

# **Transitioning young children into adoptive homes II:**

## **The process of transition**

**by**

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## Abstract

Transitioning into an adoptive home is a crucial event for young children. A transition process should be child-paced, sensitive to attachment and trauma issues, and evolving based on adults reflection on child's cues. Two main stages are described: developing the relationship between child and adoptive parents and transforming, but not eliminating, the relationship between child and foster parents. The first meeting between child and adoptive parents is described in detail. A series of transition steps are outlined, including the criteria for the child's readiness to move to each next step. Modifications are suggested for children with varying attachment patterns.

### Keywords:

Adoption, Transition, Young Children

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Young children's transition to their adoptive homes is one of the most important events in their lives; ranking up with birth, marriage, becoming a parent. A relationship is beginning that will last decades and help to define who they are as people and their future success in relationships and feeling good about themselves. Yet given past trauma, disrupted relationships and hurried transitions, a young child could be expected to enter such a transition with hesitancy and fear. It is one thesis of this paper that the involved adults should go to extraordinary lengths to attempt to make the transition as thoughtful and oriented to the child's attachment needs and considerate of the child's past experiences. The child is the most vulnerable person in the transition process and his/her needs should be prioritized without losing sight of the needs of the involved adults. There are many emotional issues for the participants (child and involved adults) in the adoptive transition process. Describing these needs and outlining how to respond to them is beyond the scope of this paper and is addressed elsewhere (Reams, 2012). This paper will outline a transition process that is paced to the child's timing, sensitive to the child's attachment and trauma issues, and focused on adults reflecting on and adapting the transition process as it is evolving to see when it is time to take the next step and not using a preset timeline.

There are two attachment-oriented stages to the transition process (Fahlberg, 1991; Harden, 2007; Jewett, 1982; Lanyado, 2003). First, a new relationship and eventual attachment between child and the adoptive parents must be formed. Second, the child must let go of the foster parents in their role as primary caregivers, have markedly diminished physical contact with them, start the process of grieving the current form of the relationship, and, hopefully, start a new phase to the relationship: former foster parent as extended adoptive family, e.g., "auntie" or "uncle" (Harden, 2007).

### **Step 1: Building a relationship with future adoptive parents**

I see four attachment-oriented steps for children in building a relationship with adoptive parents: learning the adoptive parents are safe people, coming to view them as interesting people, experiencing them sufficiently to become familiar with them, and finally taking the leap to entrust their life and safety and hearts to them. I will discuss this first and foundationally for children with secure attachments and then discuss variations for children with other attachment patterns. I will assume throughout that the adults involved have secure attachment histories given there is not space here to discuss the many permutations and complications involved when the adults have insecure attachment histories.

**Safety.** Upon first meeting the potential adoptive parents, the child begins with a basic question: Are these new people safe? The child asks this question implicitly of every stranger he or she meets. The basic strategy for securely attached children is to seek proximity with a primary caregiver for protection and to read the cues in a caregiver's face and interactions with the strangers as to the caregiver's judgment of the stranger's safety. Thus, first meetings of young children with potential adoptive parents should always take place in the presence of the primary caregivers and the child should always have line of sight access to the primary caregiver for the entire meeting. Thus, if the primary caregiver needs to leave the room, the child accompanies the primary caregiver and is not left alone with the adoptive parents. See the first paper in this series (Reams, 2012) for a fuller description of the levels of safety that a child might experience with the adoptive parent.

What can the adoptive parents do to support the child developing a sense of safety as the child's history allows? The most important aspect of the adoptive parent's behavior is not to be intrusive, physically or emotionally, while still being responsively present. This balancing act involves literally second-by-second observation of the child's emotional state in reaction to the adoptive parent's behavior. Adoptive parents will inevitably be too intrusive at times and that opens up an opportunity. If the adoptive parent notices the child's reaction to the intrusion and backs up physically or emotionally and signals with an apologetic tone of voice an awareness of the intrusion, then the child learns an important characteristic of the emerging relationship: that the child can signal discomfort to the adoptive parent and the adoptive parent will be attentive and responsive. When the adoptive parent increases the level of closeness, then the adoptive parent should do so with an air of tentativeness thereby giving the message that the child has a voice in how close or far away the two people are going to be at this point in time. That sense of control is very important in building the child's sense of safety.

