

A Child Centered Approach to Transitioning Children
from Foster Families to Adoptive Families
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by

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Section I – The model

Abbreviations:

AH: adoptive home

APs: adoptive parents

BPs: birth parents

CWs: caseworkers

FH: foster home

FPs: foster parents

Caveats:

- This model comes out of my experience as an external consultant guiding adoptive transitions and also as a child psychotherapist who provided input during my clients' transition processes. I developed this model and have attempted to document my experience and thinking for the benefit of CWs, FPs, APs and therapists involved in adoptive transitions who want to facilitate them more planfully and with greater sensitivity to the child.
- The underlying concepts of this theory are generally supported by research, but the whole model is not. Instead, the model is based upon my own clinical experience, and upon the theories of Mary Ainsworth, John Bowlby, Magda Gerber, Daniel Hughes, Mary Main, Donald Winnicott, and others.
- This model should not be regarded as the only way to facilitate transitions. This model will hopefully spark the development of more models and research efforts towards identifying the best ways to manage adoptive transitions.
- Each child—and their context—is unique, so the model can only be a recommendation.
- In some aspects of the model, developmental influences are made explicit, but the child's developmental level will be a consideration throughout all aspects of an adoptive transition.
- I am not aware of any culturally specific approaches to adoptive transitions. However, all cultures have rituals and beliefs about life transitions, which could be integrated to create culturally meaningful adaptations of this model of adoptive transitions, or a new model altogether.
- I use the plural form of the terms for APs and FPs, but adoption and fostering by one parent is a viable alternative.
- I avoid gender-specific pronouns, recognizing that children and adults in the adoptive process are of all gender identities.
- I do not attempt to directly address transitions between FHs, although there are elements of this model that can be applied to such circumstances.
- This model explores an extremely wide range of potential variables; obviously not all of them will occur during any single adoptive transition, but most adoptive transitions include some of them.
- Some jurisdictions have begun to use the terms "resource parents" or "resource family parents" to refer to individuals that have historically been referred to as "foster parents". I stay with the older term to avoid confusion since the majority of jurisdictions still use it.

- This model primarily focuses on the transition of a singular child; it addresses sibling group transition as a specific scenario.
- This model is imperfect, incomplete, and not comprehensive to all circumstances and jurisdictions. I welcome feedback from any interested party at redmondreamsphd@gmail.com.

1. Overview of model

This model is focused on creating an adoptive transition that provides the child with a narrative that they can positively integrate into their identity **for the rest of their life.**

We recommend reading this overview in order to familiarize yourself with the general approach. Next, skim the rest of the document and choose particular sections of interest to focus on in more detail. Finally, read the whole document to see how it all fits together.

As you'll learn, the model prioritizes the interests of the child. When following this model, we:

- assume that the child is the most vulnerable participant, and that the adults have committed to giving precedence to the child's needs.
- demonstrate, to the child, their importance to the adults. This is achieved through the choices adults make towards pacing the whole process around the child's interests. They sense this and absorb it, not because they've been told so, but because their environment actually wraps sensitively around them.
- avoid triggering a child's past losses and traumas as much as possible.
- prevent new traumas for the child, by anticipating their sense of safety/danger about the transition.
- provide the child with the experience of a move with adults who are attuned to their needs and prioritizing them, presenting a contrast to their prior experiences of moves.
- highlight the importance of relationships while building the child's trust with their APs, specifically, by honoring the changes that occur in the important existing relationships the child already has with FPs.

We are also attentive to the adult participants' emotional and relational realities so as to:

- help participants reflect and notice concerns they have that might prevent their being sufficiently present with and thoughtful about the child. We assume that all humans have difficulties, both conscious and unconscious, and that these are not shame or blame-worthy.
- facilitate communication between participants about the hurdles they will face. In addition to practical hurdles, we recognize that emotional and relational hurdles will present themselves.
- minimize the risk of extra hurdles between the adult participants.
- ensure all adults (CWs, FPs, APs, other involved professionals) feel that they are valuable and respected sources of input.

The basic steps of this transition include:

- A select group of adults meet and plan without the child
- Child meets APs in FPs presence
- Child has short visits (less than 3 hours) with APs, without FPs around
- Child has all-day visits (6-8 hours) with APs
- Child has overnight visits with APs
- Moving day
- Child has contact with former FPs while with APs

Main goals

The two main goals of the model are to *build degrees of safety incrementally by stewarding the beginnings of attachment between child and APs*; and to *support the transition of the FPs' role in the child's life from caregivers (a provider of love, protection, and nurturing) to extended family (a sensible degree of care and interest).*

2. Before the transition begins

Child characteristics

Degree of contact child still has contact with BPs

Many children who are ready for an adoptive transition have stopped visits with their BPs, and the BPs' parental rights have been legally terminated. Ideally, the child has had a goodbye visit with the BPs to help them be more resolved with the ending of that relationship. With or without a goodbye visit, many children still dream of a reunion with their BPs, no matter how abusive. If the child has a therapist, this is an important topic to address. If there is not a therapist, then the FPs should be addressing this with the child—this is not a single conversation but rather one that extends over time, ideally with the child expressing feelings and asking questions. Even if the child has accepted the reality of never being reunited with the BPs, they may still idealize one or both of the BPs. This should not be challenged as it needs to fade gradually over time as the child gains more experience with positive relationships with parents and more capacity to reflect on those relationships with all their caregivers, especially with the help of their Lifebook (to be defined later).

If the child is still having contact with the BPs but there is not going to be any post-adoption contact, then arranging good-bye visits is important. Ideally, this is not just one visit but perhaps three spaced out over seven to ten days. BPs can learn from the child's therapist or the CW about how to focus this process for the child's benefit.

If post-adoption contact between the child and BPs is anticipated, begin negotiations between BPs and APs as soon as possible for how that contact will occur. Design and start implementing the process by which BPs and the child acknowledge to each other the impact of the adoption on their relationship, including the BPs' support moving forward of the adoption. If post-adoption contact between child and BPs is not anticipated, then design and implement a goodbye process and document those meetings for the child's Lifebook.

Child has trauma history

Trauma will likely impact the child's capacity to feel safe with new people and will likely present as triggers that they potentially experience with APs. In considering how the child's trauma history may affect the relationship with the APs, we may focus on the most recent or egregious incidents, but also need to consider other traumas, including ones that:

- occurred as a result of witnessing traumatic events that occurred directly to others
- occurred in current or past FHs
- were inflicted by other children

Consider that there may be developmentally appropriate methods to include some accounting of that history in their Lifebook. If it's not in the Lifebook, then APs need as **full** a trauma history in writing as possible so they can be the holder of that history until it makes sense for the child to know it.

Child has history of losses

During this transition, the child is losing their current relationship with FPs. This may reverberate with previous forms of loss they have experienced, including:

- placement changes
- houselessness
- deaths of significant others, including pets
- abandonment or perceived abandonment by parental and sibling figures
- loss of possessions through fire and moves

Child has ongoing relationships

People that the child has kept contact with may be able to validate the safety of the APs for the child. These may include:

- grandparents, siblings, and other relatives
- caseworkers
- mentors and coaches
- psychotherapists and school counselors
- guardian ad litem, court-appointed special advocates, attorneys

Sometimes the child has the capacity to understand/welcome change, specifically the adoptive transition. They may not experience some of the psychological aspects of the transition until after moving day. Every child is different; they may have unusual maturity or developmental delays that cause them to behave unlike other children their age.

A child who is nearly of adult age—and even younger teens who have needed to behave independently as a result of living on the streets and/or without adult supervision—may have a sense of near-adulthood. As a result, they may be less willing to trust or depend on anyone, and wind up rejecting the chance to attach to a new parental figure.

Child has mental health needs

Children with *Reactive Attachment Disorder* often require slower adoptive transitions. APs may need extra training in attachment-building interactive behaviors (e.g., Dyadic Developmental Psychotherapy). It can be tempting to move quickly through the adoptive transition since these children often show little distress.

Specifically, they:

- may not show any anxiety in first meetings with APs
- may not show any distress at the change in relationship with FPs
- may not show any markers of developing attachment with APs
- may sabotage adoptive transition as it proceeds further
- may show little interest or avoid contact with FPs after moving day—which does not mean this shouldn't occur

Separation anxiety disorders may cause the child to become so anxious and physiologically dysregulated that they have a panic attack. Before the transition proceeds, the child may need:

- instructions for managing their body's arousal states
- soothing from FPs
- anti-anxiety medications

- a more-incremental process of meeting the APs—*e.g.*, APs come sit on the porch or in the front yard and the child looks at them through the windows of the FH as a first step

Children with *Autistic Spectrum Disorder* (ASD) form attachments even though it may be less obvious based on surface behaviors. They may become overloaded by social or environmental stimuli, and may need:

- to be introduced to APs more gradually
- particular attention to the potential for visits outside the FH to overwhelm the child—FPs are a good resource for ideas
- various forms of visual communication to support their understanding of the sequence involved in a particular visit or in the adoptive transition process
- particular emphasis on continuity and predictability within the transition. It may be useful to solicit input from their educator, skills trainer, or even the child, if they are older

At an oversimplified level, children with *Posttraumatic Stress Disorder* (PTSD) have two, somewhat contradictory, coping strategies: to both avoid reminders of the trauma and be ready and aware of opportunities for additional traumas to occur. The transition process should be designed with sensitivity to the potential to interface with past trauma and the child's coping strategies and PTSD symptoms.

Consider the child's reactions in the past and what they have taught the FPs about the child's trauma triggers. Notice and take seriously the child's reactions in the present that may represent exposure to a trauma trigger or the child's anticipation of such an exposure. If the child with PTSD has a therapist, they will be an important source of input.

(Note: all children entering an adoptive transition have experienced at least one relational trauma, but experiencing a trauma is not a guarantee that a person will develop PTSD.)

FPs characteristics

Most FPs have helped at least one child transition out of their home previously. Their experiences and learnings, both positive and negative, are part of what they bring to this transition. FPs benefit from reflecting on this history. If this is their first transition, that significantly affects the process's emotional impact on them.

FPs will almost certainly have a past that includes losses and their degree of resolution. These losses may include:

- deaths of parents or siblings
- miscarriages, stillbirths, or death of a child
- estrangement with family members
- prior departures of foster children to birth or adoptive homes that went poorly and/or resulted in severing of contact
- divorce or separation

FPs have hopefully been provided some degree of support from friends, spouse, and/or therapists while processing their feelings related to those losses. If there hasn't been resolution, then the impending change in the relationship with this child may be experienced as a major loss by the FPs that resonates with feelings from the preceding losses, causing FPs to be challenged by intense feelings of grief.

The FPs may not consciously feel anything about this child moving out because they have an unconscious coping strategy of avoiding feelings of loss. This is a dilemma for the child, who may perceive the lack of FPs' expressed feelings as meaning that the child is not emotionally meaningful to the FPs.

FP has a significant degree of attachment to this child

This is especially possible if FPs previously had asked to be considered as possible adoptive parents. When this occurs, FPs often unconsciously and consciously deepen their attachment to the child despite knowing the outcome is not guaranteed.

Even though the APs are not responsible for the choices, the FPs may experience disappointment at having not been preferred over the APs to adopt this child by the adoption committee. When this occurs, FPs can still function as full and willing participants in the adoptive transition, but it may be more emotionally complicated for them. Provide opportunities for them to process these emotions within the planning team, or privately.

APs characteristics

APs reside significantly far away from FPs

(This will be addressed later on in a special section on long distance adoptions.)

APs have previously adopted children

How did the prior adoption go with respect to the attachment between the adoptive parents and that adopted child? This affects the adoptive parents' experience of adopting that they then bring to this adoption.

Consider how the previous transition was structured and the APs feelings' about it. Apply these insights when identifying transition steps or activities to include or exclude.

If there were disruptions of past adoptions, ask APs to describe how they have processed that disruption and their understanding of what led to it. Highlight that adoption disruption as a traumatic experience for APs and that they will likely be triggered at points in the adoptive transition or afterwards. Identify supports for helping them with those triggers.

At least one AP has the capacity to take substantial parental leave

If the APs have the capacity, it is recommended for at least one parent to take substantial parental leave (at least 3 months, preferably 6 or more).

Being able to do so affects their ability to support post-transition visits of the child with former foster parents and, most importantly, it affects the development of the attachment between the APs and the child.

APs feel neither parent can take substantial parental leave

Parental leave is important even if the child will be attending school or preschool. Leave can be used for after-school hours and times when school is not in session (*e.g.*, spring break or summer). There are several reasons why APs may conclude that taking parental leave is not possible.

- If APs don't see the importance, educate them in a nonjudgmental way about attachment, bonding, prioritizing the child's needs in this early part of the relationship, etc.

- If parental leave actually presents a financial hardship (especially in the case of single APs), ask them to be creative about creating a fund to live off of while on a self-created parental leave (*e.g.*, asking APs' own family and networks for support, soliciting donations via GoFundMe, using a credit card, taking out a second mortgage or credit line on their home, using some retirement funds early, or taking a second job for a limited period of time).
- If the APs' employer is resistant, then remind them that they must comply with the Family and Medical Leave Act (FMLA) if they have 50 or more employees, which requires up to 12 weeks of parental leave for adoptive parents. Note: FMLA parental leave needs to be used up in the 12 months following the adoption. Learn more about FMLA at the Department of Labor website <https://www.dol.gov/agencies/whd/fmla>.

APs may not have considered the possibility of alternating or combining parental leave windows. For example, each parent could take 12 consecutive weeks of leave, or both parents could divide the week by each working 2.5 days/week. Either arrangement results in 24 total weeks of leave.

