transition is embarked on, clarifying the child's existing emotional tie with birth parents and what, if any, openness and contact will occur between the child after adoption and the birth parents is also crucial. Some young children have not had contact with birth parents in many months and do not need a good-bye process. Other young children still obviously hold an emotional sense of their birth parents in their minds, especially those with recent visits. A careful evaluation of birth parents is important to determine if they can do the hard emotional work of creating with the caseworker a script they will follow with the child prioritizing the child's needs. I believe that the goodbye is often served by not being done in one session which tends to intensify all the emotions and make it hard on everybody. I believe three or four meetings can help distribute the emotions over time and help the young child grasp some sense of what is going on and be able to express some of their own feeling rather than only being overwhelmed by the parent's feelings.

It is beyond the scope of this paper to address the complicated topic of transitioning sibling groups. All the issues presented here apply to each child in the sibling group but their timelines for a child-paced transition may differ from child to child depending on developmental stage, past history, and current attachment relationships to foster parents. The adults need to carefully evaluate the costs and benefits of creating a single compromise timeline and whether to

weigh each child's needs equally in creating the compromise or to prioritize one child's needs; perhaps the younger child's needs as they may be less able to understand the issues involved than an older child. The other option is separate transition timelines for one or more of the children yet this has its own cost/benefit pattern. When looking at costs and benefits, it is crucial to remember that these may be radically different for children at different developmental stages and that the young children's special perspective needs to be kept in mind.

### **Needs of the adoptive parents**

Potential adoptive parents have a long emotional lead-up to the point when they might start transitioning an adoptive child into their home (Silin, 1996). They have their own process of decision-making (and perhaps foreclosing other options) to seek a child from the child welfare system. They also have to successfully complete the application process to become accepted as potential adoptive parents. They then must be selected by the relevant local child welfare committee as the first adoptive option for a particular child or children. Thus, at the point of transition, adoptive parents have been waiting a long time and are often fervently longing to be able to express their love for a child directly to that child and thereby want to accelerate the process (Osterman, Möller, & Wirtberg, 2010; Ziegler, 2005).

A second aspect for some adoptive parents is that they do not live in the same location as their potential adoptive child. Practically, this places burdens on the adoptive family in an extended transition. Burdens can include long travel times back and forth or an adoptive parent residing in the child's town for a period of time away from their job and/or other responsibilities (perhaps including parenting other children) in their home town. Although I will refer to the

adoptive parents in the plural as that is the most common scenario, single parent adoption is another frequent family constellation and can be just as successful as two-parent adoption.

A natural part of anticipating a child, whether biologically or through adoption, is to have fantasies about that child. Adoptive parents will also have fantasies about the birth parents (Silin, 1996) and even foster parents (Faber, Timberlake, Mudd & Cullen, 2003). As with any prospective parent, they may have wonderings about the child's temperament, sleeping patterns, and the future attachment relationship. More specific to adoption from the child welfare system, they may speculate about what the pregnancy was like, past traumas and what the attachment is like with the foster parents. Adoptive parents may wonder about birth parents and what role they might play in the child's and their future. Adoptive parents may even fantasize about foster parents and whether they will be judged by them or what the experience of losing the child will be like for them.

Adoptive parents bring their own attachment styles into the transition process and the relationship with the child. Just as attachment patterns have been classified in parent-child relationships in the classic work of Ainsworth, Main and others (Ainsworth, Blehar, Waters, and Wall, 1978; Main & Solomon, 1986), adults have been classified in terms of their recollected childhood relationships with their parents (Hesse, 1999). Children who were recently adopted by adoptive mothers with secure attachment patterns had healthier attachment narratives (Steele, M., Hodges, J., Kaniuk, J., Hillman, S., & Henderson, K., 2003) and more secure attachment behavior (Pace & Zavattini, 2011) than children recently adopted by mothers with insecure attachment patterns.

There are also emotional issues that apply to only some adoptive parents. Some children are placed before both birth parents' legal rights have been terminated with parents who are foster parents initially but have been identified as the presumptive eventual adoptive parents. These parents are in the position of forming of what could be a lifelong attachment relationship in the middle of ambiguity. Some adoptive parents are infertile and have gone through the emotional effects of discovering that fact through a long process of medical tests and procedures. There is much loss involved in coming to grips with infertility that may be stirred up by the adoptive transition process. Parents who are not the traditional two-parent heterosexual couple may wonder about the reception they will receive by foster parents or caseworkers, especially if they have received negative reactions previously in being considered as adoptive parents for other children.