The foster parent also has a role in facilitating the development of trust between the child and the adoptive parent. The foster parent signals whether she sees the adoptive parent as a safe and welcomed person or not by how tense her body is, the expression on her face, her voice tone with the adoptive parent. Obviously, a foster parent who is ambivalent about the potential transition can be, but isn't necessarily, a major hurdle. The foster parent's certifier or other professionals, in or out of the child welfare agency, may be valuable resources to assist the foster parent with processing the upcoming loss and their feelings. Foster parent and potential adoptive parent should meet ahead of time without any children present to talk about the child and establish some beginning sense of comfort and familiarity with each other and exchange

information. As the foster parent grows to know and trust the potential adoptive parent, this forms the foundation for the child's trust.

**Interestingness.** Learning an adoptive parent is safe will be useful to help the child not run screaming from him or her, but what will draw the child toward a adoptive parent? Humans, especially young children, are hard-wired to be interested in other humans. What are the components of being interesting? The first is easy for prospective adoptive parents to achieve and that is novelty. Their very newness to the child makes them initially interesting. A second component is responsiveness. Adults that notice the child's interactive overtures and respond promptly within the flow of the interaction feed the young child's sense that they have an impact on the world. All humans are highly motivated to feel like we have an impact on our environment. This human responsiveness is more fascinating and a greater gift than any toy.

This responsiveness is not just to the child's actions but also to what is going on inside the child; to the child's thoughts, feelings, plans, etc (Slade, Grienberger, Bernbach, Levy, & Locker, 2005). If you respond to a child's reaching for a toy that is out of reach and then finally grasping it as just a behavior, it is much different than responding to it as the successful completion of a plan with all the accompanying emotions.

A third component of being interesting is stimulation which is related to novelty – adding your own input to the interaction that builds on what has gone before without taking over. Rolling a ball back and forth with a young child gets boring quickly for the child and you but if you add sound effects or add a second ball at the same time and watch how the child reacts and take that into account then the child will maintain interest in you longer. In addition, if you notice when the child adds their own variations and build on those variations with yours then you

are both being responsive to their variation and stimulating to the child with new input.

Interestingness involves introducing variability in some ways yet children also value reliability.

**Reliability.** Children welcome a certain amount of novelty but too much change is overwhelming and/or confusing. To form an eventual secure attachment with adoptive parents, those new caregivers must be reliable for these children. Reliability includes physical presence, persistent safety, emotional consistency, reliable responsiveness, relational rituals and regularity. The development of this sense of the new adults as reliable is another reason brief transitions are problematic – there just isn't enough time for enough meetings for the child to determine the adult's reliability.

Children do not need a rigid schedule for in-person contact when forming relationships with new caregivers. However, they do need relatively regular contact without gaps of three or more days (Harden, 2007). Thus a schedule where adoptive parents only see the child on the weekends does not work or where appointments are missed because of competing demands. Ideally, there would be 3-4 meetings per week. One instance of a larger gap does not ruin a transition process – it only stretches it out as the child will take longer to form the relationship and we are following the child's timeline. Repetitive longer gaps will preclude a deeper attachment forming and will indefinitely postpone the completion of a transition.

Part of reliability is in the consistency of the safety – consistently being physically and emotionally nonintrusive – is especially important for children who have been hurt or intruded on by others. They can distinguish new people from unsafe people they have experienced before but their antenna will be out for any indication that a new person falls into the preexisting category of unsafe people.

Consistent responsiveness is also noted by the child. When with the child, the new adult should not often be thinking about other aspects of their lives or busy with cell phones or too involved in adult conversations thereby missing the child's cues. The adult should be attentive and communicating a positive valuing of the child most of the time.

When young children form a new relationship, they often develop particular interactions that they repeat each time they see the new person; like a ritual. There is a young toddler I have seen with both his birth parents and now adoptive parents. He played with a particular simple puzzle in his first session in my office. Almost every session, he will still play with that puzzle or at least touch it or move it to another location. It is as if that puzzle is a part of him and me together – our relationship. Noticing these rituals as they develop is important and making sure the items are available to continue the rituals will facilitate the relationship. The rituals cannot be forced or arranged by the adult – the child has to develop them organically out of the child's own experiences with the new individuals and the environment.