APs' psychological profile

APs bring a personality formed by their prior relationships, temperament, and life experiences including successes, trauma, and loss. The most relevant personality strengths they may bring to the adoption include reflectiveness, emotional regulation, and empathy. APs may have significant emotional needs, as with all people. There is no shame in this. It is incumbent on APs to implement strategies for coping with and managing these needs. This includes:

- remaining attentive to their needs and to the possibility that an adoptive transition may reveal new ones
- self-identifying concerns as being active
- allowing others to raise the possibility that an issue is active,
- reflecting with self-compassion about concerns being activated (how, when, by whom, etc.)
- practicing empathy for others who have concerns that might also have been activated
- talking with others (therapist, spouse, friends) about feelings
- creating an intentional plan for repairing any hurts with another participant in the transition that may have already been created by an issue becoming activated and working with the issue going forward—and communicating that plan to the FPs, CW and any other relevant individuals and accepting feedback on the plan

APs have previously experienced difficulty adding children to their family

This may have occurred as a result of infertility, miscarriage/stillbirth, or not being chosen as the adoptive family for a child. All of these are losses that will be triggered to some extent by the adoptive transition.

It is often complicated for APs to hold both the preexisting grief and the new excitement, which can manifest differently for each AP. There is no wrong way to manage this ambivalence, but the process can lead to strain among their relationships. Recognizing that this experience is common, APs should be willing to share some details of their experience with the FPs and CW, who can sympathize and provide support.

APs are members of a group who have been discriminated against by the child welfare system

Individuals from many groups (*e.g.*, BIPOC, people with disabilities, LGBTQIA+) have historically been discriminated against by the child welfare system generally and, specifically, in the adoptive process. This continues into the present in some locations.

Individuals from oppressed groups experience discrimination directly in society, and can come to expect its recurrence. CWs and FPs are representatives of the child welfare system and are seen as such by APs, even if they don't identify with or agree with the system's history of discrimination. CWs and FPs can also come from oppressed groups, but they have greater familiarity with the child welfare system than the APs. Implicit assumptions, unconscious defenses, power dynamics, and conscious anxieties will always come into play when APs, FPs and CWs interact. This is especially loaded when APs come from oppressed groups.

Communication about assumptions about others is critical and challenging. Misunderstandings will occur but do not automatically mean malicious intent, yet hurt may still have occurred and needs to be attended to. Participants in the transition should recognize the validity of the others' feelings, even if they do not understand the source of the feelings or disagree with them. Emphasize the shared priorities of the vulnerable child's welfare and safeguarding the adoptive transition.

CW variables

CWs preexisting stance toward adoptive transitions

CWs present significant variability among themselves in how they approach adoptive transitions. A CW may have an existing model they have used for transitioning children into adoptive homes previously. If they have such an existing model, how satisfied are they with that approach? Further, what is their openness to trying a new model?

Relational focus versus task focus

When CWs are chronically overloaded, they may perform their role in a more task-oriented way, in an effort to perform their role with efficiency. A focus on relationships, like this model, is inefficient compared to a task focus, but crucial for accomplishing relational goals. This model attempts to specify emotional and relational tasks, in addition to traditional practical tasks. Doing so presents a relational approach in a way that is efficient, achievable, and reproducible. Hopefully, this makes it more attractive to task-focused CWs.

Consider the level of support the CW has from supervisor, peers, and agency. Child welfare workers are one of the most under-resourced and highest-stress jobs possible, with incredible stakes on the line: the welfare of vulnerable children.

This model calls for reflectiveness; sensitivity to interpersonal cues, empathy, and compassion; openness to shifting plans based on reactions from the child; etc. All of these characteristics are more accessible when CWs have reflective supervision, a sense of teamwork and support with colleagues, community support, governmental resources for the agency's mission, and so much more. In short, when CWs have support from their professional networks, this enables them to be more reflective and empathic.

There may be a degree of overwhelm and burnout with the job. Burnout is said to occur when important work loses its meaning, which can make it hard for CWs to emotionally invest in an involved model like this one. Even if a CW is not “burnt out”, an overwhelming workload can make it harder for a CW to fulfill the role for CWs as presented in this model. This model, however, has a clear mission to benefit children, which can also be an antidote for burnout when used effectively.

Characteristics of other involved parties (e.g., CASA, child’s attorney, BP, psychotherapist).

Birth parents

BPs may exhibit any in a wide range of stances toward their child’s adoption, including:

- acceptance of a changed, but continuing, role for themselves in the child’s life
- frustration at what they perceive as the latest example of their being wrongfully hurt by the state
- denial of the reality of adoption, and persistent belief they will be reunited with the child somehow
- disengagement from child and their parenting role, and little emotional reaction to adoption
- substantial grief about losing the child, including pervasive sadness and/or anger
- ability to appreciate that adoption is better for their child in the long run

The BP may try to actively sabotage the child moving on to the adoptive family, including with the following actions:

- devaluing adoption and APs while in contact with the child
- making extreme demands about parameters of openness in adoption during negotiations with APs
- refusing to participate in a goodbye process with the child
- attempting to delay the adoption through legal actions

These and similar attempts need to be understood in the context of the BP’s state of mind and what they might consciously and unconsciously be attempting to accomplish (e.g., hold onto the child, protect their self-esteem, avoid shame, process grief). Keep these goals in mind while interacting with the BP, rather than responding to their surface behaviors.

If the BP is supportive of the child’s adoption, then they can be asked to:

- provide copies of photos or videos or narrative about the child’s history for the Lifebook
- attend moving day (if other parties consent)
- send a tangible message supporting the adoption that could be saved such as a letter or text or email or video
- offer a more ephemeral message, such as a phone call to the child, supporting the adoption

There is much more about scenarios that include active contact with BPs later in the document.

Other birth family (e.g., grandparent, aunt, uncle, siblings):

Extended family may have variable amounts of contact with the child over the years, which may yield a depth of relationship. These individuals may have extensive knowledge about the child’s history and traumas, which should be documented in the Lifebook. Further, the child may have attachment relationships with them that need to be honored as part of the adoptive transition.

Depending on their ability to support adoption during the transition, it may be useful to account for the possible complexity of their attitudes and feelings toward the adoption. When they are supportive of the adoption, they can provide an important source of birth family support for the adoption through messages or attending some aspects of the transition. They may have the ability to have post-adoption contact with the child, which is permissible so long as it feels acceptable and safe to APs. Given that the child's knowledge of their BPs is very sensitive, decisions about disclosing further details about them should be approved by the APs. There is also the question of whether the extended family of the BPs will accept any restrictions the APs might place on what they say to the child about the BPs.

Child's psychotherapist

Consider their prior experience with adoptive transitions. Recall that therapists may have experience working with a high volume of clients going through adoptive transitions. The level of attention and care they're able to provide may vary—take note of whether they have directly helped to guide transitions or only helped children cope with a process that was run without their collaboration.

A therapist's ability to provide insight and support will depend on their depth of understanding of this child's internal psychological experience. Consider the length and quality of the therapist's relationship with the child. How able has the child been to disclose their inner experience to the therapist?

Therapists also have varied levels of skill in translating the meaning of this child's behavior for non-therapists.

CASA/Guardian Ad Litem

These individuals determine whether or not there is a need for child-centered advocacy during adoptive transition.

Child's attorney

These individuals determine whether or not there is a need for legal representation during adoptive transition.

Others

Given their practical and relational capacity, teachers, school counselors, community mentors, coaches, and other figures in the child's life can be a resource for the child during and after the transition, depending on the quality and length of their relationship.

Characteristics of relationships existing pre-transition

We have been reviewing how the qualities of the participants might affect the adoptive transition. In addition, the characteristics of the participants' *relationships with each other* may also have an influence.

One of the most important relationships is between the child and the FPs. How long has the child been in this home and what is the quality of the attachment that has developed between the child and the FPs? Do the child and the FPs know each very well? Can they predict how the other will respond to various situations in the transition? How much will the child and the FPs develop feelings of loss as the transition progresses? How good is the communication and trust between the child and the FPs? These factors are especially important as we are initially asking the child to feel somewhat safe with the APs based on their trust of the FPs'

recommendation. Conversely, the adults are partly relying on what the child communicates—hopefully openly—about the visits to the FPs to determine the pace of the transition and when to take the next step.

Communication, collaborativeness, and responsiveness are the most important qualities that define the relationship between CW and FPs for the sake of adoptive transitions. Is the communication clear and understood correctly in both directions? Do the CW and the FP feel like they are on the same team, collaborating toward the same goal of doing what is best for the child? When either the CW or FP have a question or a need, do they feel that the other responds in a timely fashion, even if it is not with the answer they want to hear? Having all three of these qualities is a huge asset for the adoptive transition, as it welcomes the APs into a well-functioning team. These same three qualities become relevant for connections between the APs and CW and between the APs and the FPs as they develop.

Legal and administrative policy context

Some states have particular child welfare laws and regulations regarding adoptive transitions. It is important to read these carefully to see how much interpretive flexibility may be allowed by their language.

Within the confines of the statewide rules, child welfare transitions are customarily designed following local practices inherent in the particular branch or region.

Consider:

- Is there a written local policy and, if so, is it being followed?
- If there is a written policy and it is being followed, then what are its details? For instance, is a certain number of visits specified? Or, are there parameters set for contact with FPs after the child has moved?
- If there is no written policy, is there an oral tradition of how to facilitate adoptive transitions that is often followed?
- Conversely, is there wide variability in how adoptive transitions are done, with each CW doing it in their own way?
- How much effect do FPs, APs, and/or the child have on how adoptive transitions are designed?

Process and planning

Identify who will be involved in planning the transition. Historically, the CW leads overall planning. This expectation is assumed in the rest of the outline of this model, because it represents how the vast majority of transitions occur. In rare instances, a consultant specializing in adoptive transitions may lead instead. This may include specialized child welfare agency staff or a hired outside expert.

It is advisable for planning meetings to occur during significant milestones of the transition, and on a regular basis. At minimum, CW, APs, FPs, and the child's therapist (if there is one) should attend these meetings, which should begin before any contact between FPs and APs. They may be preceded by contact between CW (or consultant) and APs or FPs.

These meetings should be conducted in-person if at all possible. Videoconferences may be acceptable when necessary, but phone meetings are not. For best results, share this written model ahead of time, and make

explicit the understanding that all parties are putting the child's needs first. Everyone should have access to the same information about the child, participants, process, etc.

When the meetings begin, be clear that there is both certainty about the intended process for the transition and uncertainty about how the process may evolve with respect to the responses of the child and others. Lay out a potential order of steps and articulate, clearly, that a step backwards here or there may be necessary and there is no preset time schedule for taking these steps.

Come to an agreement about scheduling check-in meetings, and urge everyone to add these meetings to their schedules. Assert that any adult participant can ask for an urgent planning meeting if they feel the need.

A planning meeting should certainly also occur before moving day. Additional planning meetings can also be held if any member of the original planning committee wishes.

After each planning meeting, CW (or consultant) will send out an email to all attendees summarizing its content and including further scheduled meeting times. All attendees will review these minutes and offer input.

Aside from planning meetings, FPs and APs will collaboratively determine when to take next steps in the process. Research supports the FP-AP relationship as key to the success of the transition process, as they have the most invested in the child's welfare. This arrangement empowers the FPs and APs. If there is a stalemate, it is permissible for either party to request a third party to function as a tiebreaker. CW should also be checking in with both FPs and APs individually about how they feel the transition is going.

Relationship between FPs and APs

The relationship between APs and FPs should start before APs meet the child. We recommend that they debrief and become acquainted, ideally alone, following the first planning meeting.

When FPs provide information to APs, this should be provided conversationally over time, and with opportunities for APs to ask questions. Significant information should also be provided in writing, because APs will likely be overloaded and unable to process and remember all the information without a tangible record.

Such useful information includes descriptions of:

- child's personality
- child's daily routines
- child's like/dislikes including foods, bedtime stories or lullabies, movies, etc.
- child's behavior and what it signals
- effective parenting strategies for the child
- child's history
- prior work on the child's Lifebook (when available)

Ideally, FPs are able and willing to provide emotional support to APs throughout the transition process, doing some or all of the following:

- voicing their support for these particular people as APs
- voicing their support for the transition process in general
- making themselves available to APs for questions during and after transition

- being a shoulder for APs to cry on—without presuming to act as a problem solver

APs may provide support to FPs by:

- expressing gratitude to FPs for their efforts loving and supporting the child currently and historically
- inviting FPs to be involved in the child's life post-move in the capacity of an extended family relationship, if FPs are willing
- asking for and honoring the FPs' expertise with this child
- being a shoulder for FPs to cry on—without presuming to act as a problem solver

In any event, plan for continued daily or near daily contact between FPs and APs during transition.

Focusing on the child's point of view in this model

In many life situations, decision making is informed by adults' perception of what is best for a child. In this model, "what adults think is best" is replaced by what the child feels. Adults have already decided that what is best for the child is to form a relationship with the APs **even though** creating a relationship with strangers for a child with a history of trauma and loss will be a profoundly emotional experience.

The child's view of safety with new people (APs) is layered. Children with secure attachments to consistent caregivers move through these levels easily and quickly. Children in the child welfare system work through the following levels of a sense of safety at their own pace in the adoptive transition and beyond:

- New person will not kill me immediately when safe people (FPs) are present and alert.
- New person will not kill me when a safe person is not actively protecting me.
- New person will not kill me when a safe person is in another room.
- New person will not kill me when a safe person is not present but other people are around (*i.e.*, in public without FPs) and will appear to keep me safe from other people.
- New person will not kill me when I am awake in private.
- New person will not abandon, hurt, or kill me while I am asleep.
- New person will not abandon, hurt, or kill me when I make them irritated or mad.
- New person will not abandon me in potentially dangerous situations (as defined by the child's point of view) and instead will protect me. They even seem to want to nurture me.
- New person will consistently appear to proactively keep me safe from injury and other people and will also offer me nurturance consistently enough that I start to let it in.
- New person will so consistently protect me over a long enough period of time that I will stop being extra vigilant for my own safety. They will give me nurturance for such a long period of time that I accept it regularly and even feel some love back.