In addition, every adoptive parent brings their own history – of stresses, of relationships, and perhaps, of trauma. Some of this may be documented in their home study and some of it may not. This does not mean it is negative - an adoptive mother whose own mother died when she was six years old was a strong advocate for a careful transition as her loss helped her to empathize with the potential for loss for the children leaving their current caregivers. On the other hand, an adoptive couple where both parents were temperamentally shy people and had difficulty connecting with the outgoing foster parents and the indiscriminately affectionate three-year old and the transition was stopped midway through.

Thus the coordinator of the transition should meet with the adoptive parents early in the process without others present (see Table 1 for a sequential timeline of transition steps, including meetings). This early meeting should be focused on:

- building a relationship with them;
- gaining a sense of the potential adoptive parents' implicit and explicit approach to adoption, the transition and the child(ren); and
- starting to orient them to the child-focused perspective that will guide the transition and the emotional issues that are likely for the child or children.

There may be subsequent private meetings between the coordinator and the adoptive parents but most of the future meetings will be with all the members of the transition team (to be described later).

Insert Table 1 about here

In addition, before the adoptive parents meet the child they should meet privately with the foster parents. By starting this relationship between foster and adoptive parents before the relationship starts between child and adoptive parents, the adoptive parents are given a chance to feel more comfortable with the foster parents, be educated about the unique aspects of the child, and learn about the foster home environment (see Table 2 for possible topics to cover) thereby hopefully minimizing discontinuity between the two environments (Yarrow & Klein, 1980).

This does not have to be a one-time meeting. Activities could include a tour of the foster home and talking about the child in each room based on what happens there, a trip to the grocery store and indicating which products (including what brands) the child is familiar with, and a description of the daily routine with lots of detail. These contacts can meet the emotional needs of both adoptive and foster parents.

Insert Table 2 about here

### **Needs of the foster parents**

Foster parents vary widely in terms of their length of experience as foster parents, how transitions of children out of their home have been done previously, their history and attachment relationship with this specific child (Dozier & Rutter, 2008), their general attachment style, other stressors in their family and life that might be occurring concurrently with the transition and the potential impact of the transition on other members of the foster parents' household, e.g., other foster children and birth children of the foster parents (Thompson & McPherson, 2011). Thus, a first meeting with the coordinator and foster parents is crucial to explore these issues. It will be assumed that there are multiple foster parents present but it should be understood that there are also foster homes with single parents.

When a young child leaves a foster home, foster parents often experience feelings of loss and grief given their attachment to the child (Edelstein, Burge, & Waterman, 2001; Heller, Smyke, & Boris, 2002; Urquhard, 1989). Given that young children do better when foster parents have a meaningful attachment to them (Dozier & Rutter, 2008), this loss and grief is an expectable, and even desired, reaction. Foster parents may seek to postpone and lengthen a transition to put off the final loss or, more commonly, they may seek to speed up the process in an attempt to cut short their pain and have it not be drawn-out. "In some situations, the foster parents may, because of their own strong feelings, bring about a precipitous transition for the child and themselves. The grief of impending loss can be so great in both the foster parents and

the child that the foster parents ask for an earlier re-placement in an attempt to avoid emotional pain (Edelstein et al., 2001; p.11).”

Foster parents also want to be involved in transition planning and report it goes smoother with their involvement (Roberts, 2011; Samrai, Beinart, & Harper, 2011). “A well-planned, cooperatively executed transition from one home to another elicits less intense and less complicated grieving in all parties than an abrupt, unexpected move, or a move about which the foster parents have serious misgivings or conflicts (Edelstein et al., 2001; p.11).”

In the phase when the foster parent knows the transition is coming but it has not yet occurred, they may feel an interesting mixture of anticipatory loss, worry about whether the transition will go smoothly (especially if they have had transitions go awry previously), and/or excitement/happiness for the child if the foster parent feels good about the next placement. The meeting mentioned earlier between foster parents and adoptive parents is particularly important for this issue as it gives the foster parent much more of a feel for the adoptive parents and hopefully will reassure them.

Some foster parents may be uncomfortable with this mix of feelings because of their general style of handling emotions or because of lasting emotional pain from unresolved grief over past losses. These foster parents often suppress those emotions and move to a conscious state of no feelings about the transition; although breakthrough of emotions may occur during particularly intense segments of the transition. If these feelings can be surfaced and talked about and supported with the coordinator, then the transition process can be better protected from acting-out by the foster parent.