**Trust/attachment** The child needs to begin to trust the potential adoptive parent(s) and to have the start of a primary attachment before he or she changes residence or the move will be traumatic. In other words, the child has to begin to trust the new parents with his/her life and psychological integrity. In a very rough analogy, the stakes are similar to an adult deciding to ask another person to marry – we usually want to feel like we know another person really well before we entrust them with sharing our lives. That is the function of the dating period and even engagement. The child does not get to decide if and when they live with the new parents but their sense of trust, attachment, and trauma is their own and it is crucial that adults prioritize it. We cannot force the child to attach. What is needed for this beginning trust and attachment?

The three prior stages are necessary preconditions for trust and attachment to emerge but they are not sufficient. The new parents must now at this point in the process, and not before, signal unambivalently that they want to love and care for this child for as long as they live. They will do this in the looks they give that child, the way they hold the child, the tone of voice used – in every verbal and nonverbal communication they make to the child. The message is one of “You are a unique and special and wonderful child in the universe. I want you, specifically you, to be my child forever because I love you so much already. I will devote myself fully to your well-being in its broadest terms.”

This is a different message than that provided by nonadoptive foster parents (Waterman, 2003). That message is hopefully “You are a special and wonderful child in the universe. I care about you and may over time love you. I have committed myself to taking good care of you and will devote myself to you to the best of my available resources for as long as we are together.” This giving message should not be devalued because it is not the same as the message that most birth or adoptive parents give to their children. Given foster care is an unfortunate necessity, such messages are gifts of the highest order. The difference between the messages remains, however. I have worked often with foster parents who make the decision to adopt a child in their care and when they are told that will occur, they experience a shift on the inside; a shift in and deepening of their emotional stance towards the child – they feel the change in the message.

It is rare but sometimes one or both potential adoptive parents as they get to know the child may realize they have substantial reservations about adopting this particular child or, perhaps, any child. This does not mean that there is anything wrong or pathological with them. Although painful, it is so much better that this is recognized early in the process. The transition

process should be put on hold and these concerns worked through before the process proceeds any further. Obviously, for the child's welfare, the process cannot be postponed indefinitely and a new search may have to be initiated at some point in time.

When children receive this powerful message of love and commitment, they notice it. They may have a variety of reactions to the message depending on their history of experiences in close parent-child relationships. Many children welcome that message assuming they have developed a sense of safety with, a degree of interest in, and a feeling for the reliability of the adoptive parents.

Even with welcoming the message, the child often may still communicate, "Whoa! Hold on – this is a big step. Don't rush me. Let me feel some sense of control in this part of the process." This may result in a temporary stepping back, some distancing, while the child takes in the message and its implications. Note: this is not a rejection – just a pausing. Conversely, the child may react in essence with "That message feels great. I want more." The child may crawl into the adoptive parent's lap, lay down and want to be rocked. I know adoptive parents' prefer the second reaction – it is very reassuring.

Either message is actually fine for the process in the long run. What is crucial is the adoptive parents' reaction. When the child's overt reaction is thought about in terms of the thoughts and feelings going on inside the child, then the adoptive parent can be responsive to where the child is at rather than just expressing an immediate emotional reaction which is reflective of where the parent is at. Adoptive parents need someone to talk to who is focused on what is going on inside of them – this might be their caseworker, an outside consultant, a friend,

a minister, a relative – someone who can really listen and explore feelings without getting into fix-it mode.

Many foster parents also have a reaction to seeing the growing connection between the potential adoptive parents and child. This reaction can be varied but one especially to take note of is bittersweetness. The foster parent is happy for the child and the adoptive parent at their growing love and may feel touched by it. Yet it is also a powerful signal of the loss coming for the foster parent as the relationship changes in the future with the child. Some foster parents may have had a wish at some point, even if not realistic, that they could adopt this child. They may not even have been fully aware of this wish until the bittersweet feeling comes up and they reflect. This is a great time for foster parents to also have someone available to talk to about what is going on side of them – a foster parent support group, their certifier, friends, etc (Urquhard, 1989).

As trust and attachment are building between the child and the potential adoptive parents, the second stage starts now in parallel with the continuation of the first stage. Visits begin between the adoptive parents without the foster parents present or nearby.

## **Stage 2: Shifting the relationship between foster parent and child**

In every gain, there is a loss. Initially, the relationship with the new adoptive parents is another set of people who value the child; an extra bonus to already existing attachments. When that relationship deepens into an attachment relationship, then it has implications for the relationship between the child and the foster parents. When the child starts visiting outside the

foster parent's home and, especially when sleepover visits occur, the child will feel the pull of multiple attachments.