The child will need consistent and responsive support throughout the adoptive transition. We make the following recommendations:

- After every contact between APs and child, FPs should provide the child with an opportunity to discuss how it went. This is **not** a requirement for the child, though. Often, children debrief later, at a time of their choosing.
- Ideally, every child in an adoptive transition has a preexisting individual therapist they have a trusting relationship with. In the absence of that (or even in its presence), every child welfare office should offer groups that provide information, emotional support, and space to share their feelings for children in adoptive transitions.

- Inform important adults in the child's life (*e.g.*, teacher, school counselor, coach, neighbor, best friend's parent, mentor) that the child is going through an adoptive transition—and inform the child that those figures know. This is for emotional support and planning goodbyes.

Developmental factors

In thinking about the child's point of view, we need to remember that they will often not use words to express feelings and other reactions directly. Indirect manifestations of distress about adoptive transition at different developmental levels may include:

- *Infants and toddlers*—developmental regression in recently acquired skills; increased clinging, withdrawal, new sleep or feeding difficulties; spacing out (dissociating).
- *Preschoolers*—regression, clinging, increased tantrums, aggression toward peers and/or adults.
- *School-age children*—controlling and/or rejecting behavior toward peers and adults, increased anger outbursts and aggression, withdrawal, and school refusal.
- *Teenagers*—controlling and rejecting behavior toward adults, rebellion, increased drug use, increased withdrawal, running away.

Feelings of distress usually indicate that some more time needs to be spent on the step in the adoptive transition the child is in. Sometimes, it means that a step needs to be taken backwards to help the child settle and feel safe. Deciding between these two alternatives is based on how great the distress is and how recently the child moved onto their current step. When in doubt, move back a step. This is often resisted by adults because it can feel like a failure or creates practical difficulties. Moving back a step is a loving gesture that recognizes the child is not yet ready but will be with some more time and care.

Children in adoptive transitions will have questions for FPs and also APs; often at awkward times. Respond to the child's questions developmentally. Listen and determine what information the child is specifically asking for; be wary of assuming the child is asking for more information than they concretely ask for. Answer the child's questions in a way that is as simple as possible and developmentally appropriate. Be careful not to give too much information, as when responding to an older individual. Praise them for asking questions, and encourage more.

If a question brings up intense feelings for the FP or AP, it's perfectly fine to say "Good question. I need to think about that before I answer." The FP or AP then should process the question, their feelings, and potential answers with someone they trust. They should make sure to return to the child and offer a responsive answer.

A child's question may be a vehicle for indirectly bringing up a feeling. Listen for tone of voice or nonverbal behaviors as signals—as the child may or may not even be aware they are having the feeling, or able to articulate it. Answer the child's question but also address the potential feeling the child might be having (*e.g.*, "Some kids meeting someone new feel a little nervous.").

Informing the child about the adoption.

The decision of who should tell the child about the adoption is a sensitive one. There are several possibilities and options to consider.

The CW is the most common option, given that they have more experience with telling children. Many agencies may list this as a policy, even though CWs may not have much of a relationship with the child as a

result of staff turnover and large caseloads. If CW tells the child, FPs may have to respond to the child's questions and need to be prepared for those. Consider crafting a FAQ sheet for the FPs' use.

FPs may be a viable option, as they often have much more of a relationship with the child than the CW, but may need guidance if they are inexperienced. Regardless of who shares the news, the child's therapist should be informed (if they have one).

The decision of when to tell the child about adoption is usually best based on the developmental level of the child.

- *Infants and toddlers* are often too young to comprehend, and are consequently not told.
- *Preschoolers* may be told the day before the first visit without being told about the first visit.
- *Early school-age children* (roughly aged 6-9 years) may be told 3 to 4 days before the first visit.
- *Preteens* (10-12 years) may be told a week before the first visit.
- *Teenagers* (13-17 years) may be told two weeks before the first visit.

These time frames are gauged to give the child a developmentally appropriate amount of time to consider the information and ask questions but not so much time that they are burdened with carrying it for any longer than necessary. These suggested time frames might need to be modified depending on specific circumstances of the child and their context.

Informing child of upcoming events (e.g., visits)

Many disclosures to children occur too early because of an adult's discomfort with some aspect of telling the child or the child's reaction.

- *Infants and toddlers* don't require prior warning since they live in the present moment. They will pick up on the adults' shifts in mood, which will alert them that something different might happen. Maintaining as much daily routine as possible will help these children deal with the changes.
- *Preschoolers* should receive 30-60 minutes of warning of an upcoming event.
 - Help the child with preparations they want to make (e.g., changing clothes, identifying a toy or stuffed animal to take.)
 - Answer the child's questions about what's going to happen.
 - Help the child articulate the feelings they are showing directly, or indirectly through behavior, and provide reassurance.
 - If the child pesters FPs with questions about when an event is going to happen, reassure them that it will occur and that the adult will let them know when.
- *School-age children* should receive 1-2 days of warning, but this should vary with respect to the maturity level of the child.
 - If the child pesters FPs about the event's timing, develop a paper calendar and cross off each day as it occurs leading up to the event.
 - As with preschoolers, assist the child with preparations, feelings, and questions.
- *Teenagers* should know the dates of upcoming events when the FPs are informed. Upcoming events should be scheduled with their calendars taken into consideration.

Section II — The Visits

3. The First Visit

All first visits may be regarded as successful; the goal is only for the child to begin to learn about the APs. Even if the child stays hidden the whole visit, they have learned that the APs were not intrusive, while hearing about them from the FPs and the other children.

The first visit should be 30-60 minutes in length. Decide on a prearranged signal that FPs can use to indicate their sense that the child is nearing capacity at any time (including in the first 30 minutes).

Arrival

The physical locations of all parties is a sensitive matter, and requires some planning in order to make the space feel casual and safe.

Allow the child to move wherever they want to be in the FH—including their room. FPs should greet APs and invite them in. APs should not bring a gift—as this puts too much pressure on the child to respond. If the child is in the same room as the APs, APs should read their cues about how much eye contact and verbal interaction the child is ready for.

Some general rules for APs:

- Don't talk to the child until they have at least looked at you.
- A child's actions can be a good guide (*e.g.*, if the child looks at you out of the corner of their eye, then look at them out of the corner of your eye).
- Don't move down to the floor or towards the child until they have moved towards you without immediately moving back toward the FPs.
- When in doubt, choose to go more slowly rather than more quickly.

During Visit

The FPs and APs should settle in the living room and converse about positive aspects of the child; *e.g.*, favorite foods, daily routine, favorite toys.

If the child spies on the conversation from outside the room, they should be ignored by FPs and APs. If and when they choose to enter, FPs use the occasion to **invite them to play with them** and the APs.

If the child says yes, the parties all play a simple noncompetitive activity sitting with the child on the floor. Other children are allowed to join but the APs should be primarily attentive to the target child.

After some time, the APs move to their knees, and say goodbye and that they will return. If the child initiates physical contact, APs reciprocate but APs should not initiate physical contact or even communicate any expectation of physical contact by the smallest gesture at this point. End of visit.

If the child says no, their choice is acknowledged and respected, and the FPs and APs continue to talk. After a few minutes, the FPs invite the child to play while APs watch.

If the child says no, then FPs and APs continue to talk for a while and then visit ends. Remember that this is still a success, albeit a smaller success.

If the child says yes, the FPs play a simple noncompetitive activity with the child, on the floor, while APs watch. Other children are allowed to join in with the FPs and child, but if they try to engage with APs, APs politely decline and say they are just watching.

After some time, on their knees, APs say goodbye, and that they will return. If the child initiates physical contact, APs reciprocate but APs should not initiate physical contact or even communicate any expectation of physical contact by the smallest gesture at this point. End of visit.

Emotional responses to departure

Infrequently, the child will show emotional distress upon the APs announcing that they are leaving. An attachment bond has not formed that quickly, but the feelings are genuine and may be connected to that child's history of losses. The APs should respond empathically—but briefly—to the feelings, reassuring the child that they will return, and then leave. The FPs should take over comforting the child as the APs are leaving.

APs will have feelings upon leaving and may become teary. If it's possible to contain the tears until after leaving the FH, that is preferable. If APs are teary while departing, it is useful for the APs to acknowledge their feelings of sadness to the child, but add that they are glad they will be seeing them again soon. The FPs can usefully offer some words of comfort to the APs also, so the child can witness that.

FPs often have feelings too as they recognize that this meeting marks the beginning of the process of shifting the relationship that they currently have with the child into a different kind of relationship.

After visit

FPs should record written notes about the child's behavior and emotional state after the visit. The child may have comments or questions for the FPs about the visit or the APs and the FPs should be responsive. If the child says nothing about the visit, the FPs may make a mildly positive comment about the APs like "they seemed nice" and see if that stimulates any discussion with the child about the visit. APs and FPs should also take the time to debrief the visit later that same day on a phone or video call.

4. Subsequent Visits

Future visits should be 30-90 minutes in length depending on the child's age and capacity, as well as the FH schedule. Their frequency may be determined by the child's age:

- *Infants and toddlers*: daily for at least the first week. Following the first week, they can—but don't need to—have a 1-2 day pause between visits.
- *Preschoolers*: most—but not all—days in the first week. This age group needs a break to rest and reconnect with FPs and familiar elements even though they may miss APs. After the first week, 3-4 visits per week is good.
- *School-age children*: 3-4 visits per week.
- *Teenagers*: 2-3 visits per week.

Guide for APs

APs should initially visit with FPs for at least a few minutes to help the child with the transition of them being present in the home. Keep in mind the following framework of progressing levels of engagement:

- Child interacts with FPs with APs present
- Child interacts with both FPs and AP
- Child interacts with APs with FPs also on the floor—involved with another child or phone
- Child interacts with APs with FPs in the same room—but is involved in other activities
- Child interacts with APs with FPs in and out of the room
- Child interacts with APs outside in FH's yard—with FPs in the house

Be on the lookout for the following signals, which may indicate the child's preparedness to move to the next level of engagement:

- Easy flow of interaction with APs.
- Relaxed body posture.
- Infrequent glances at FPs (if present).
- If there is physical movement during their play with APs, the child moves short distances away from FP.

For each visit, do not begin with the most-engaged level of interaction than was achieved in the prior visit. Rather, start with one level before that to try and start with a comfortable amount of intensity for the child and to try to avoid the child being in distress. Try to have at least five minutes of easy, comfortable play at this first level of each visit before moving onto the next level. Play for **at least** 10 minutes at each subsequent level before trying a new level. Do not rush.

If the child shows any signs of resistance at shifting, then stay with prior level for the rest of the visit. Say out loud "Oh, we'll just keep on playing (insert description of level that is being stayed at)." In this scenario, the child has perceived the adult as being somewhat out of attunement, which needs to be honored and repaired. This often could not have been foreseen, as the child may have given the APs every outward sign of being ready to move to the next level of engagement.

If the child shows no signs of resistance but becomes distressed once the shift to the next level of engagement occurs, don't panic. This is a setback but it is also an important opportunity to demonstrate empathy and attentiveness to the child's feelings which is crucial information for the child to have. APs should stop the play activity and attempt to soothe the child first and, if that is not successful, then the FPs will take over.

Some tips for soothing by APs within the first 30 seconds of the child's demonstration of distress:

- Shift your body to mirror the child's body position but don't move any closer and also let your sympathy for the child's distress show on your face naturally.
- Speak to the child in a high-pitched voice; use the rhythm and tone to communicate concern.
- Body language and voice quality is the most crucial method for communicating empathy but the content of the communication is also a little important. Despite the possibility that a substantially distressed child will process very little of the content, it is important to use empathic language.
- Label feelings; link the feelings to the shift in the play interaction between you. Tell them that you are there with them. Don't tell the child that everything is or will be okay. That doesn't feel true from their point of view. Your soothing should be intended as a gift to the distressed child who could benefit from it rather than an attempt to influence the child to change their feeling state and calm down (which is your agenda).

If they begin to calm down within 30 seconds, then continue engaging with soothing.

If not, or they start to move towards the FPs at any point, then make way for FPs to start their soothing. As FPs start soothing, APs should remain emotionally engaged and interested in how the child is doing. APs may have the impulse to disengage and mentally review or wonder what just happened or if they did something wrong. Do that later when the visit is over and instead stay present with the child's mood.

If the APs' presence seems to be distressing to the child, then APs should say goodbye and exit.

If the child calms either through the efforts of the APs or the FPs, then the FPs should describe what happened (i.e., the child got distressed when the child and AP shifted between types of playing) and ask the child if that's what happened. If the child agrees, APs can agree—which becomes a point of joining. If the child disagrees, FPs should ask them to describe what happened if they are able.

Ideally, the child should play together with FPs and APs for a short period of time before APs say goodbye and leave.

5. Shifting to visits without FPs

Once the child is comfortable playing with APs without the FPs in the immediate vicinity (for example, in the FH yard while the FPs are in the house), then there are important concerns to be mindful of when thinking about initiating visits without FPs present.

Prior trauma and initiating visits without FPs present

It is very important for CWs to inform APs of major traumas the child has experienced or witnessed in their birth home, foster care, or their community—although this doesn't require burdening them with every traumatic event the child has experienced directly or witnessed. FPs should inform APs of how the child manifests trauma-based reactions and FPs' responses that have been most helpful.

In particular, there are specific situations that may not be trauma triggers but are trauma-relevant for some children and need some advance planning.

- If there are common triggers for this child in the community (*e.g.*, sirens, dogs, bearded men), it is useful for the APs to be aware of those and have a plan for when (not if) they are encountered.
- Create a plan for taking sexually abused children into public or private spaces when they still need adult assistance going to the bathroom.
- Children who are victims of physical abuse or witnesses of domestic violence may need a plan if they need an adult to hold their hands while crossing a street so they are not triggered by those events.
- Neglected children who may still gorge food or try to sneak it back to their FH to eat later may need a plan when eating out with APs on a visit.
- Children who have witnessed domestic violence may need a plan if they encounter angry yelling or a police siren while with APs in the community.