For some specific foster parents, they may have been offered the opportunity to adopt the child(ren) who are about to be transitioned. Even though the decision was not to adopt, there may still be ambivalence about the decision remaining within individual foster parents or between foster parent dyads. This ambivalence can be heightened if the foster parent has concerns about the upcoming adoptive placement for whatever reason. If there are concerns about the adoptive placement, the fact that the children are young in these transitions being discussed heightens the protective instincts of the foster parents. Talking this through with the coordinator is crucial and focusing on what will most help the child go forward at this point in time and what support the foster parents will need as the process unfolds.

During the actual transition, foster parents start to experience the loss first hand especially when adoptive parents start to take the child on outings without the foster parents or on overnight visits. This loss is normal and healthy and does not need to be hidden from the child when expressed in regulated ways (a few tears vs. sobbing; expressions of missing you but go have fun vs. pleading for the child to show that the foster parent is still the most loved) and combined with expressions of support for the relationship between the child and the adoptive parents.

Yes – the foster parents' loss complicates things emotionally for the child in the short-term but it also communicates the importance of the child and of the relationship between the foster parent and the child. An analogy might be when children (whether adoptive, birth or foster) finish high school and plan to leave home to attend college or move out with a job. What would the child make of the parent that only expressed happiness at the child leaving the home and no regret? There are many differences between this situation and the adoptive transition of

young children yet this author believes that most children nine months of age and older can make sense of a mixture of regret and approval. The decreased acting-out and increased support for the transition process from foster parents is also a major advantage in the short-term for the transition and, in the long-term, for retention of foster parents.

Also during the transition, foster parents often have to deal with increased acting-out and distress from the child being transitioned and other children in the home. This is also to be expected and is normal and healthy. Loss is a major event – it can happen so often in the child welfare system that we may minimize its effects to shield ourselves from thinking about an unbearable reality. Children cannot shield themselves so readily; they transparently show the emotional stress involved. Foster parents need support to understand what messages are being transmitted by these behaviors and how to respond to the underlying emotional communication and also support for their emotional reactions to the feeling states of these children.

One particular aspect of child's reactions which is very important is when the child starts to attach to the adoptive parents and as visits lengthen, they shift in their relationship with the foster parent to prepare for the separation that the child is now beginning to anticipate. Children, even young ones, don't particularly like the uncomfortable feelings that come with separation and loss and may display protest reactions directly to the foster parent or show turning away or other rejections of the foster parent. Foster parents can feel hurt by this and struggle to maintain their support for the child and the transition process. Preparing the foster parent ahead of time and providing support during this process is very important. Hopefully, the foster parent can communicate an understanding of the child's difficult feelings and also express the continued caring and valuing of the child.

One other aspect of the child-paced nature of the transition becomes apparent at this point when the attachment is shifting – ambiguity. How long each step will last is up for grabs. Dates for major events like overnight visits and moves to the adoptive home are not set. Sometimes foster parents or other participants want more structure and predictability to the transition process at this point and push for it to become less child-paced and more scheduled. Even the coordinator may feel pulls inside to relieve everyone’s anxiety, including their own, by reducing ambiguity. Yet what we want to model for children at this point in the process is that when emotions are strong for them and us, we can continue to stay tuned into them and be responsive in a thoughtful way. Meetings of the coordinator with individual adult participants or with the whole group may be necessary to bring out the underlying emotional communications behind the request for increased structure and then to honor those emotions. Revisiting the child’s vulnerability in this process and the adult’s commitment to put the child’s needs first and how the child-paced plan best meets the child’s needs are all important messages.

After the child has been moved permanently into the adoptive home, the foster parent must not be forgotten. The coordinator should check back in and see how they are doing and how the other members of the household are faring. Reverse visitation between the child and the former foster parents is part of the transition plan; details in Reams (2012). These visits can often be emotional for foster parents and they should have lots of support afterward.

### **Needs of the caseworker and other professionals**

More than any other adult involved in the transition process, child welfare caseworkers are exposed to trauma and loss from so many directions (Richardson, 2011): the trauma inflicted

on children and the loss of their birth homes and the sudden moves from foster home to foster home, birth parents angry about the loss of their children, foster parents grieving all the children they have connected to and lost contact with, and perhaps even from in the caseworkers' own childhoods (van den Bosse & McGinn, 2009). Their caseloads are filled with pain. To effectively work with all these individuals, caseworkers must open themselves to some degree to the pain of the other individuals they work with. To remain functional in their job, however, they must also emotionally protect themselves from becoming overwhelmed and burned out by all the negativity and distress.

Caseworkers run the risk, in protecting themselves from emotional overload, of not tuning into the emotional needs of young children in the adoption transition process. In this author's experience, some caseworkers can become overly focused on making the transition work smoothly from a logistical perspective. There may be an *a priori* assumption that a quicker transition minimizes the pain for everybody, including the child. Caseworkers may also have logistical issues of their own – large caseloads may pull them to want to expedite transitions and minimize workload.