The progression of the relationship with adoptive parents will concretely indicate that the new attachment is taking over from the preexisting attachment rather than supplementing it. The more time the child has with the new caregivers, the less time there is for the child with the old caregivers. The diminishment of the relationship with the foster parents is felt as a loss by the child. The child's prior losses and painful feelings associated with them are almost always brought up (Fahlberg, 1991; Lanyado, 2003).

This new loss provides a valuable opportunity. It is not a sudden loss. Foster parents (with emotional support from others) are able to communicate verbal and nonverbally with the child about both their and the child's thoughts and feelings and also especially communicate the acceptance of all those thoughts and feelings, including anger and attempts to proactively distance, and the acceptance of the adoptive process (Partridge et al., 1986). The child has the opportunity and time to show a range of reactions including, but not limited to, clinging, avoidance, aggression, emotional fragility and falling apart, loss of recently acquired developmental skills. The adult professionals in the child's life (foster parents, caseworker, respite providers, child care staff, mental health therapist, early interventionist) have the opportunity to understand the fear and upset underneath these surface behaviors. Through this deeper understanding, they can respond to the emotional communication and help the child understand that they are not a bad child, that no one is abandoning them, that there remains a cadre of caring adults who are keeping them safe and loved and will continue to do so. As

potential adoptive parents start visiting with the child away from the foster parents, one of their biggest fears is what to do if the child becomes distressed.

**When the child is upset on a visit.** While with the adoptive parents, the child will at some point be upset about something; perhaps about being away from the foster parents. This can happen on a one-hour visit at a nearby park early in the process, on a weekend visit at the adoptive parent's residence a couple of weeks later, or three months after the child has been living with the adoptive parents. This can be an abrupt switch of gears for adoptive parents to make. It can also be confusing because it is not as if the young child is necessarily going to say "I miss Mama Susan." The child may just melt down out of the blue or what started as a small disappointment can escalate to a major tantrum when the child doesn't have their usual soothing available.

This is a huge opportunity for the adoptive parents to be emotionally responsive to the young child and jumpstart the process of becoming a soothing attachment figure (Roberson, 2006). A crucial understanding for the adoptive parent to have at that moment is that the goal is not for the child to be brought back to a happy or even neutral mood. Given the child's limited history with the adoptive parent and entanglement of the feelings for the adoptive parent with the possible upset feelings about the foster parents, it is unlikely that the adoptive parent has any specific things to say or do that will directly calm the child. Instead the goal is for the child to feel the calm, available presence of the adoptive parent throughout the upset, even when the child may be pushing the adoptive parent away.

What does this "calm, available presence" look like concretely? First and foremost, the adoptive parents stay calm through deep breathing, self-talk, and mutual support. If adults are

emotionally regulated (but not distant or blank) and sympathetically present when around upset children, then the children can draw upon that calmness as a cue that the world is a safe, ordered, caring place that is positively attentive to them.

Second, the adoptive parent provides as much physical closeness and soothing as the child will accept without pushing for more: holding and stroking the child if allowed, just having the child lean against the foster parent's body without extra touching, both leaning against the couch a few feet away from each other fiddling with a toy (or some other parallel physical arrangement and activity), child and parent 15 feet apart facing away from each other with the parent casting an occasional glance or mentioning the child every few minutes so the child knows they are still in the parent's mind. The child will notice the availability and the lack of intrusion

Third, if the child is accepting of the parent talking, a "calm, available presence" means the parent giving words to the child's immediate emotional state without empty reassurances; e.g., "You're really upset. I'm here. I'll stay here. You miss Mama Susan." (if the child has communicated that) but not "You'll be fine." "It'll be okay soon." "There's nothing to be upset about it." This is a lot like the Circle of Security's concept of a "Safe Haven" (see Cooper, Hoffman, Powell, & Marvin, 2005 and [www.circleofsecurity.net](http://www.circleofsecurity.net) for a more in-depth description).

Fourth, if the child is upset but not intensely distressed, then distraction may be a useful option. This can work best if a parent starts to play with a toy while staying tuned into the child. The child may then get interested in the toy and want to take it away or perhaps even play with it

interactively. If the toy is offered directly to the child, they may reject without even considering it given their negative mood.