Progression of psychological distance from FP

We recommend the following framework of progressing levels of engagement:

- Child and APs take a walk in the neighborhood without FP. This can include stopping at a destination within walking distance that is familiar to the child (*e.g.*, school playground, park, small store, coffee shop).
- Child and APs go for a drive to a restaurant familiar to the child for a meal without FP.
- Child and APs go for a 2-3 hour visit to an unfamiliar restaurant, a park, an errand familiar to the child (like buying something at the grocery store or the mall). Avoid high-sugar meals that might dysregulate the child

Throughout the progression, we recommend the following conditions:

- Visits can be shortened if needed, but not extended. The child needs to feel able to rely on the schedule and the words of the APs. The end time of the visit should be identified to the child in a developmentally appropriate way (“We’ll be taking you back after lunch.”)
- If the child is still taking naps, avoid disrupting the nap schedule for the visit.

- Activities during visits should not be especially stimulating child-oriented destinations (*e.g.*, theme park) but more have the feel of regular life, with the APs responsible for the child and the child's safety.
- A younger child might fall asleep in the car seat while driving back to the FH. Waking is a vulnerable time for children unused to new caregivers. If this occurs in the middle of a visit, then shift to driving back to foster home, even if more activities were planned, so hopefully the child wakes back at the FH.

Homesickness and emotional distress

If the child communicates that they miss the FPs but is not emotionally distressed during the visit, then the following sequence is recommended.

1. The APs should validate those feelings and the child's love of the FP.
2. APs may see if distraction can work with the child by talking about events that are planned for the visit or other items of interest in the immediate environment. This should not be a prolonged attempt to convince the child to continue with the adult's plan.
3. If distraction does not work, APs can see if the child would like a phone call to check in with the FPs. FPs should be available to take calls during these visits and should reassure the child that they miss them too and will see them after the next event of the visit.
4. APs should attempt to do only one more event of the visit after such a phone call even if more than one event remains on the schedule unless the child shifts into a distressed state.

If the child gets emotionally distressed about being away from FP during a visit, then the following sequence is recommended.

1. Let the child know that you have a solution: you will take the child back to the FP. Validate their feelings.
2. Immediately move to the car and drive to FH, narrating the trip as you go so that the child knows you support their goal of reuniting with the FPs—and are a facilitator of the reunion, not a danger to them or a barrier to the FPs.
3. When the child is reunited with FPs, APs should remain in the FH. After the child is calm, act like it's a first visit again where you interact with them over time to the extent they can emotionally handle it, while the FPs are as available as the child needs. This is part of the repair of the attachment disruption the child experienced as a result of realizing they were farther away from the FPs than felt safe.
4. After the APs have departed, FPs debrief with the child about their distress. Ask: Was it caused by fear of APs? Fear of something or someone other than APs? Missing FPs? A distressing memory? Praise the child for voicing distress to APs and highlight that they were listened to by APs.
5. Later that day, FPs and APs debrief what each of them noticed about the child's distress, how each of them responded, and their plans for adapting the next 2-3 hour visit. Subsequently, inform the CW and child therapist (if there is one) and see if they have any input.
6. APs often have some level of concern when a visit is disrupted by the child's desire to reunite with the FP. It is important for them to process these feelings with someone they trust.
7. If the child becomes distressed during two consecutive 2-3 hour visits, go back to shorter visits for a meal or, if necessary, to more visits with FPs present.

If the child demonstrates an unexpected shift in mood, sudden regression, or spaciness during a visit this may mean a previous trauma has been triggered. The trigger may be something the APs have inadvertently done or it may be something that has occurred in the environment. The following shifts are recommended:

- APs should increase their own calmness, use a quiet voice, and move unhurriedly. This may help them communicate a sense of safety to the child. Note whether this shift in the APs results in any shift in the child.
- APs should stop—or decrease the intensity of—the current activity and see how the child responds.
- APs should think about what the child has been doing, saying, seeing, experiencing in the 5-10 minutes before the shift in the child and evaluate if there may have been any obvious triggers. They should prepare to describe the sequence of events to the FPs in the debrief afterwards.
- Avoid questioning the child, which will not be helpful when they are in this state.
- APs should offer to take the child back to the FPs. It is much better to err on the side of caution in order to ensure that the child feels safe and cared for, even if it means shortening the visit.

If the child becomes distressed for another reason, APs should attempt to soothe the child. If this doesn't work in a short period of time then—depending on the age of the child and the intensity of the distress—the APs should offer to the child to go back to see the FP. Many episodes of child's distress during visits are about being away from FPs, even if this is not said explicitly. Also, if the distress starts for another reason (e.g., the child falls and skins their knee), the distress may evolve into grief about being away from their familiar soothing person. Follow the sequence of steps pertaining to when the child is visibly distressed about being away from FP, above.

Day-long visits

After the child is able to successfully manage two shorter visits with the APs, it's time to plan for a day-long visit. Include a scheduled time for a phone call between child and FPs for these longer visits. Sometimes there are concerns that this kind of contact with the FPs will lead the child to cut the visit short in order to return to the FPs. This may happen, but it concretely demonstrates to the child the responsiveness of the APs and that the APs prioritize the child's agenda over their own. Pleasant interaction between APs and the child is nice but what really builds the bond most effectively is the APs responding to the needs and distress of the child. These instances of the child wanting to return to the FPs are also part of the child feeling the loss of the FPs, which—it should be remembered—is one of the two main goals of the transition.

Plan two activities for the day-long visit. The first should be something dynamic like visiting the zoo, science museum, etc. Avoid high-stimulation destinations like theme parks or indoor play parks that may make some children overly excited. The second should be something interactive, low-key, and unstructured like throwing a ball or Frisbee at a park, walking in a natural area like a river or lake or ocean. Allow each interaction to proceed at its own pace, created by the child and the adult as they go.

If the child is still taking naps, they may need more 2-3 hour visits than older children before they can tolerate napping with strangers. Do not prescribe sleep but you may designate periods of mutual quiet time. Have the child lie down on a soft surface with books and/or stuffed animals as you sit in the same room reading a book. Do not refuse communication, but do not offer it. If the child has not fallen asleep in 20-30 minutes, then shift to a regular activity.

If the child gets distressed about being away from FPs, follow the same protocol as described in the prior section regarding a 2-3 hour visit.

Visits including APs' other child(ren)

When APs already have any children, you may follow the same overall pattern as previously described day-long visit, but with some additional considerations.

Both the child and the child(ren) from the AH will likely be monitoring how APs' attention and other resources are divided. There may be insecurity, jealousy, competition and other possible reactions from one or more of the children. Work to evenly distribute attention rather than engage in one-on-one activities. It may also be productive for the children to have time for interacting with each other in an unstructured activity without adult direct involvement.

If the child gets distressed about being away from FPs, follow the same protocol as happens in a 2-3 hour visit (see prior).

These visits are a great time to begin preparing for overnight visits. Purchase an item for the child's bedroom with them so they can have input (*e.g.*, comforter, curtains, poster for the wall, etc.)

6. Shift to overnight visits

The transition planners should review the following criteria before determining the child's preparedness for overnight visits:

- At least two day-long visits have occurred with minimal anxiety from the child.
- The child preferentially orients to APs a majority of the time when both FPs and APs are present.
- The child seeks out comfort from AP some of the time.

A crucial difference between the overnight visits and the previous visits is that the child does not return to the FPs if they become distressed or want to return. This is in preparation for the move to the AH, which is the next step. It is important for both the child and the APs to find out that they can survive the child's distress and homesickness, both of which will also occur after the move. A useful aspect of the overnight visit is that the child can experience being away from the FPs, and perhaps intensely missing them, before reuniting to discover the relationship continued even though it may have felt like a permanent loss.

FPs support child's preparation

Of course, FPs should communicate with APs about the child's bedtime routines and particular concerns that tend to arise, but FPs also have an important role to play in preparing the child for this visit, even though they do not directly participate in it.

- Involve the child in packing their overnight bag and create opportunities for conversation if developmentally appropriate. Pack any nightlights, favorite books, or particular stuffed animals used for comforting at bedtime.
- If the child is aware of other children that have gone away for overnights with respite providers or adoptive parents, mention how that occurred and remind them that those children returned.
- In front of the APs when they come to pick up the child, the FPs inform the child that they will spend the whole night with the APs, that they will not come home in the middle of the night, and that the APs will keep them safe. This is quite important. At this time, the APs also commit to the child and FPs that they will return the child to the FH in the morning and the FPs acknowledge that agreement.
- Schedule time for a phone call with FPs near bedtime. During that phone call, FPs can reassure the child and communicate that the FPs are going to sleep. If they feel it, the FPs can disclose they miss the child, but also that they are excited for them. They should also ask about the child's feelings. Include in this conversation that they will look forward to the morning when they will see the child again and talk about the overnight visit.

Bedtime

Although a substantial relationship has developed between APs and the child by this point, overnight visits represent a new level of trust. Many typical children in birth families experience increased fear at bedtime because of the tiredness, vulnerability, and the separation involved. The absence of the FPs, which has been less noticed by the child because of the activities of the visit, can often grab the child's attention at bedtime. We recommend the following steps to help the child feel somewhat less anxious at this first bedtime in the AH:

- Overnight visits should start by lunch time at the latest and children should have lots of physical activity to help tire them out.

- Replicate the bedtime routine used in the FH to help soothe the child.
- APs should empathize with the child about the difficulties of falling asleep and reassure them that they will fall asleep eventually. Avoid trying to speed up the process; the child will experience that as pressure and become more likely to shift into negative emotions (including fear, or longing for the FP). It is permissible and likely that this process will take 1-2 hours.
- It is useful for only one AP to be in the bedroom at a time with the child to help with settling the child down. APs can call each other in to be the parent in the room based on their own reading of the situation, but the child should not be in charge of those changes.
- Once the bedtime routine is finished, one AP may sit in the child's bedroom in a chair across the room from the bed visible to the child if the child is distressed. The AP should set the rule that the child needs to stay in bed, and focus their attention on their phone rather than the child. This can provide some sense of safety to the child while hopefully not agitating the child.
- It should be noted that APs may also have more trouble falling asleep than usual because of the emotional intensity of the day.

Disrupted sleep

Have a plan ahead of time for the likely occurrence that the child calls out for APs in the middle of the night—especially if they are under 12. Children over 12 also wake but may feel too embarrassed to call for a parent like a “little kid”. FPs can be a resource for how they handle middle of the night wakings. It is useful to have an audio baby monitor on (even for children older than toddlers) in case the child is crying or otherwise distressed in the middle of the night and does not call out.

In advance, designate one parent to go in and soothe the child—preferably the one who is most emotionally regulated. This designation may require planning for the other parent to wake them. Soothing can include rubbing the child's back, tucking them back in, rearranging stuffed animal protectors, turning back on bedtime music, etc.

If the child remains distressed, the parent can sit in the child's bedroom in a chair (following the protocol described above).

If the child wants to be reunited with FPs, we recommend only one AP in the bedroom at a time. The most important element is to not get angry at the child; they are just scared. Begin by providing soothing as previously described.

If the child remains focused on reuniting with FPs, reassure the child that they will see them in the morning and remind the child that they are staying the whole night with the APs, as the FPs wanted. An AP stays in the room until the child falls asleep, which may take several hours. Try various strategies. Most will fail and some will only temporarily succeed. This is the nature of dealing with a child who is upset in the middle of the night.

This is the first night, but probably not the last, when the child will be upset because of a nightmare, illness, or nighttime fears. APs will develop strategies over time based on their parenting beliefs, information from FPs, and advice from their own communities or resources. Remember that the child is still developing trust in the APs. The APs need to have trust in themselves that they, the child, and the relationship will survive.

Waking

Upon waking and realizing they are in an unfamiliar bed in an unfamiliar room, the child may panic. In their intense anxiety, they may not be able to take in words and first need to be held by an AP.

Then their feelings need to be reflected, *e.g.*, “I know you are scared but I am right here”. Avoid false reassurance like, “Everything is okay” and the like. After they have started calming down more, rationality can be used, “Remember you are staying here for the night. You’re going home after breakfast.”

In fact, breakfast can sometimes be a nice distraction and transition out of the difficult feelings. It’s useful to have some favorite breakfast foods of the child on hand as befitting a special occasion. If the child is still quite upset, breakfast can be skipped to honor the child’s feelings and move towards transporting the child back to the FH and this should be talked about out loud to the child.

If the child was distressed in the middle of the night, then praise the child for surviving all those hard feelings. APs may also want to praise each other!

The overnight visit should be scheduled to end after breakfast even if the child is asking for it to be extended. Keeping to the schedule helps to reassure the child.

Return to the FH

The drive back to the FH can be a good time for conversation about the visit. The memories reviewed can include fun times during the day before, as well as the difficult feelings of the night before and making it through them together. Naming out loud and validating that they missed the FPs is important. It communicates to the child that the APs support their loving feelings for the FPs and also understand their feelings of loss. In addition, express pride in the child’s capability of spending the night away from the FH, to support the child’s self-esteem.

The APs should accompany the child back into the FH and talk with the FPs about the visit. This is another opportunity to name the child’s feelings of missing the FPs and comment on how well the child expressed those feelings and that together the child and the APs made it through the night together. FPs should express admiration of the child’s and the APs’ accomplishment.

As with the other visits, after the APs do so, the FPs should provide opportunities for the child to describe what they liked about the overnight visit and to express feelings. If the APs described some distress on the part of the child to the FPs, then the FPs should raise this with the child, *e.g.*, “It sounds like you missed us last night.” The FPs feelings of missing the child can also be shared. Validating those feelings of the child is deeply helpful in communicating to the child that the transition from FPs to APs has this element of loss, which can be talked about. This conversation should be attempted right away but the child might not be ready, in which case it can happen later that day or even on subsequent days depending on the child’s readiness. As with all other visits, the APs and FP should debrief on the phone afterwards.

7. Highlighting the transition in FPs/child relationship

The child will eventually signal that they're anticipating the permanent change in the relationships with the FPs. Often this starts during the longer day visits and can start earlier. Remember that in this model the relationship between the child and the FPs is not ending totally. Rather, the current nature of the relationship as primary caregiver/child is ending and a new relationship is forming: as a child and extended family member.