Given the large caseloads and associated demands of many caseworkers and other adults in the child welfare system (judges, child therapists, CASAs, and/or GALs), there are clear practical advantages to have one case a step further in the process to being closed (i.e., a child moved to an adoptive home). There are also emotional advantages. Given the secondary traumatization that occurs for professionals in the child welfare system, one emotional reward that is available is seeing a happy ending. The transition into an adoptive home can thus be the reward for much hard work done on behalf of this particular child and also an off-setting reward

for all the effort and pain experienced on behalf of other children where there was no clear happy ending. There may be a desire to deny that any pain or distress could be occurring for anyone in an adoption transition because that is not part of the happy ending.

All of these emotional and practical agendas of the adult players in the child welfare system are expectable, normal, and nonpathological. These agendas are often seen as politically incorrect as adults are not supposed to have emotional needs, especially when they are around such obviously needy children. The result is these emotional needs of the adults are often not surfaced and talked about (Lanyado, 2003). An explicit process agreed upon beforehand is needed so that adult emotional needs do not implicitly or explicitly take over the process (Harden, 2007; Ziegler, 2005) but the adults also have supports available to them for their emotional needs (e.g. foster parent support group, professional reflective supervision).

### **Coordinator role.**

The leader of the transition process needs to be an adult who has a deep knowledge of attachment and the dynamics of foster care and adoption for young children. This person will provide emotional support and guidance, first and foremost, to the foster and adoptive parents and also to the other involved professionals. The coordinator will receive observations from all the parties and make his or her own observations to dispassionately determine when a next step in the transition is to be taken. It is a very challenging role. The coordinator may make decisions that place a hardship on the other adults for the sake of the child. He or she must be a voice for the child's needs and to assert why those needs are important (Lieberman, 1998/1999; Sprince, 2002).

In the absence of anyone else, the child's caseworker often fills the coordinator role. This can work successfully although it requires that the caseworker allow the transition process of the child to take a quite large share of time and other duties may get less attention. Some child welfare agencies have experimented with having a specially trained in-house staff member who is specifically delegated to fill this role across the agency. Outside professionals have also been hired to fill this role, although because of scarce resources usually only in the most complex of cases. Mental health therapists treating the child may also be asked to fill this role. This involves some compromising of their therapist role and should be weighed carefully against the benefits of their expertise being used in the direction of the transition process.

### **Summary**

A goal of this paper has been to highlight the emotional needs of all the participants in the transitioning of young children into adoptive placements. All of those needs should be attended to. Yet we must prioritize the needs of the most fragile member, the young child, whom all the participants have committed to serving the best interests of. The transition to an adoptive home is a milestone event, on the par with a birth, and it needs a concomitant investment of resources to make sure it goes well. We all want young children's moves to the new foreign country to go as well as possible and act as a solid foundation for the rest of their life.

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Table 1

Tasks to address the emotional realities of participants in adoption transition in sequential order

Step	What is done	Who is involved
1.	Meeting to gain child welfare agency approval for transition process if needed and share perceptions about child, APs*, FPs*; clarify rationale and expectations for child-paced transition and its possible emotional issues for CWs as well as the role of coordinator and get agreement to those	Coordinator, CWs
2.	Read APs' home study; read child's file regarding past trauma, transitions, & attachment relationships	Coordinator
3.	Meeting to talk about child's transition into their home and current behavior and personality; hear about FPs' past experience with transitions, hear about FPs' openness to child-paced transition and clarify rationale and expectations for child-paced transition and its possible emotional issues for FPs as well as the role of coordinator and get agreement to those	Coordinator, FPs
4.	Meeting to talk about child's history with transitions and the what the child will bring to the transition emotionally; hear about the APs' journey that brings them to adopting this child; hear about APs' openness to child-paced transition and clarify rationale and expectations for child-paced transition and its possible emotional issues for APs as well as the role of coordinator and get agreement to those	Coordinator, APs
5.	Meeting to review child-paced transition process and emotional impacts for all participants and support needed from team members and the prioritizing of the child; discuss first meeting of child and APs and how that will go (see Reams, 2012)	Coordinator, APs, FPs, CWs
6.	Meeting to discuss child and for FPs to share their sense of child's personality and reaction to change; opportunity for FP and AP to get to know each other without others around	FPs and APs (no other members of FP household)
7.	Possible meeting to role-play interactions between APs and child if needed	APs, Coordinator
8.	First meeting of AP and child	FPs, APs, child, coordinator (no CWs unless the coordinator)
9.	Debrief right after first meeting to review how APs handled themselves and their emotions	APs, Coordinator
10.	Phone conversation morning after first meeting to hear about child's behavior after the first meeting and through the night; discuss any FP responses to child and FP emotions	FP, Coordinator