If the child is on a visit with the adoptive parents rather than living with them, then at some point a judgment call will have to be made about cutting the visit short if the child stays intensely distressed. On early visits away from the foster parents, I would recommend cutting the visit short if the child stays intensely distressed for more than 15-30 minutes. The upset child needs access to the primary attachment figure, the foster parent, at that point in the transition process. This will teach the child that the adoptive parents are in tune to the child's needs and responsive. It will not set up a situation where the child cries on every visit to get access back to the foster parent as some adults fear. On overnight visits later in the process, the adoptive parents should have more salience to the child as an attachment figure. During later visits, I would recommend waiting at least several hours before stopping a visit early. The potential adoptive parents should have cell phone numbers and thereby could call and consult with the foster parents, the caseworker, or (if applicable) the outside consultant if they wish to. Support is a crucial need for adoptive parents in the postadoption period (e.g. Atkinson & Gonet, 2007).

## **Transition Process**

### **First Meeting**

I will describe the first meeting in some detail as I see it as the most important meeting to set the tone and as an example for the approach to be taken throughout the transition process. Ideally, the person coordinating the transition process, whether the child welfare caseworker or an outside consultant, should be present at this meeting in the background as an observer. I will

present this interaction as a conversation which it is; albeit primarily nonverbal. No other children or individuals from the caregiver's home or the adoptive parent's family should be present. To make it less likely that the child will be overwhelmed, if there are multiple adoptive parents then one adoptive parent should be in the lead with interacting with the child and the other adoptive parent should remain in the background. This other adoptive parent can be in the lead in subsequent visits always following the child's lead. Thus upon first meeting:

C: Should be in physical contact with the foster parent's body

FP: Positively receptive verbally and nonverbally to adoptive parent's overtures

AP: Stand about ten feet away from child and foster parent and talk in a quiet, soft voice upon first meeting. The words should be of greeting as might be expressed to a child of a friend just being met rather than heartfelt expressions of love (too emotionally overwhelming for the child).

C: Hopefully, will show some initial wariness (looking away, trying to get greater physical contact with the caregiver, scared facial expression). This is good and developmentally appropriate.

FP: Accept the child's need for greater protection and communicate back through, perhaps a tighter hold or extra touching, that you are providing greater security

AP: Express, to the child, recognition of the child's shyness both in words and tone (a little quieter even than the first statement and with some tentativeness and some sympathy for the fear) and also recognition and approval (though tone and words) of the child's taking care of themselves through limiting social interaction to decrease intensity. The adoptive parent should keep talking but then shift to speaking in a friendly, tone of voice to the

caregiver about surface topics about the child (e.g. how the child's day has been, the child's clothes, what the child and the caregiver were just doing, a toy the child is holding). Talking with the caregiver gives the child a break from direct verbal interaction with the adoptive parent. However, by talking about the child, both adults will be glancing and even looking at the child and thereby offering a small smile and intermittent eye contact.

FP: Sharing attention between adoptive parent and child

C: Can meet or avoid the indirect communication from the adults while the adults are conversing

AP: Assuming the child is tolerating a second or two of eye contact, after a few minutes of talking with the foster parent the adoptive parent might then move a couple steps closer while still talking to the caregiver.

C: Will notice and react positively, negatively or neutrally to the adoptive parent approaching

AP: If the child looks with interest, then stay that distance and maybe smile a little and say "Hi." If the child looks away and acts shy, then take only one step back and again note that reaction with a sympathetic tone. If the child startles or cries vigorously or shows other signs of distress, then back up two steps and turn a little sidewise and make your body a little smaller and apologize quietly and stand still and let the foster parent focus on soothing the child. If the child looks at you make eye contact but from lowered eyes or from a face turned away somewhat. You are signaling to the child that you get it that you

overwhelmed him or her by those two steps. Any of those three options is fine as you are being responsive in all three of them to the child's cues and the child will learn that.

FP: Support the child's reaction to the adoptive parent's moving forward whatever it might be. Whichever of those three options occurs, the next step is for foster parent to sit on the floor with the child on her lap or at her shoulder whichever the child prefers.

AP: Sits on the floor also. One of the child's balls should be prearranged to be near where the adoptive parent will be sitting. The adoptive parent picks it up and plays with it.

C: Will have a reaction to the adoptive parent playing with the ball even if it is to ignore it

AP: If the child is distressed that the adoptive parent has the ball, then the adoptive parent rolls it to the caregiver. If the child ignores the adoptive parent and the ball, then the adoptive parent continues to play with ball shifting the actions the ball every few minutes to keep it novel until the child gets interested if ever.

