



Adoptive Parent Preparation

Introduction to Adoptive Parenting

This booklet has been adapted from “The Adoptive Parent Preparation Manual” printed by The Joint Council on International Children’s Services from North America (JCICS) [copyright 1995], an organization that no longer exists. The Adoptive Parent Preparation System was developed as an educational tool representing the minimum standard for parent preparation, as a starting point for discussion of adoption issues.

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Introduction to Adoptive Parenting

We, at Nightlight, want you to understand the following:

- Knowledge is power. Adoptive parents need to know all they possibly can before making this lifelong commitment.
- Being an adoptive parent is different than being a birth parent. Not worse. Not better. Just different. Adoptive parents need to learn these differences — to accept and celebrate them.
- Our adoptive parents should come to appreciate that their agency can teach them much of what they need and want to know about being an adoptive family.
- Parents need to learn that adoption is not a one-time event, but rather an ongoing process that changes and evolves with the life of each family. Parents should be prepared for the long term — for issues that will arise in the future.
- Adoptive families want to be the best parents they can be. One good way to accomplish this is to be prepared and educated by people with experience and expertise in the field.
- Adoptive parents have lots of big decisions to make: age of child? gender? siblings? from which country? special needs? Their agency and/or social worker should help them decide what they can and cannot do, what they want and do not want.
- Putting time and energy into preparing at the front end of adoption may help you better prepare for difficulties before and after placement.
- Preparation about the “generalities” (e.g., loss and grief, separation problems, cultural issues) is valuable in the long run.
- Agencies and social workers lay the foundation for families to build on over time. Families can research more specifics (e.g., medical conditions, the child’s country) on their own or ask for resources to assist with this part of preparation.
- Prepared and educated parents are less likely to make the painful decision to disrupt an adoption.
- Prepared and educated parents who understand the risks and accept the lack of any “guarantees,” who view the agency or social worker as an ally instead of adversary, are less likely to dissolve or disrupt.
- Parents who are given the information and insight, which agencies can offer, are better able to self-assess and make good choices and decisions about their adoption. Certain questions must be posed: Can you come to some comfort level with the unknowns, including the worst-case scenario? If not, should you reconsider this adoption plan or at least this referral?
- The very nature of preparation is that it takes time; it must unfold and evolve. It cannot be a checklist. Families, agencies and social workers must work hard to build a good relationship. This cannot be achieved in two hours or two meetings. Preparation is an ongoing process and provides many benefits later on.
- Parents who are prepared and educated are better able to assist their children to understand, accept, and take pride in their adoptive status and bicultural roots as they grow to adulthood. Adoption is, after all, primarily for the children. Educated parents can assist their children with the identity issues that all adoptees face, and with the loss and grief issues that are part of any adoption.
- Children deserve prepared and educated parents, who knew going in that there would be rough times, and who have the strength and determination to stay with the lifelong commitment they have made. The children must be able to trust that their parents will continue to be there, standing between them and the darkness of being abandoned again.
- Parents who have been helped to assess their strengths and vulnerabilities, motivations, expectations, and capabilities will be better prepared to be there for the child in the years to come!

Table of Contents

1. Issues of Separation and Loss in Adopted Children (p. 4)
2. Easing Your Child's Separations from You (p. 5)
3. Effects of Long-term Institutionalization on Children (p. 6)
4. Promoting Attachment and Brain Development in Your Child (p. 7)
5. How Do Children Change? (p. 8)
6. Appropriate Discipline: Alternatives to Physical Punishment (p. 9)
7. What if Your Child Rejects You during the Adjustment Process? (p. 10)
8. Coping with Difficulties and Delays as You Wait for Your Child (p. 11)
9. Dealing with an Unexpected Diagnosis in Your Child (p. 12)
10. Your Child's Life Book: An Introduction to His Adoption Story (p. 13)
11. The Importance of Your Child's Cultural and Racial Heritage (p. 14)
12. Adoption as a Lifelong Process (p. 15)
13. "Older Child" Does Not Equal Attachment Disordered (p. 16)
14. Topics for Discussion (p. 17)
15. Resources (p. 18)

1. Issues of Separation and Loss In Adopted Children

Recent research shows that the overwhelming majority of adopted children do extraordinarily well in their adoptive homes, growing to be happy and well adjusted. However, there is one persistent fear common to nearly all adopted children, at least initially, and that is the fear of separation from their adoptive parents, which is part of the greater fear of losing them altogether.