Emotional needs in adoption transition

Reams

Page 28

11.	Decide if APs need further training and role-playing on interacting with child; decide if FPs need input on their behavior during visits; decide what child needs in terms of timing, intensity and format of next contact with APs	Coordinator
12.	Phone conversation to discuss next step and plan roles	Coordinator, APs, FPs, and possibly CWs
13.- ?	Repeat steps 8-12 following child's cues described in Reams (2012). In-person planning meetings similar to step 5 should happen before first overnight and before move to APs' home and before first reverse visit. In-person meetings might also happen between coordinator and either FPs, APs, or CWs as needed to address emotional or logistical issues.	FPs, APs, child, coordinator, CWs

\*CW = Caseworker, AP = Adoptive Parent, FP = Foster Parent

Table 2

Areas for foster parents to connect and share with adoptive parents about the child

<p>Touch and other tactile input</p>	<ul style="list-style-type: none"> <li>• What are favorite soothing strokes to use?</li> <li>• Reactions to deep pressure touch vs. light pressure touch</li> <li>• Favorite fabrics</li> <li>• Any sensory sensitivities to touch</li> <li>• Favorite or disliked food textures</li> <li>• Kind of nipple on bottle if still used</li> <li>• Favorite objects to teeth on</li> <li>• Body parts of caregiver that child likes to have contact with during bottle feeding or during soothing</li> <li>• Blanket or stuffed toy that child uses for comforting that might accompany child from foster to adoptive home</li> </ul>
<p>Taste</p>	<ul style="list-style-type: none"> <li>• Flavor of toothpaste</li> <li>• Favorite or particularly disliked foods or tastes</li> <li>• Flavor of liquid medicines/vitamins</li> </ul>
<p>Smell</p>	<ul style="list-style-type: none"> <li>• Detergent/fabric softener used</li> <li>• Caregiver's deodorant, perfume and shampoo</li> <li>• Child's soap and shampoo</li> <li>• Favorite or aversive smells if known</li> </ul>
<p>Visual</p>	<ul style="list-style-type: none"> <li>• Favorite places</li> <li>• Room color</li> <li>• Photo of foster family at least for lifebook, if not, for child's room in adoptive home</li> <li>• Poster or artwork over child's changing table</li> <li>• Favorite TV show or movie if child sees media</li> </ul>
<p>Auditory</p>	<ul style="list-style-type: none"> <li>• Pet nickname for child</li> <li>• Lullaby music for bedtime</li> <li>• Other favorite music</li> </ul>
<p>Emotional</p>	<ul style="list-style-type: none"> <li>• How anger/sadness/fear/etc are expressed</li> <li>• Reactions to various feelings in caregivers</li> <li>• Signals of tiredness, hunger, illness, overarousal, underarousal</li> <li>• Personality description</li> </ul>
<p>Attachment</p>	<ul style="list-style-type: none"> <li>• Cues child uses to signal for more closeness/more distance</li> <li>• Favorite forms to receive and express physical affection in</li> <li>• How does child like to be regressed with caregiver?</li> <li>• Signals caregiver uses to understand child's internal psychological states more generally</li> <li>• Effective soothing strategies</li> </ul>

	<ul style="list-style-type: none"><li>• What signals does child look for from caregiver regarding safety, appropriateness of behavior, new situations, etc.</li><li>• Responses to strangers</li><li>• Responses to separations from primary caregivers and reactions upon reunion</li><li>• Any differences between relationships child has with primary and secondary caregivers</li><li>• Does child maintain physical proximity when with caregiver out in public</li></ul>
Behavioral	<ul style="list-style-type: none"><li>• Triggers for disruptive behavior</li><li>• Effective distraction strategies</li><li>• Effective disciplinary strategies if used</li><li>• Problematic behaviors and their contexts and preceding behaviors</li><li>• Patterns of behavior with other children and how does other children's behavior influence this child</li><li>• What is daily routine used with child?</li><li>• Child's strengths and talents</li></ul>
History	<ul style="list-style-type: none"><li>• Narrative of child's life this foster parent knows of from before placement there</li><li>• Stories that are funny, touching from the child's life in this foster family</li><li>• Describe pattern of visitations with birth parents, including child's reactions before and after, and behavior during if the foster parent observed it</li><li>• If foster parents have met birth parents, then describing the birth parents</li></ul>