C: At some point, the child watches the adoptive parent play with the ball

AP: Roll the ball to the foster parent.

FP: Pick up the ball

C: Reacts to the ball rolling to the adoptive parent and the adoptive parent picking it up

FP: Looks to see if the child wants the ball and if not rolls it back to the adoptive parent. This rolling ball back and forth between adults continues until the child indicates a desire to have the ball. When the child signals for the ball, the foster parent gives the child the ball.

C: Plays with the ball with the foster parent for as long as he or she wants

FP: Play with child with ball but does not introduce new interesting variations

- AP: Watching quietly the ball play between child and foster parent with maybe a few comments to the foster parent about the ball play.
- C: May drop the ball during the middle of the ball play with the foster parent.
- AP: Retrieves the ball and immediately rolls it back to the foster parent because that interaction between child and foster parent is not done. This may become a game where the child drops the ball and the adoptive parent retrieves it which is fine, but unlikely at this point in the process.
- C: Sends cues eventually that the child is tired of the ball play with the foster parent
- FP: Rolls the ball back to the adoptive parent.
- AP: Assuming interactive play with the ball between the child and the adoptive parent has not already developed, then adoptive parent starts to play with the ball again by his or herself in a playful, interesting way (e.g. tossing the ball up and catching it with soft sound effects).
- C: Eventually gets interested in this novel, silly ball play the adult is doing over there
- AP: Notice when the child starts watching and say to the child "Here you go" and rolls the ball to the foster parent
- FP: Hands the ball to the child and looks at the ball and then the adoptive parent rather than the child.
- C: Ideally the child gives the ball back to the foster parent or drops the ball or throws the ball. If the child again looks away or is distressed, then the adoptive parent scoots back a little and again apologizes and the visit would end there.
- FP: If child gives the ball, then roll it to the adoptive parent

AP: Retrieve the ball and roll the ball back to the foster parent while again saying “Here you go” while looking at the child. Continue this loop of foster parent-mediated interaction between adoptive parent and child using the ball while paying close attention to when the child loses interest and then stopping it.

FP: Stand with child remaining in physical contact

AP: Stand and say good-bye to both child and caregiver without lots of feeling and walks to the front door without being accompanied by the caregiver and exits

C: Reacts to adoptive parents leaving

FP: Soothes child if upset. If child is not upset, then talk positively about visit.

Thus this first visit might last about 15-25 minutes. Its success should not be marked by the quantity of interaction that occurs because actually every second was filled with interaction. A successful first visit is one where a dance was initiated between child and adoptive parents – all dances are equally valuable even one where the adoptive parents retreat when the child is distressed.

### **Steps in transition process**

Each of the thirteen steps in the transition process outlined in Table 1 can take one visit, a fraction of a visit or multiple visits. What is crucial is all of the adults observing the child and sharing what they see in terms of indicators of a readiness to move to the next step. There exists a tendency to hurry among all the players, even the child at times. When the child is feeling pulled by multiple attachments and loyalty issues in Stage 2, he or she might wish to just get rid of the foster parent or the adoptive parent to make the hard feelings go away. Yet these hard

feelings are just what need to be expressed and shared to facilitate the necessary shifts in the child's internal world of relationships.

In addition to the criteria for moving onto each next step mentioned in Table 1, there are also some general criteria for moving forward rather than pausing:

- Foster and/or adoptive parents are not emotionally overwhelmed and have the necessary support,
- Adoptive parents are not substantially ambivalent,
- The child is not panicking or dissociating in connection with contact with potential adoptive parents, either before, during, or after (note all children going through this process will be stressed and an increase in mental health symptoms and difficult behaviors is usual).

**Children without secure attachment patterns and the transition process.** Not all children expect adults to be warm, safe or responsive. This is especially true of young children in foster care (Dozier & Rutter, 2008; Reams, 1999). There are three main identified patterns of how children cope with these negative expectations about relationships: anxious-ambivalent, anxious avoidant, and disorganized (Ainsworth, Blehar, & Waters, 1978; Main & Solomon, 1986). The general steps to be followed in the transition process and careful, child-centered approach all remain the same but there are specific issues that can arise with each group of children.

Anxious-ambivalent children are clingy with caregivers and distressed with separations as if they expect morsels of attention to be few and must be constantly watched for and then

seized upon when available or they will disappear. These children also appear to believe that they may be able to extract extra attention from the caregiver through demandingness, distress and acting young.