In many otherwise secure and happy children, this fear persists over the years, often in subtle and suppressed ways, like a continuous, barely perceptible drumbeat in the otherwise beautiful symphony of their lives. For the children's sake, we have to assume that the fear — along with normal grief over their early losses — is present even when we and they are not conscious of it, so that we can avoid doing anything to aggravate it.

A legacy of loss

It is not hard to understand why an adopted child fears losing you when, for example, you need to return to your jobs and leave him in day care. He already has a conscious memory of a recent loss of one or more caretakers, and of course there was at least one other major loss that he may not consciously remember — the separation from his birth mother. No matter how carefully his former caregivers tried to prepare him, and no matter how much they loved him, he is bound to perceive their disappearance from his life as a desertion, as abandonment that he may somehow have caused. He expects a repetition of what happened in the past, and he may act in ways that seem designed to provoke such a repetition, particularly if there have been multiple separations.

It may take a very long time for him fully to trust his new parents to “be there” for him, no matter how naughty he is, and not to abandon him the way others have done. This lack of trust — sometimes compounded by interruptions in an earlier attachment process — is at the root of the

negative “testing” behavior that is so common during an older child's first year or so in his adoptive home.

To complicate matters further, your little one may be locked into “magical thinking,” which leads young children to assume that they cause everything that happens to them, including the misfortunes in their lives. If other people have abandoned him in the past, as he perceives it, then there must be something dreadfully wrong with him. His self-esteem will suffer to the extent that he believes he caused others to leave him. Related feelings of guilt, grief, and anger can delay adjustment and may re-emerge periodically.

His forever family

The good news is that you, as his adoptive parents, will be giving him a corrective emotional experience, showing him by your words and actions that you are his “forever family.” While he may need psychotherapy when his distress is most evident or disrupts the family, there is no better therapy for a child than living with parents who continue to love him and care for him “no matter what.” The more you are aware of his separation fears and related fears of not measuring up to a standard that he somehow failed to meet before, the more patient you will be, and the less likely you will be to subject him to unnecessary or sudden separations.

If you realize that the child you adopted three years ago may be terrified of your both flying off for a week or two to pick up his new sister, you will be less likely to leave him behind with even the most adoring of grandparents. You will probably discard this option in favor of taking him with you or having the primary care taking parent stay with him. No amount of reassurance on your part that the plane won't crash will convince him, but his anxiety will dissipate if he's told that he'll travel with you or that one parent will remain at home with him. “Actions speak louder than words.”

2. Easing Your Child's Separations from You

Despite your child's reluctance to let you leave him, and your avoidance of long-term or sudden separations, it will not be long before you will be gradually introducing him to the idea of short daily separations from at least one of his parents, or from both in turn. Before the first of you needs to return to work, a cheerful good-bye at the door — and a wave as you step into the car to drive around the block — will set in motion a predictable pattern of gradually lengthening departures and returns.

After many days of being housebound with your little one, you won't have to work hard at seeming cheerful as you leave! You have your own lives apart from him, and he must first accustom himself, from his secure position in one parent's arms, to the other's brief absences, each of you taking turns at getting out for the sake of your own mental health. But the key word is "gradually."

Calming separation fears

A short solitary walk can follow the drive around the block a bit later, then a trip alone to the store, long before the parent in question has to leave for several hours or a full day. Here are some other imaginative ways of preparing a young child, who has little or no concept of time nor any grasp of the meaning of your words, for those inevitable brief separations and transitions. It's important not to hurry the process; let him set the pace.