This part of the transition is described here, but it can start much earlier or later depending on the child, the nature of the relationship between the child and the FPs, and the child's history of losses. It will also start earlier the older the child is and the more knowledge they have about the goal of the process.

As adults, FPs have a history of losses and their feelings will be activated by the shift in their relationship with this child, if it is—as we hope—significant to the FPs.

We offer recommendations for managing this escalation relative to the child's developmental level, thus:

Infant/Toddler

- FPs should use physical gestures and voice tone to confirm the positive view of APs when handing the child to APs.
- Explicitly wave “bye bye” or perform other parting rituals when the child is leaving FPs to go with APs.
- Lower the intensity of primary bonding interactive behaviors; *e.g.*, shorten length of time in face-to-face gaze, shift tone of voice from “best baby ever” to “you're a good baby”, continue positive touch with the baby but do not get lost in reverie with how special it feels to touch this child.

Preschool

- Read age-appropriate books about adoption with the child.
- Look for examples of pretend play that the child is doing that may be relevant to forming new relationships and losing old ones. Tentatively identify feelings that the adult and child characters might be feeling. Don't overtly describe that their play is connected with the adoptive transition; they need to use pretend play as a format to process this change without having to face it in reality yet.
- When the child is distressed in the FH, think about the situation before the distress appeared and whether it might be connected to the adoptive transition. If you think it is, keep that in mind when responding to the child's distress. At this age, do not suggest or assume that their distress is caused by the adoptive transition.
- Respond to questions at an age-appropriate level about the transition (see below).
- Preschoolers may regress and want more physical connection and caregiving from FPs. It is important to give this while also noting the times when they are independent and being “big kids”.
- The child may start reacting more intensely to regularly occurring separations from either of the FPs. These occasions may include leaving for preschool, or one of the FPs leaving the FH to go shopping. The FPs should devote more time to labeling and validating these feelings of loss than is typical and link these feelings to the emotional connection in the FP-child relationship.

School age

- Read age-appropriate books about adoption with the child.
- Look for examples of pretend play that the child is doing that may be relevant to forming new relationships and losing old ones. Tentatively identify feelings that the adult and child characters might be feeling. Don't overtly describe that their play is connected with the adoptive transition; they need to use pretend play as a format to process this change without having to face it in reality yet.
- When the child is distressed in the FH, think about the situation before the distress appeared and whether it might be connected to the adoptive transition. If you think it is, keep that in mind when responding to the child's distress. At this age, it may sometimes be helpful to the child to gently suggest that their feelings may also be about something connected with the adoptive transition (*e.g.* being away from FPs, a feeling of too many changes, etc.) If the child accepts this suggestion, this may lead to a fruitful discussion.
- Respond to questions at an age-appropriate level (see below.)
- School-age children may regress and want more physical connection and caregiving from FPs. It is important to give this while also noting the times when they are independent and being "big kids". You can also note to these children that they are starting to miss the FPs even though they haven't moved yet—if that feels relevant—and acknowledge that the FPs also miss the child.
- Asking the child to draw pictures of this family and their "new" family, as a springboard for a conversation about similarities and differences between the two families, without necessarily focusing on the adoptive transition unless the child brings it up.

Teenagers

- FPs should listen for indirect openings from teens for conversations about adoption. For example, "I want to go clothes-shopping" may be a request to repeat a favorite activity with the FPs before leaving the FH. Clothes-shopping is a future-oriented activity that can lead to a conversation about the future.
- Current events (*e.g.*, refugees, school shootings) can also spark conversations about families, safety, and differences in thinking.
- Teenagers may act out and be more defiant with the FPs as a way of distancing themselves and thereby trying to unconsciously minimize the loss. The usual structures and boundaries should be maintained without anger. It's important to talk with the teen after they have calmed down about these feelings.
- Teenagers may want more physical contact from the FPs, but have difficulty seeking it out. FPs should make sure to continue—or even increase—small physical gestures (*e.g.*, a pat on the back, playful touch, request for a hug).
- After several visits, FPs can ask teenagers for their expert opinion about the APs and what makes them tick.
- Some teenagers, when calm, have enough imaginative capacity for FPs to ask them to imagine how things will be different with their new family and what they are looking forward to or not looking forward to.

Child's Lifebook

A Lifebook is a collection of materials that document a child's history, both before and during their involvement with the child welfare system. Information would be included on the birth family, prior foster families, the current caregivers, the adoptive family as well as the child's development, school history, and significant events including the adoption. These materials can be in the form of narratives dictated by the child or written by relevant adults, photographs, creations of the child (drawings, stories, etc.). This material should be presented in a developmentally appropriate manner which means some contents would be revised or added as the child matures. Children living with birth parents have those parents' memories available as a resource for their history and identity. Lifebooks function in that important way for foster children.

If a Lifebook does not exist, this is a crucial time to create the beginnings of one so it can go to the adoptive home with the child. The FPs might take the lead on this in conjunction with the child's caseworker and any others (child's therapist, birth family members, prior FPs, lawyer or court-appointed special advocates) who might hold history about this child. Resources for this process exist on the internet. Some tips below:

- The work of recording the child's time in this FH is a great time for conversations about what the child likes the best about this home and what they might miss.
- Update the child's Lifebook with pictures or stories or mementoes about their time in the FH and about the transition.
- Include blank pages for APs to add information, as a tangible reminder that there will be a time with APs after the time with FPs is over.
- Review the material about this FH that is already in or soon to be included in the Lifebook. This may prompt feelings in both the child and FP. It is useful for the child to see the feelings of the FPs and be reminded that they are emotionally significant to the FP. Do not review the entire Lifebook during the transition process. Instead, wait for the therapist's recommendations for after adoption.

Other children in FH

Other children in the FH may have reactions to the child's transition process. FPs should validate these feelings—whether they include anticipated loss, jealousy, anger or others—and assist the child in putting these feelings into words. The reactions of foster siblings to the upcoming move provide an opportunity for the child who is moving and the FPs to also talk about their feelings about the upcoming changes. The child who is being adopted may experience guilt about leaving foster siblings behind, or about getting an AH when these other children are still waiting. They may need help processing those feelings from the FPs or their therapist (if they have one).

It should be noted that this process of helping the child shift their attachments may feel more difficult for FPs who had wished to adopt this child. They should process those feelings with someone they trust.

8. Move from FH to AH

Review the following criteria in a meeting of transition planners. If the child has little attachment to FPs because of their limited time in the FH, then some of the statements below may need to be adjusted with respect to the child's interactions with APs, and towards a typical trajectory of any child forming a new relationship with a caregiver (*e.g.*, starting with new child care).

- At least two overnight visits were completed successfully.
- The child turns to APs for physical and emotional safety and reassurance in developmentally appropriate ways. For example, the child:
 - seeks assistance from APs when hurt or in pain, although not necessarily as much as they seek it from FPs
 - spends a majority of their time in closer proximity to APs than FPs when both are available
 - shows or demonstrates things they are excited about with the APs as well as the FPs
 - greets APs with positive feelings at least some of the time
- Child has started the process of dealing with losing the current form of the relationship with FPs or other members of FH. This is often indicated when the child:
 - shows and/or verbalizes a sense that the relationship with FPs is changing. Usually they expect a total severance despite verbal reassurance.
 - shows shifts in emotional expression in interactions with FPs. This includes increases in crying, clinging, anger outbursts, regression, and/or dissociation, especially during separations from FPs (whether this is before visiting APs or not). They may resist transitions to APs when they had been smoother before.
 - demonstrates anger outbursts and aggression with foster siblings.
 - gives their belongings to foster siblings.
- APs and other adoptive family members feel ready for the move to occur.

Preparation in FH

The guidance presented below will be amended if the adoption is a long-distance one. This will be discussed later in a special section.

- Throw a party to celebrate the child's move, near but not on the actual moving day. Invite individuals who are important to the child, especially those who may lose contact with the child once they are in AH (*e.g.*, teacher, coach, neighbors, child care provider, etc.).
- Document the lead-up to moving day and send content to the APs for inclusion in the child's Lifebook. Include:
 - Photos and video of the celebration party.
 - Family photo with the date and names of all individuals present. A framed copy of this photo should accompany the child in the move and be displayed in the child's bedroom in the AH.
 - A narrative about the move, as written or dictated by the child.
 - A narrative (or video) about events and emotions pertaining to the move and the child's time in the FH, including fond memories, as created by the FPs.
- FPs and the child pack the child's belongings together.
- Pack one pair of bedsheets or crib sheets that have been slept in at least once by the child without laundering.

Preparation in AH

- If the child brings something special from the FH, it should take priority over replacements. Leave the bed unmade, and dress it with the child's sheets from FH. Do not wash these sheets for at least seven nights.
- Childproof the AH in a way that is developmentally appropriate for the child.
- Review FPs' information about the child's daily routine, likes and dislikes, etc. Consider the constraints of the APs' life, then plan a daily routine and purchase any needed items. This plan is just a starting point and will need to be revised multiple times as APs and the child find their own unique daily rhythm together.
- APs should be wary of planning to have their own family visit too quickly while they and the child are still trying to settle in together. Although they are the new adoptive extended family and are eager to bond, APs' relatives are also strangers to the child who has just started the process of getting used to these new figures. Allow at least **three months** to bond as a nuclear family. Video introductions are a good method for introducing relatives.
- If there are children already in the AH, they will have already encountered the child during overnight visits. Depending on the age of these children, the reality of the new child actually moving in will still often feel like a major upheaval in the family. Assisting with preparations to welcome the new child can be helpful to these other children in adapting to the change. Their adjustment to the new sibling will be a long process in which a significant number of twists and turns can be expected.

Moving day

- The move **must** occur in the morning, to avoid keeping the child waiting for most of the day. It also should not occur too early for the child to have time for breakfast in FH and finish last-minute packing.
- The child should dress nicely, as though they were going to get class photos taken. The photos of this day will follow them throughout life.
- Preferably, APs come to pick up the child at the FH.
- Take a picture and video of the APs, FPs, and child together as a group in the FH, to serve as documentation of the handover and the feelings associated with it—even if those are not all positive.
- FPs should walk with the APs and the child out to the APs' car. It is fine if FPs show feelings and voice their love for the child while also sharing that they are happy the child has the APs and that the FPs will see them again soon.

Some children have a hard time containing the intensity of the feelings. Validate and give voice to the child's feelings. Remind the child that they will see the FPs again, even if they won't live with them again.

If they have a meltdown, run, hide, or become aggressive, one FP and one AP should cooperate to help. The FP should be in the lead of this team as the FP has the stronger relationship at this point and more experience with soothing strategies with this child, however both caregivers should participate and be emotionally present with the child.

The child does not need to reach full calmness for the handover to occur. The child may still exhibit emotions, but become settled enough to listen and express feelings. Thus, the child can express good-byes verbally or nonverbally, but are not required to. In addition, the child can hear goodbyes and “see you later” from the foster family.

- After leaving the FH, APs and the child should proceed to the AH without stopping at other locations if it can be helped. Ensure that the car has sufficient gas and snacks/food for the child and the adoptive family. This may not be possible for some APs who live a substantial distance from the FH. The goal is to have the child in their new home as soon as possible. Take photos and perhaps a short video of the child in the car as part of documenting the transition.
- Upon arriving at the AH, take a photo of the new enlarged family in front of the AH. Allow the child to move about the home. APs should ask the child repeatedly where and with whom they would like their photo taken. This gives the child some sense of control in this part of the process at a time when their feelings may feel big and somewhat out of control.
- It’s important to let the child know which activities (*e.g.*, dinner, nap, etc.) will occur throughout the rest of the day, to a level of detail that is developmentally appropriate. If the child is a preschooler or younger, let them know about each activity as it is coming up. The rest of this day should start to follow the daily routine planned for weekend days.
- Even though the child has already spent the night overnight, settling down and falling asleep for the first time in the AH as a permanent home may be difficult. APs should acknowledge this reality and follow the usual bedtime routine they will be using, but should expect to sit in the chair in the room for a longer time than usual. APs may also have a harder time falling asleep.

APs should call the FPs and debrief how the rest of the day went. This helps the FPs feel involved and confirms the APs’ prior statements that they will value the FPs even after the move.

9. Post-move contact between child and FPs

This contact is part of the plan from the beginning and the child understands that, as part of the framework, their relationship with the FPs is not disappearing but changing. This is crucial. Towards that end, the FPs are an open and ongoing topic of conversation in the AH following moving day.

Forms of contact

A mix of forms are used, including the following.

- *In-person visits* satisfy attachment needs the best, allow for the most contact including touch and work for all ages, but require the most arranging.
- *Video calls* allow for emotional contact and show physical spaces. These can be scheduled but don't have to be, and can involve more than one person at either end easily. These don't work for infants and toddlers.
- *Video apps* (e.g., Marco Polo) allow for longer recorded videos to be easily sent and can be rewatched. Thus, this option has some advantages over video calls but loses the spontaneity of immediate back-and-forth.
- *Phone calls* provide some emotional contact through voice. These ideally occur between two parties, off of speaker mode—as speaker mode presents some loss of privacy. These don't work well for preschoolers or younger and requires careful structuring for younger school age children (6-9 years).
- *Written correspondence* (texts, DMs, emails) provide limited emotional contact but can happen many times per day without scheduling. These may include photos or short videos as attachments, and works well for children who have their own cell phone.

Locations for in-person visits

Each potential location presents unique considerations. Documenting in-person visits for the child's Lifebook is recommended at all locations.

- **Visits should not occur in FH**, regardless of convenience. Doing so is confusing for the child as they may feel they are being returned, no matter how much they are reassured.
- **Visits should not occur at a child welfare office.** These have too many traumatic associations.
- The AH is ideal, as this gives the child the chance to show off their new home to the FPs and experience the FPs approving their new home.
- A neutral location with the opportunity for play and other informal activities such as a park or playground can work quite well for all ages of children, especially for visits after the first one.
- Neutral locations that have more structured expectations for interactions, such as a restaurant or a mall, can work for preteens or teens.