In the transition process, these children are often interested in attention and interaction with new adults but don't want to give up any opportunity for connection with preexisting attachment figures. Thus they may make eye contact, vocalize, and interactively play with the visiting adoptive parents but may be slow to give up physical contact with the foster parents and initially show great distress when there is increased distance from or absence of foster parents. Thus Stage 1 often takes longer with these children. Once the adoptive parents are identified as safe, available figures and longer visits are occurring in Stage 2, these children can attach to the new parent figures and are open to affection although often (but not always) also show the anxious clinginess that they showed previously with the foster parents.

Anxious-avoidant children appear uninterested in whether attachment figures are present or leaving and do not show wariness of strangers on the surface. They do show increases of heart rate and other physiological signs of arousal with changes in the availability of the attachment figure or presence of a stranger thus they do register perceived danger (Sroufe & Waters, 1977). These children have apparently concluded that there will be no morsels of attention and that they will have to take care of their own safety as adults are not to be relied upon.

Anxious-avoidant children will not seek out the physical proximity of the foster parent when meeting or interacting with the adoptive parent in Stage 1 and will not be overtly distressed at being with the adoptive parents without the foster parent but that should not be interpreted as

the foster parents can just exit early. Foster parents will still be a source of information about the safety of the adoptive parents for the child even if the child uses that information sparingly.

What will be challenging is that these children in stage 2 on the surface will not reciprocate or really even seem to notice the affection and commitment offered by the adoptive parents. They are noticing but it will take a longer time than with most children to convince them these benefits are really consistently available.

Children with a disorganized attachment pattern show a desire for connection that is interfered with by concerns that the caregivers will be overly frightening – either by being intrusive or abusive or by being so scared themselves. As infants and toddlers, these children may show dissociation or unusual attachment behaviors (e.g. walking with arms out as if to a caregiver but walking towards a wall, showing facial fear reactions when a caregiver appears). As preschoolers, they may try to be caregivers to adults to appease them or be aggressively controlling towards adults to manage their behavior. Children in this disorganized attachment group are overrepresented in birth homes where there has been physical abuse or domestic violence (Cicchetti & Barnett, 1991).

In a transition process, children with a disorganized pattern can be quite unpredictable. They usually struggle with various steps in both Stages 1 and 2 based around their distrust of both foster and adoptive parents. The transition process might take the longest of these three attachment groups with the children with disorganized attachment. It is important to be very mindful of not intruding on these children and not to do any pretend fear faces as part of play.

For all three of these groups, the transition process takes longer but is successful with the same pattern of steps and careful attention to the child's readiness cues. Therapy for the child at

the same time as the transition process is a must for these children (Lanyado, 2003). In addition to children with these attachment styles, this approach to transitions has been used successfully with children with a diagnosis of Reactive Attachment Disorder, with children who have been in many foster placements, and with children who have already had disrupted adoptive placements.

### **Summary**

This paper describes a time and resource-intensive process to facilitate the healthy transition of young children from foster homes to adoptive homes. What justifies such an intensive use of time and resources? I would draw an analogy to a wedding. Two people can be married in a civil ceremony with two witnesses on a lunch hour while away from work. Yet instead many couples and their families spend months of time and thousands of dollars to have an engagement period including a ring, a wedding ceremony with reception, and a honeymoon to facilitate the transition of two people into marriage. A child's adoption may be the most important event in that child's childhood. Isn't this child worth doing all we can to increase the chances for a securely attached relationship with the adoptive family and for the child to believe that prior loved parent figures do not disappear? Our society needs these children to value relationships and invest in them – this is part of breaking the cycle of abuse and foster care.

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Table 1. Interactional steps in transition process for a young child from foster to adoptive home

<b>Step</b>	<b>Interactional activity:</b>	<b>Needed to move to next step:</b>
1	Foster parents (FP) meet adoptive parents (AP) without child present to get to know each other. FP shares child's favorite foods, bedtime routines, feeding rituals, soothing strategies, etc. AP shares their hopes and dreams for this child.	Both AP and FP feels a beginning positive bond between them
2	Child interacts with adoptive parents (AP) while always in the same room as foster parents (FP) ; mostly in physical contact; distance from FP is gradually increased within the room based on child's cues	While with AP, child shows: <ul style="list-style-type: none"><li>• relaxed body, eye contact, okay with AP within 2-3 feet</li><li>• little reaction to shifts in location of FP within room,</li><li>• few visual check-ins with FP</li><li>• longer stretches of interaction with AP without distress</li></ul>
3	Child interacts with AP in the foster home but with no FP in the same room or in line-of-sight for some of the time but always within calling distance and FP responds verbally to child's calls and	While with AP, child shows: <ul style="list-style-type: none"><li>• relaxed body, eye contact, okay with AP within 2-3 feet</li><li>• notices FP leaving but little distress,</li></ul>