Timing of in-person visits

For a first in-person visit, it's useful to provide the child a few days to settle in, but not so long that the child starts to think they will never see the FPs again. Remember, that the relationship with FPs is not ending, but changing to a kind of extended family relationship. Thus, it is useful for the first in-person visit to occur 3-7 days after moving day.

Initially, in-person visits might occur twice a month before stretching out to once per quarter and perhaps less frequently, if that is the wish of the APs and FPs. As the child grows older, they should also have major input. The final frequency is up to the APs but it is recommended that the former FPs be invited to major events in the child's life (*e.g.*, religious rituals, birthdays, graduations, performances). FPs are not obligated to accept every invitation, but it is recommended that they communicate with the child when they decline invitations.

Contacts other than in-person visits

Phone calls, texting, and social media contact usually occur between former FPs and the child at a frequency that they arrange mutually. We recommend that FPs maintain regular contact with the child within any parameters set by APs.

On the other hand, former FPs do not have to be available 24/7. Boundaries around frequency of contact should be set with warmth and preferably during an in-person visit (or at least on a phone call) since written messages can't communicate emotional tone and are subject to misinterpretation, especially by children with a history of loss and trauma.

During these periods of contact, children may complain to FPs about their APs. These complaints partially arise out of real-day-to-day concerns but also out of many psychological concerns. Some of these might be the child:

- wanting to reunite with the FP
- wanting to pull the FPs onto their side against the APs
- expecting relationships to fail based on their history and trying to have some control over this by sabotaging the relationship with the APs
- being traumatically triggered by some aspect of the AH or the APs
- hiding pain through their anger at the APs

FPs should validate the difficult feelings but if the child presses them, then redirect the child towards the need to solve the problem with the APs. FPs should not take sides, even though it may be very tempting.

Contact between FPs and APs

In-person contact often occurs between APs and FPs in situations where children have in-person contact with FPs. This can be quite important and meaningful, but it is rarely needed under other circumstances.

Other types of contact, especially phone calls, can allow APs to use the FPs as a resource in understanding the meaning and function of the child's behavior and identifying effective methods of response. In addition, FPs can be updated about the child and ask questions in an easy back-and-forth. Some APs and FPs may want continued contact as a result of becoming friends.

Sharing photos via social media or texting can also be meaningful to FPs, as it is another way for them to keep up with the child's life.

Section III – Specific scenarios

10. Specific scenarios

None of these scenarios are common, but, given the high volume of adoptions, they will all be encountered often enough to require advance consideration.

Birth parents

In some cases, both BPs' rights have not been terminated, which may present a legal risk to the adoption.

If there are no ongoing visits between the child and a BP, then APs have to choose between two major options.

1. APs function as pre-adoptive FPs and have the child transition as if from one FH to another, even though doing so feels much more emotionally significant for the adults. Much—but not all—of what is contained in this approach will be useful and appropriate for that kind of transition. If the BPs' legal rights are terminated, celebrate the child's shift in status from foster to adoptive child.
2. APs function in the role of APs. This places the child and the APs at substantial emotional risk if the BPs regain physical custody and the carefully constructed adoptive relationship is disrupted. This option is easier to justify if the termination of the BPs' rights seems like a certainty.

If there are ongoing visits with the BP and the BPs' rights have not been terminated, then it is important for the APs to stay in the role of pre-adoptive FPs. It will be too confusing for the child to try and create an adoptive relationship while they still have contact with their BP. If the BPs' rights are later terminated while the child is living in the home of the hopeful APs, then they can shift status with the child from pre-adoptive FPs to formal APs.

In some cases, the APs and BPs plan for ongoing contact between the BPs and the child post adoption. This arrangement is much more common in private adoptions but does occur in some kinship adoptions. In this case, we recommend the following addenda to the overall transition plan.

- Include BPs in the planning committee.
- BPs, FPs, and APs need a solid working relationship with a focus on the best interests of the child going forward, without focusing on BPs' past behaviors.
- The APs can learn about the child from the BPs, in addition to FPs. This may include history that is useful for the child's Lifebook.
- A photo of the FPs, APs, and BPs together can be useful for the child's Lifebook, and on the occasion of visits without the FPs present. The BPs should also have a copy.
- After two successful 2-3 hour visits with the child and APs, invite the BP join for a shorter visit for a meal out in the community. Allow the child the chance to see the BP and APs interacting cordially, which represents the BPs' approval of the relationship between the child and the APs, even if that has been verbally expressed.

- During the afternoon of the second all-day visit, include the BP in an activity.
- Within a week of moving day, the child should see the BP. If the APs approve, the BP should come to the AH. The child should give the BP a tour and they should eat a brief meal together. If this contact doesn't occur in the AH, then the APs, child, and BP should meet in the community, where the child shows the BP photos (and perhaps a video) of the AH—especially the child's bedroom. For the child's sake, the BP should act admiring and positive in all these interactions.
- Create a physical calendar that is accessible to the child, including plans for ongoing contact between child and BP.

In some cases, the BPs' rights have been terminated and there is no plan for post-adoption openness but there is still contact between BP and child. Plan a goodbye process between the child and BP for as soon as possible. The structure of such a process is beyond the scope of this document but it should not be a single session and its design should be dependent on the developmental level of the child and the preexisting relationship between the child and the BP.

After the goodbye process, an interim period of at least three months is needed before the adoption transition is initiated to give the child time to grieve and come to accept that the relationship with the BP has truly ended, even beyond being told so by the grown-ups .

Sibling groups

Keeping children together through the child welfare system is a top priority. These relationships are often the longest lasting in anyone's lifetime. Transitioning sibling groups is one of the most complex of adoptive transition scenarios. It often takes the longest because each child's process of forming an attachment (to the APs) needs to be respected and honored.

Potential complications of these transitions

Siblings may occupy different levels of development and understanding of the process. This invites some additional complexity and needs to the transition process, including the following.

- More communication is necessary with multiple children, with messages tailored to fit each child's ability to comprehend. Expect lots of follow-up questions at a variety of times (*e.g.*, in the car, at bedtime, etc.)
- Each child has different levels of ability to understand what the process is about (*i.e.*, living permanently in a new place with new people, shifting a relationship with FPs to extended family from daily caregiver.)
- Each child has different thresholds of tolerance for longer visits (all day or overnight.)
- Existing sibling dynamics may complicate an adoptive transition, which may include:
 - one child acting as a substitute parent for younger siblings.
 - one child acting as a bully or other abuser to one or more of the siblings.
 - siblings engaging in sexual or other inappropriate play.
 - one or more children feeling excluded as a result of their two siblings' especially close relationship.
 - developmental or temperamental differences between siblings leading to frequent conflict.

- one or more of the children has special needs, which can easily dominate the attention of the adults and leave other children feeling ignored.
- varying attachment and safety concerns of children in the sibling group may need to be addressed during the transition.
- Some children, but not others, are triggered by aspects of the transition process (*i.e.*, a child who was sexually abused at bedtime becomes reactive during bedtime on an overnight visit.)
- One child may be much slower to attach and trust than the other children.
- If one child has significant special needs, this might impact the kinds of activities or length of visits that could be done with the sibling group as a whole. Consider how to have a sufficient process for all the children without being exclusionary and discriminatory toward the child with special needs. This dilemma requires extra planning and creativity to find activities that are inclusive (*e.g.*, a playground that has equipment that meets everyone's access needs *and* is fun for all the children.)

Staggered transition

Moving all the children at the same time is the default option, but there are some circumstances that may lead the planning committee to consider moving one child before the others. Ask yourselves:

- Is one child more fragile and in need of time as the APs' only child before other children proceed?
- Is one child (usually the oldest) a secondary source of safety and could they, if they went first, provide that for the other children as they transition to the adoptive home?
- Does the child welfare agency policy mandate all children move together, or is there discretion in decision-making allowed?
- If children in the sibling group are in different foster homes, the readiness of their respective FPs to participate in a child-centered adoptive transition process may vary.
- Is one child behaving so disruptively in the FH that FPs feel that child has to move first in order to avoid disrupting their foster placement?
- The sibling group is so large that the team believes it will be too unwieldy to expect APs to integrate such a large group all at once.

Some children may need to be adopted later than their siblings for a variety of practical reasons, including the following.

- The child(ren) are in jail or juvenile detention.
- The child(ren) are in a residential or day treatment program that the team feels they need to complete.
- The child(ren) are in a distant foster home and so will require a different process (see section below on long distance transitions).
- The child(ren) temporarily needs medical treatment that requires proximity to a certain medical facility or the skills of a medical foster parent.

Ultimately, this decision is ideally made by the planning committee as a whole rather than just by the CW even if that is the CW's formally identified role. Every option will have pros and cons and can be second guessed. It is a very judgment call that needs to be made on a case by case basis. Additional scenarios pertaining to staggered transitions are reviewed in detail later.

Moving a sibling group together

Children often have evolved roles in their sibling group which will play out in the adoptive transition. This occurs while they form new relationships with APs, deal with changes to their relationship with FPs, and manage the process of change.

FPs often have deep insight into these sibling group roles and can help APs understand them in depth regarding the practical, emotional, and relational functioning of the children with each other. If the children have their own psychotherapists or share one therapist, these professionals can also provide insight into sibling group dynamics. Even if some or all of the children have individual therapists, it can be extremely useful for the sibling group as a whole to have a therapist who helps them process the adoptive transition as a sibling unit.

FPs should continue debriefing each step in the transition process with each child individually, *and* at the sibling group level to help the children develop their shared reality.

Each new step is taken first by children individually. For instance, each child has 2-3 hour visits alone with the APs and is successful at that step before the sibling group has a 2-3 hour visit. No child takes the next step until all the children have mastered the previous step.

The siblings who feel ready to move on with the transition may try to “reassure” or “push” a child who is unsure about a step in the transition process (*e.g.*, being with APs without the FPs present) to move the process forward more quickly. This needs to be addressed with the sibling group by the FPs and/or the siblings’ therapist. The sibling group should be reminded that they are in this together. All of them have felt scared or nervous at times in their lives. If this “pushing” is a reiteration of past bullying, then this needs to be addressed with the child doing the coercing.

During the post-transition phase, reverse visitation with the FPs does not have to happen as a group even if the rest of the transition has happened as a group. A particular child may have a greater need to see the former FPs by themselves at least once. Regardless, the full group should reverse-visit at least once so the children can all show the FPs their new rooms, etc.

When taking an adoptive transition step as a sibling group, one child or more may become activated (aggressive, dissociated, panicky, and/or hyperactive) by a step in the transition process. This will often activate other children in the sibling group through behavioral contagion and/or trauma triggering.

First, provide emotional safety and containment for the activated child by a FP based on methods that have previously worked for this child. Another caregiver in the foster home should contain other children. If this occurs while children are with APs, then the APs need to carefully consider their options.

If the APs do not feel they know the children well enough to contain the child who was initially activated and attend to the other children, transport the children back to the FH ASAP if it is safe to do so, while reassuring the children that they are on the way to the FH.

If it is an urgent situation and transporting the group of children feels unsafe, it may be necessary for the APs to contact the FPs and have them come to where the APs and children are. This is a rare

situation. While the FP is in transit, have them on speakerphone talking with the children to help them calm down. When the FP arrives, it may be advisable for some children to ride with FPs and some with the APs back to the FH.

FPs should debrief with the child—and with the sibling group—after the child has calmed. Quickly, the planning committee needs to debrief and consider staying on the current step longer, taking a step back in the transition process, or proceeding as planned.

If one or more of the children “bonds” very quickly with one or more of the APs, claims them as their own, and resists sharing them with siblings. This bonding is not a loving attachment but an emotional grabbing onto. This may raise some or all of the following dilemmas.

- The child who has bonded with an AP may jealously—or even aggressively—try to push siblings away from having physical and/or emotional contact with that AP.
- They may become angry with the parent and feel betrayed if that parent shows interest or warmth towards another child (a sibling or other child already in the adoptive home.)
- Siblings may resent and become jealous of the apparently close connection between the child and parent and try to drive a wedge between them or intrusively seek contact with the parent.
- APs can feel pressured to take sides by their reactions to the children’s adversarial interactions. This is a natural reaction to the emotional pressures of the situation—one that needs to be surfaced and discussed.

If there is a therapist for the sibling group, this situation can be a focus for some sessions.

Considerations for the APs’ wellness

Adopting more than one child at a time presents challenges and opportunities for APs and families to keep in mind, and these adoptive parents’ struggles can also affect the children being adopted. Some of these dynamics can also occur when adopting a single child but are more likely with a sibling group.

If there is more than one adoptive parent, there may be comparisons among APs, which is natural. One child can find one AP easier to bond with, understand, manage, follow a routine with, and so on. This can lead to conflict between APs. The children will inevitably sense these actual comparisons about them being made by APs during the transition even without witnessing them.

Children being adopted will also have their own conscious and unconscious fantasies of APs’ views of themselves and of their siblings. These fantasies are based on factors including:

- actual differences in how the APs interact with the varying children
- differences in how the APs think and feel about the children regardless of whether they’re aware of those reactions or that they may be demonstrating them without being aware
- differences in the relationship and trauma histories among the children

Hopefully, the children individually or as a sibling group have therapists that can help the children process their fantasies and not solely act them out.

There are also increased practical burdens on APs of moving all the children at once that may seem obvious but can be lost in the hubbub of so much going on at once.

- Furnish all of the children's new bedrooms to a similar state.
- Buy additional furniture and household items as needed; *e.g.*, larger dining room table, seating for the living or family room, dishes, and even larger appliances (refrigerator, washer/dryer, etc.).
- Ensure that the AP's vehicle(s) can comfortably hold all children at the same time.
- Organize all of the children's new school registrations, child care placements, pediatric relationships, ongoing therapy appointments, etc.

Be especially sensitive to delaying extended family visits in the case of multiple adoptees, even though the extra help may feel necessary.

Considerations for FPs' wellness

When a sibling group moves from the same foster home, this can have a pronounced impact on the FPs in addition to the usual impacts of a single foster child leaving their care.

The combinations of the varied grief responses the FPs are having for each child can exacerbate the impact and make it harder for FPs to cope and not shut down emotionally. This places a heavy emotional load on FPs as they support each child as they process their grief about all of their changing relationships simultaneously.

Whenever a child leaves a foster home, the remaining foster children can have a variety of emotional and behavioral impacts; this can be exacerbated when multiple children leave together placing even more onto the FPs' plate also to deal with.

Historically, child welfare agencies have not supported FPs well with grief and loss issues. As has been laid out, the emotional demands on FPs are greater when a sibling group leaves together. Support options for FPs include:

- FPs can seek out their own support through other FPs they are friends with or their own therapists.
- Child welfare agencies or local foster parent associations can offer foster parent support groups or foster parent mentors.
- Child welfare agencies might also include supporting foster parents with grief and loss issues as part of the jobs for foster parent certifiers.

Moving one or more children before other children in a sibling group

Moving one or more children before the rest of a sibling group has an impact on the process for child-centered adoption as described previously.

While the child(ren) leaving first are informed of the upcoming adoption, the rest of the children in that biological sibling group need to be simultaneously informed of their siblings' adoption and reassured that they too will also be adopted into the same home. Provide a developmentally appropriate explanation for this process.

To minimize jealousy and acting-out, each child's meeting with the APs probably needs to occur while the other siblings are not present (perhaps at school) unless the other children are too young to fully understand.

Other steps in the transition process need to be done with sensitivity for the children in the sibling group not yet being adopted. Although they have been told verbally that they will be adopted soon, they have good reasons to not trust what grown-ups say. There can be a tendency to take more care with the transition of the first child(ren) being moved than the children moving later. This is analogous to the firstborn child being photographed more than their younger siblings. This must be guarded against given how important the adoption transition process is to the lifelong narrative of each child.

Moving days when one or more children are moving first

Moving day, and the special rituals and ceremonies around it, make all the separations very real both for the child(ren) moving and the children staying behind. Honoring the children's varying feelings and giving them room for expression helps minimize (but almost certainly not eliminate) the acting out. We recommend the following tangible steps towards that end:

- Make and display a visible photocopy of the current month's calendar in the FH, with important dates clearly marked (including moving day, first visit between the FPs and remaining children etc.) FHs should have children mark off in a daily ritual, so they may visually keep track of when these important days are coming. This is an opportunity for FPs to facilitate discussion about the process.
- Take special photographs of each child leaving with each sibling remaining and display them in each child's bedroom (in the FH and/or AH).
- Invite the remaining children to draw a picture (if old enough) for the departing child(ren) leaving to take.
- FPs can help children discuss some favorite memories of joint fun activities that have occurred while they were all in the FH. This ideally should occur while the APs are present, so they can listen and learn. APs can also contribute by imagining with the children some fun activities for all the children to do together when they are reunited in the AH later on.
- Ideally, each remaining child in the FH gets a hug from each departing child when they are outside moving toward the APs' vehicle. For some children, this can bring up feelings more intense than they can handle, causing them to resist or run from the interaction. The hugs should not be forced. The children will see each other soon at the first visit after moving day.

In-person visits with former foster parents when one or more children are moving first

The first visit after moving day has earlier been recommended to ideally occur in the AH and only include the FPs, however, this should be different in the following ways when moving is staggered.

- The remaining siblings in the FH join, to help reassure the whole sibling group that all the children are surviving and that the sibling relationships are being valued.
- Because the children still in the FH have not started their process formally, this visit should be in a neutral site (*e.g.*, park, playground, etc.) instead of the AH, so that their experience of the AH can occur at the appropriate moment in their own transition process.

While determining when to start the adoptive transition for the remaining children, try to create balance between helping the APs bond effectively with the child who was moved first and continuing the transition of the remaining children. Use the earlier transition as an opportunity for the planning committee to assess progress and determine when and whether to start the transitions of the remaining children.

As much as is possible, APs should continue bonding with the first-arriving children *and* support the transition process of remaining children simultaneously. Towards that end, we recommend beginning the transition process for the remaining children *after* the first visit of the child(ren) who have moved first.

If the bonding process between the APs and the first child(ren) begins going poorly after the move, there are additional considerations. This may be indicated in the following ways:

- the child is actively rejecting the APs
- the child is frequently and intensely distressed about missing the FPs
- the child is exhibiting major regression in developmental functioning
- the child is exhibiting dangerous behaviors toward self or other children in the home or the APs

When any of these behaviors are presented, the transition of the other children should be delayed while intensive efforts are made to understand what is happening in the attachment process between the adoptive parents and the child(ren) who are new in their home. Visits among the transitioned child in the AH, the remaining siblings, and FPs should continue.

Moving one or more children first has impacts on the children, especially confusion. The adults' reasons for making this choice often are complex, nuanced, and difficult to explain to children in developmentally appropriate ways. The words likely won't stick given the emotional stakes involved. Children (both those remaining or leaving the FH) will imaginatively construct their own scenarios. Some potential ones include:

- The departing child(ren) will be permanently separated from the other children.
- The APs selected the departing child(ren) first because they are better and are loved more and the remaining children are inferior, bad, or damaged.
- The APs are reuniting the departing child(ren) with BPs or other, fantasized parents (royalty, aliens, etc.)
- APs are taking the departing child(ren) in order to do bad things to them.
- FPs are sending that child(ren) away as a punishment for a bad deed that may be vague or specifically identified in the children's fantasy. The remaining children are vigilant to not commit the bad deed themselves.

The occasions when APs arrive to pick up and take the child(ren) for a visit or drop them back off can be very activating for all the children and lead to them acting out, competing for the FPs' and/or APs' attention, regression, and chaos; this can spread to other children in the FH who may not be in the sibling group. If this occurs, the FPs and APs will need to consult and create a plan for pickup and/or drop-off.

Once the focus has shifted to the later children, and the APs are visiting with them, the child(ren) who moved first may feel dropped and even be left with a babysitter while the APs are out with the other children in the sibling group. This is not recommended; try to schedule these visits while the child that moved first is in school or normally occurring child care.

Overnight visits when one or more children are moving first

For the child(ren) moving first, overnight visits involve not just a bigger separation from the FPs but also from siblings. Although children in FHs have separate bedrooms, children from sibling groups may sneak into each

other's beds in the middle of the night for comfort. This is discouraged because of the potential for abuse, but children are creative in accomplishing this. Thus, both the child(ren) having the overnight visit in the AH and the children back in the FH may feel a loss from this lack of access to co-sleeping with a sibling.

Bedtime routines in the AH may involve the same sequence as they do in the FH, but the absence of some siblings may make it feel weird. This can be especially true if the children perform affectionate rituals like good night hugs or kisses or prayers.

Impacts on FPs when one or more children are moving first

The children who are adopted later usually exhibit some level of acting out that FPs have to deal with. Sometimes there is just more chaos, and sometimes the acting out is directed specifically at the child(ren) being adopted. Possible reasons for this include:

- Jealous aggression toward the transitioned child(ren).
- Clinging/anxiety to the transitioned child(ren) out of fear for their safety in the adoptive family.
- Sadness/longing at the transitioned child(ren)'s absence.
- Misunderstanding that the separation from that child(ren) is permanent despite adults' assurances to the contrary.

The process of staggered adoptive transitions is lengthened for the FPs and can feel like it is going on for far too long. They may experience it as an interminable succession of losses. The FPs can be challenged if a new child enters the FH when the first child(ren) leaves. In those scenarios, they are attempting to bond with the new child(ren) while processing the loss of the subsequent children to leave from the sibling group. Ideally, new children do not enter the FH until all of the sibling group have completed their transition out of the home.

Impacts on APs when one or more children are moving first

This scenario poses its own attachment challenges for the APs in that they are, of course, attaching intensely to the first child(ren) to move, yet aware that subsequent children are also coming, and under the belief that they need to reserve something for those children (even though love doesn't work that way.)

Initial visits with the FPs and the child(ren) that are moving first should occur without the other children around. During later visits, if the other children in the sibling group act out when the APs arrive, FPs should manage this in ways they are familiar with. Instead of acting out, other children in the sibling group may approach the APs and try to engage. This requires some serious juggling on the APs' part, in that they are trying to hold all of the following goals:

- Communicate a special focus on the first child(ren) to move.
- Communicate their interest and warmth to the other children in the sibling group, who may be jostling for and competing for the APs' attention.
- Keeping the process of picking up the child(ren) a reasonable length of time (15 minutes might be a goal) to avoid difficulty and disruption for the FH.

If there are two APs, both should come in for picking up the child(ren) to ease the juggling.

There is juggling also in a variety of ways after the first child(ren) has successfully transitioned into the AH, during the other children's transition processes.

FH is a short-term placement (perhaps under three months)

Even when the child has not been in the FH for as long as is typical, the FPs still need to be one of the three voices on the planning committee. It is likely the child will see the current FPs as at least a guarantor of safety and the AP's initial visits in the FP's presence will be the same.

After moving day, schedule at least one visit for the FPs to see the child in the AH, even if ongoing contact is likely not needed at the same frequency as described previously; there is less of a relationship with the FPs that the child is grieving.

The FH, even though short-term, still needs to be documented for the child's Lifebook as any FH needs to be. The focus of the documentation of the adoptive transition needs to only be on the growth of the relationships between APs and the child rather than including the change in the relationship between child and the FPs.

A move that is this recent is concerning; the reason why the child was moved so close to being adopted needs to be discussed by the planning committee (FPs, APs and CW). Here are some possibilities, and additional consideration that each presents:

If the child moved because the child's behavior was not tolerable in the prior FH, this needs to be taken into account in the transition planning.

- Ensure that APs have been informed of this behavior. The APs may have questions about this behavior that they might like to ask the prior FP.
- APs and FPs should develop a plan to respond to this behavior if it happens on a visit without the FPs present. This planning should take into account how the FPs are responding to the behavior in the FH when it has occurred in this placement.
- APs should develop a plan for how they will respond to this behavior after the move has occurred, especially if it will impact other children in the AH.

If the child moved because the prior FPs were not chosen to be APs, this may present issues. FPs who see themselves as prospective APs form a deeper attachment to the child. The child often senses this and forms a reciprocal deeper bond. If this has occurred in a prior FH, then the child's attachment to the prior FPs and its loss needs to be taken into account in order to understand the child's behavior as the transition process unfolds.

If the child was moved to be reunited with a sibling before the adoption started, the relationship with that sibling has likely progressed since reunification but may not be as developed as other sibling relationships. Identify whether there is anything happening in that relationship that needs to be taken into account.

If the child was moved because of some other conflict in the prior FH, those concerns need to be thought about carefully—both about what the given reason means about the child in the context of the prior FH and any other dynamics that might have been present in the prior FH beyond the given reason.

Regardless of the reason for the move, if the child was in that prior FH for a sizable time, then the recent disruption in the attachment to those FPs needs to be thought about in the planning. Unless otherwise contraindicated, contact with the prior FPs should be maintained for multiple reasons.

- Gather the FPs' perspective about the reason for the child's move.
- Review the goodbye process from the prior FP to see if it should be supplemented, especially if the move from the prior FH has been very recent (within the past two weeks). When the move from the prior FH has been less recent, then it is probably not useful to revisit that goodbye process unless there are other considerations (*e.g.*, the child was with prior FPs for most of their life).
- Involve the prior FPs in signaling to the child their approval of the APs and of the adoption may be helpful by having the prior FP attend one of the longer visits for perhaps one activity.
- The APs might gather useful information from that FP similar to the information that they have received from the current FP.
- There may be information, photographs, or other material that the prior FPs could provide for inclusion in the child's Lifebook.

Child has experienced a disrupted adoption

Effects of disrupted adoption and subsequent adoptive transitions

Children can often be successfully adopted after an adoption disruption, if approached with much care and forethought. These children should always be in psychotherapy after the disruption and through any attempt at a second adoption. This is even true for children six months of age and older (yes, there is therapy for children that young—it occurs with caregivers present and needs to be done by therapists with specific training in infant/toddler mental health).

Hopefully, after the adoptive disruption, the child was placed back with familiar FPs with whom they had a positive relationship. The highest priority should be given to this. If not placed with prior FPs, then contact them, even if they have given up fostering, to see if they would resume fostering and take back this child.

There are some variables that are important to consider here in adoptive transitions for children from disrupted adoptions.

- *How long ago was the disruption?* Some second adoptions have been attempted within a month of the disruption because there was a second family that went before the adoption committee. These second adoptions are often disrupted also because the child was not ready. This is incredibly painful for the child and those APs—a rapid second adoption should never be attempted.

It is difficult to set a hard and fast rule, but a second adoption should not be considered before at least six months have passed since the disruption. The child's psychotherapist should have considerable input as to whether the child is ready to attempt a second adoption.

- *How long before the disruption was the child in the initial adoptive home?* Some children are only in the adoptive home a few weeks before disruption, while for others it may be several years.

Many children who were only in their first adoptive home a few weeks before disruption can be successfully adopted if given time to heal.

Children who were in their first adoptive home for years before disruption often, but don't always, have such strong negative reactions to adoption (even though they may still want it at some level) that it may not be worth the risk of the downside of another disruption to attempt another adoption. A long-term foster placement until age 18 with a familiar foster parent may be the best option from an attachment and mental health perspective.

The developmental level of the child affects how the child interprets the adoption and its disruption.

Infants (6 months or younger) will rarely be impacted from an adoption disruption.

Young children (7-23 months) can experience severe impacts, but these are often temporary (less than 6 months) if placed back into a familiar foster home. Some impacts will linger, however, especially when another adoption is attempted.

Toddlers (2-4 years) will often experience enduring impacts, however these do not preclude subsequent adoptive attempts. Children this age have developed some ability to sense the magnitude of what was lost. Thus, they may be able to be distracted from it by caregivers yet they do not have enough cognitive ability to place the disruption into any sort of context.