- comes into the same room
- okay if child calls for FP to come into room but then allows FP to leave again shortly after
- 4 Child, FP, and AP travel outside foster home via walking preferably to park or other public play area. FP remains in line-of-sight but 10-20 feet away from play equipment while AP is close to child and can offer help to child but waits for child to signal acceptance of help before providing it. If child hurt or scared at play area, FP moves to help right away.
- During trip child shows:
- no clinging to FP during traveling to play area
  - usual amount of positive affect at play area based on FP judgment
  - possible greater clinginess to FP on return trip from tiredness/hunger, etc
  - comfort with AP having greater proximity than FP for most of the time at play area
  - comfort with AP touching child's body appropriately to provide help
- 5 Child and AP play outside in front and/or back yard of foster home without FP present most of the time; FP responds and comes if child calls with AP helping that process occur if FP cannot hear child
- While with AP, child shows:
- comfort with AP touching child's body appropriately as part of play
  - long extended interactions with AP without involvement of FP
  - okay if child calls for FP to come to yard but child allows FP to leave again

shortly after

- 6 Child and AP play inside foster home and FP leaves home for 30-60 minutes initially with all other children and adults (extending up to 2 hours over time). FP tells child of leaving and leaves even if child distressed; to the extent they would with babysitter or respite provider. After FP leaves, okay for child to be upset but if child becomes self-injurious or glazed over/blank then have FP return early. Feeding and diaper changes by AP may occur in these visits.
- 7 Child and AP leave foster home for two-hour visit in public places. Best if the first of these involved only walking and not driving away from foster home. AP needs to be prepared for diaper changes and feeding. FP admires out loud relationship between AP and child from here on throughout the process
- During this visit, the child shows:
- distress lasts not more than five minutes after FP leaves
  - positive interactions with AP most of the time; does not isolate self when FP gone
- During this visit, the child shows:
- positive interactions with AP
  - some openness to soothing from AP when distressed (doesn't pull away or be aggressive during soothing attempts)
  - distress, if it occurs, that lasts not more than five minutes after leaving foster home

- 8 Child and AP leave foster home for five-hour visit that includes the 2nd half of the visit in the residence of the AP (even if hotel room). AP can initiate mild physical affection (rubbing back, stroking hair, holding hand but not hugs or kisses yet) and monitors child's reactions to decide if to continue or stop
- 9 Child has single overnight visit with AP in AP's residence which first time does not include a bath but does subsequently. AP should learn bedtime and bath routines from FP. Child takes favorite stuffed animal, blanket, and storybooks
- 10 Child has two overnight visit with AP in AP's residence. Child takes favorite stuffed animal, blanket, and storybooks. AP can add hugs and kisses as child is accepting of them. Other children in adoptive family can now also be present.
- During this visit, the child shows:
- positive interactions with AP
  - generally accepts soothing from AP when distressed
  - beginning distress, if it occurs, that lasts not more than five minutes after leaving foster home
  - accepts mild affection from AP
- During the visit, child shows above and :
- sleeping through the night with only one distressed awakening
- All of the above including child:
- accepting affection from AP
  - showing signs of shifting attachment when with FP without AP (some turning away from affection, some distancing & rejecting; all in context of a basically positive relationship)
  - has shown signs of multiple

attachments to FP and AP when with both (using both for soothing, showing affection to both, using both as audience for child)

- |    |  |             |
|----|--|-------------|
| 11 | Child shifts residence to AP. AP, FP and child jointly pack. FP hands child over to AP to carry to car. AP, FP and child travel together to AP's residence/airport.  | None needed |
| 12 | Reverse visit with of FP for 30-60 minutes in AP's home or via skype 2-4 days after shift with AP always physically present. Never occurs in FP's residence. Child shows FP child's bedroom. FP admires home/relationship. | None needed |
| 13 | Reverse visits of FP with child in AP's home or via skype initially 1/week then spacing out to 1/month and then to when child requests or on special occasions such as holidays, child's birthday, or FP's birthday        | None needed |