Children (5-10 years) have some ability to place the disruption into context consciously but they will still internalize many intensely negative messages about themselves, their worth, the reliability of relationships, and the emotional risk of adoption.

Preteens and teenagers may not want to attempt a second adoption and the risks involved unless they are part of a sibling group. If a second adoption is attempted because they are part of a sibling group, they may relate to the new placement as another FH (rather than as an AH) as a way to protect themselves emotionally. This is reasonable on their part and should be accepted and even validated as self-care.

Post-mortem

A "post-mortem" regarding the first adoption should be attempted to help the team try and understand the disruption and its implications for a second attempt. There is never one reason for a disruption or one person to blame. The disruption is a relational event.

Your goal for undertaking the "post-mortem" should be to address the following questions:

- What was the child's mental health status at the end of the adoptive placement?
- What relational patterns occurred in the adoptive relationship and how did the back-and-forth of reaction and counter-reaction evolve? (Look here for descriptive information on the relational patterns rather than to assign blame.)
- What guidance might be gleaned from this adoption for an upcoming adoptive transition and placement?

The steps of a “post-mortem” should include the following:

- Review the descriptions of the adoptive transition process.
- Have a mental health professional who is experienced with adoptions interview each of the prior APs separately about the relationship dynamics between them and the child, including how they changed at each step leading to the disruption.
- Interview the child’s therapist (assuming the child had one while in the AH) about the child, the APs, and the relationship between them.
- Interview the CW supervising the adoptive placement.
- Have a mental health professional experienced with adoptions interview the child (if they are old enough) to obtain a recounting of the adoptive relationship and events from the child’s perspective.
- Interview the prior FPs for relevant information from the adoptive transition and subsequent contacts with APs and/or the child.
- Integrate all of this information while recognizing that each participant will have their own subjective reality that is separate from what an objective observer might have noted. All of these viewpoints have validity.

Recommended modifications

Some (perhaps many) steps in this adoptive process will inevitably trigger memories from the first adoptive transition, especially if it occurred recently, and depending on the age of the child. If the activities from the first adoptive transition are known from notes or FPs’ memories, then specific repetition of those activities should be avoided.

Announcing the adoption

Use great sensitivity when telling the child of the upcoming adoption. Choose whichever adult has the best relationship with the child (FPs or CW), as part of a psychotherapy session with the therapist present. Note the child’s nonverbal reaction to each piece of information. Pause for questions and gently inquire into the child’s reaction if doing so seems helpful. The therapist should have time with the child alone after the child has been informed of the adoptive transition to process the new information with the child. A stance of hope towards the second adoption is important; without offering guarantees that are hollow. The child may have an initial reaction of resistance to the adoption, which should be accepted, but not taken to mean that the child’s reaction will remain negative as time passes.

Pre-transition visits with APs

Initial visits with the FPs present will likely need to be more numerous to establish safety. APs need to be ready for the process to be lengthy and perhaps manage some resistance from the child.

When FPs debrief with the child about visits, the FPs should be sensitive to shifts in the child’s mood as they reflect. It may be useful to talk about the memories from the first adoptive transition that are coming up. The child’s therapist can also explore that issue.

During visits, APs should be particularly sensitive to unexpected shifts in the child’s mood, including sudden regression or spaciness. This may mean the child has been triggered by a memory from the first adoptive transition. As has been mentioned previously, it could also indicate a trigger from a traumatic experience that is not associated with the prior adoptive transition.

Managing grief

The process of grieving the upcoming change in the relationship with the FPs is usually altered in this scenario. Dealing with the change in the relationship with the FPs may be forestalled or lessened since the child often expects they will be returning after the adoption yet again to the FH and this relationship. The grieving of the relationship with the FPs can't be hurried and will happen later. Often, the child will not recognize that they will not live with the FPs again and only begin grieving after a sizable period of time and several visits with the former FPs.

Not surprisingly, moving day can be very emotionally complex for children who have had a prior adoption disruption. Even more than in a typical adoption moving day, there is hope and there is fighting against hope; there is excitement and fear; there is happiness and sadness; there is gain and loss; there is movement towards connection and there is pushing away; there is hiding feelings and being overwhelmed by the upwelling of feelings. There is rapid movement between these various feelings and states of self, with multiple often present at once. Behaviorally, the child can often find it hard to hold it together.

The child needs several things from the adults on moving day.

- Be present for the child even though the adults may also experience big feelings.
- Celebrate the day in a way that allows lots of scheduling flexibility, and avoids many performance demands on the child to allow for emotional ups and downs.
- Take pictures and videos when you can, because the time windows for taking them when the child is somewhat calm may be narrow; don't expect any posed shots.
- Minimize attendees on moving day (preferably under 8 adults). No one attends whom the child does not know well so as not to overwhelm the child with new people.
- Employ an available adult or two (who are known to the other foster children in the FH) to wrangle these other foster children out of the child's presence in the event that they get dysregulated.

Post-transition visits with former FPs

The first contact should be a video call rather than an in-person visit so that the child feels safe that FPs are not coming to take them back.

The first in-person visit from former FPs can raise significant anxiety for the child as they may experience it as an attempt to take them away from the AH (another disruption) no matter how much they are reassured. Children should be informed about the in-person visit approximately five minutes before it happens. The prior disruption should be referenced and the child told explicitly in the clearest terms possible that that is not what is happening. Keep this visit brief (ideally about 10-15 minutes, which will feel like an eternity to the child).

Immediately after the visit ends, the APs should debrief the child and emphasize the point that the child is staying with them but that anxiety is normal.

Later in-person visits can lengthen if the child's anxiety stays within tolerable limits for the child and the APs.

Conflict among APs

Adoptive parents may struggle with substantial conflict as a couple during the adoptive transition. Adding a child by any means, especially a first one, often puts a strain on a couple's relationship. This is normal; all couples have differences. For many APs, these differences do not preclude them from communicating well, being supportive with each other and proceeding with the adoption.

Sometimes adoptive parents have preexisting differences that worsen or new differences emerge during the transition that are substantial enough to threaten the transition process. Some of those threats to the process might be:

- APs exhibiting enough conflict or coldness in front of the child that the child feels less safe with the APs.
- APs cannot agree on basics, such as the scheduling of visits.
- One or both of the APs have fairly intense jealousy of the relationship the child has with the other, leading to competition for the child's attention.
- APs attempt to enlist FPs or the CW or the child to side with them in disputes with the other AP.
- APs have substantial-enough differences in parenting beliefs and actions that it interferes with the planning and/or execution of activities during visits.
- One or both of the APs blames the other AP entirely for the conflict without taking responsibility for any share of the difficulty.
- The differences between a couple can be the result of one or both of the APs having a strong reaction to the reality of becoming a parent or past struggles reemerging (*e.g.*, infertility, commitment issues.)

If these or other threats emerge and are persistent, it is the CW's responsibility to approach the APs with the very difficult situation they are creating for the child. If this intervention appears successful, then the transition process can continue but should be slowed down to see if the APs are making genuine progress in being a unified team or are papering over long-standing conflicts.

If this intervention is insufficient to shift the couple, then the CW—in consultation with her supervisor and/or the child welfare agency's adoption committee—must decide whether to proceed with the adoption. An intermediate step could be pausing the transition and mandating that the APs enter couples counseling.

Conflict between APs and FP

APs and FPs have not chosen to cooperate with each other, but close bonds, including friendship, are known to arise. During other occasions, the APs and FPs experience conflict, perhaps from personality differences, philosophical disagreements about the children or parenting, bias, etc. These differences may be workable, but require serious attention when those differences spill over into conflict.

CWs have an important role in working with these conflicts. They should listen to both APs and FPs individually in order to understand each side's perspective of the conflict. CWs need to explicitly identify themselves as neutral as they gather information. The issue is characterized as the FPs' and APs' struggle to successfully collaborate together, rather than the content of the conflict which tends to lead to blame.

If the child being adopted is older, it is useful to look at whether a triangle of the child, APs and FPs has been set up such that the adults have unwittingly been split into opposing sides. Each set of adults may feel they are the only ones who can keep the child safe or loved or understood.

Sometimes, during planning committee meetings, the CW can help the APs and FPs negotiate how to compromise on some topics, avoid others, agree to disagree on still others, etc. If this feels beyond the CW's expertise, then the CW's supervisor or a mediator might be substituted for the CW.

If the conflict is about concrete issues, such as the process of the transition or certain parenting practices, then the CW should declare how the issue will be resolved for the sake of the adoptive transition.

If the conflict is that one set of parents has an emotional distaste for the other set of parents, this is more concerning because there is a less rational basis available that will shift emotionally based judgments. This scenario has some similarity to divorcing parents who struggle to co-parent because of lingering resentments.

Sometimes an appeal to the welfare of the child, whose adoption is going forward regardless of this conflict, will help FPs and/or APs set aside their antipathy for the duration of the transition.

If any of the parents cannot set aside their dislike and it is interfering with the adoptive process or influencing the child's relationships with either set of parents then the CW, perhaps in consultation with their supervisor or other expert, will need to amend the process. This should be the last option.

- The hardest aspect of the transition process to adapt are the initial visits where the APs come to the FH while the FPs are present to assist the child in building safety with the APs. Antipathy can undermine this objective. One possible workaround for these visits is sending only the one AP and the one FP who get along most cordially.
- If the child has a therapist they are bonded with, then another workaround is for the child to meet the APs and start the process of getting to know them in psychotherapy sessions.
- Each visit where FPs and APs are not needed together should have minimal contact between FPs and APs at pickup and drop off. If necessary, pickup and dropoff could occur at child welfare offices without FPs and APs seeing each other.
- FPs and APs debrief each AH visit with the CW rather than each other.
- When the FPs debrief the child about each contact with the APs, they should listen and validate the child's feelings only. If they have any concerns about what they hear from the child about the APs, they communicate them to the CW.
- Moving day rituals at the FH with FPs still occur. CW picks up the child from the FH and takes them to the APs who wait nearby. CW documents both the pickup and drop-off.

Conflict between FPs and APs has implications for the contact between the child and FPs after moving day.

- The child should have video visits with former FPs for the first month after placement. APs can monitor those video calls.
- Unfortunately, no in-person visits should occur at any point.

- As the new parents, APs should decide if any contact between the child and the former FPs should continue after the first month. It's usually better for the child if that contact can continue in some form, as long as the former FPs are not undermining the placement.

Long-distance adoption

These create practical hurdles for the APs. Many APs pursuing an international adoption are required by countries to stay within their borders as a prerequisite for adopting from them. Even when there is no fee to adopt a child from the child welfare system, the APs should still expect to make financial and practical sacrifices.

It is recommended that at least one AP stay near the FH for 30 days and book accommodations that have a separate bedroom and kitchen facilities to allow for overnight visit(s). APs will be more dependent on the FPs and the CW for recommendations of visits and child-friendly places to eat, etc.

There should be a prerecorded video tour of the APs' home city that should include their home, neighborhood (including nearest park), and school the child will attend as part of one of the half-day visits. This should be followed by a video call with the other AP (if there is one) and any other members of the adoptive family living in the AH.

If there is a second AP, they should join for at least one all-day visit, all overnight visits, and moving day. These should not be crammed together in the schedule. The child needs time to process each step.

Moving day involves the child saying goodbye to the FPs and traveling to the AH by car or plane. If possible, avoid breaking this into two steps (in which the child and the APs stay a night or two in the local rented residence). If flying, and if the child has enough possessions, then some of the possessions may get shipped ahead of time to the AH.

If a FP will travel with the APs and the child on the airplane then schedule both moving day, which is the day of the airplane flight, and a goodbye day, which is the day the FPs say goodbye and fly back home. Sometimes the CW—rather than a FP—will accompany the child and the APs.

Long distance adoptions also ask more faith from the child in a system and individuals who, from the child's point of view, have not earned it. Separation anxiety and/or dissociation may be more intense, especially as moving day draws near. Consider the following:

- The change in the relationship with the FPs is greater, as there won't be in-person visits after moving day—only video calls and other contacts. This can intensify the loss.
- The overnight visit will likely be in a hotel suite, with its anonymity. Children who are adopted across shorter distances get an important sense of the APs from their home when they visit it, which will be missing in this scenario.
- Sibling groups must, for practical reasons, move together to the AH.
- If the child will be transported to the AH via airplane, then it is useful for the child to visit the airport as an activity of one of the visits (although not the first visit without the FPs).

Long distance adoptions also exacerbate the sense of loss for the FPs as they may never see the child again in person. Video visits between the child and the FPs after moving day should be regular and scheduled. APs might consider returning for an in-person visit with the former FPs in a year or two. This has some similarities to the families of international adoptees taking the child back to the child's country of origin.

Section IV - Recommendations for child welfare agencies to support this model

Child welfare agencies may make changes to support the success of adoptive transitions as outlined in this model. For example, they may:

- provide specific trainings on their model used for adoptive transitions (possibly this one) separately by group for all CWs, FPs, APs, interested child psychotherapists treating children in foster care, and relevant court personnel (family court judges, Guardian Ad Litem, also sometimes called Court-Appointed Special Advocates, Assistant DAs, and interested attorneys that represent children or adults in family court matters.)
- hire Adoptive Transition Specialists who will guide adoptive transitions rather than CWs. These specialists should have training and experience in attachment theory, child welfare casework, and children's mental health. Provide those specialists with adequate training and supervision to prevent burnout and/or inappropriate responding to the intense emotions generated among participants in the adoptive transition process.
- hold regular professionally-led support groups for foster parents to process their grief over the departure of foster children through adoption, return to birth family, or emancipation.
- contract with child mental health agencies to provide professionally-led support groups for children going through adoptive transitions.
- require all sibling groups undergoing adoptive transitions to attend psychotherapy as a group with a child therapist.
- inform all prospective APs who live at substantial distance from the FH that at least one AP must stay nearby the AH for 30 days as part of the adoptive transition.
- conduct research on the satisfaction of participants with this model compared to existing practices and track adoption disruptions before and after this model is introduced.