- Take turns sleeping on a mattress in his room, at least for the first several nights. Like our other suggestions, this is a means of meeting his needs and yours at the same time. Your child will never have slept alone in his life and each of you will need a turn at a full night's sleep. Your baby will probably want to lie on the mattress on the floor of his room snuggled up against you for the few first nights, rather than in a "cage" which isolates him. You can gradually return to your room when he shows he is ready. If you prefer, you can bring the child into your bed (or his crib into your room) at first, but it may be hard to get him out, and you won't sleep as well.
- Take your child with you anywhere you go, if he's not yet ready to be away from you for as long a period as your absence would entail. If he fusses at church or at a lecture, you can take him out until he settles down, but you will still feel better than if you had missed the event altogether. You may have to celebrate your anniversary at a family restaurant instead of the Ritz. He should handle new people and places well if you're there, and the return home will be reassuring.
- Go to day care with your child well before you must return to work, remaining with him for the entire time he is there. Gradually lengthen both his time in this new environment and the length of your brief absences. Until he gets to know and love his new caregivers and the other children, he may be afraid you plan to leave him at a new orphanage. The same principle applies to the older child's transition to school; well-meaning school staff may try to bully you into leaving his side before he is ready. Don't let them; help them understand the depth of his fears.
- Never leave him when he's asleep unless you can hear him and come right away if he cries. Waking up alone in the car, even if it's in the driveway, can reactivate fears of abandonment in a flash, since chances are you'll be out of earshot. It is best to awaken him and endure his crankiness.
- Hang around the house with a new sitter or nanny, until he is very comfortable with her. It may be necessary for you to pay her to play with him while you're at home for several afternoons before Mom and Dad can consider a well-earned evening out alone. That time will come!

3. Effects of Long-term Institutionalization on Children

Visualize yourself in the toddler room of an understaffed orphanage, observing children who were placed there some time ago as normal, although probably undernourished, infants. (For the purposes of this exercise, children with genetic problems or medical risks are in another room.) What you observe may disturb you, but remember that the vast majority of toddlers who started out as normal infants have the potential to recover, once they are with adoptive parents who provide intensive loving interaction and any outside help they may require.

The problems that you are seeing are frequently consequences of long-term institutionalization, as even the best orphanages cannot provide children with the same food, attention, or stimulation as a family. Most of the children will seem very small and thin for their age, and nearly all will be behind in their language and motor skills. Apart from those who are favorites of the staff, these toddlers may also be delayed on social, emotional, and cognitive levels.

Attachment delays

We read a lot about attachment problems, but a child this age is much more likely to exhibit a delay in attachment, or an initial resistance to being held and cuddled, rather than a full-fledged “attachment disorder.” If they have lacked the opportunity to attach to someone who has time to meet their needs regularly, some children may have developed a pattern of stimulating and comforting themselves through “orphanage behaviors” such as hair-pulling or rocking.

While some youngsters eagerly seek affection, others may avoid eye contact or even withdraw from touching or being touched. As alarming as this type of behavior may be, it is generally reversible once the child has been taught to attach to his new parents. Various methods of helping your child develop a strong attachment to you are discussed on other pages of this manual. (These include developmental services in addition

to concrete ways of giving your child affection, stimulation, and emotional security.)

Of course, there are no guarantees that any child will not have ongoing problems. Deciding to adopt a child from an orphanage involves the proverbial leap of faith that is also involved in giving birth. We strongly advise all prospective adoptive parents to send a referred child’s medical report (and videotape, if available) to one of the international adoption clinics that are listed in the Resource Guide. These clinics can assess children before placement, and according to Dr. Dana Johnson of the University of Minnesota’s International Adoption Clinic, they can often identify children who clearly are very abnormal, such as those with fetal alcohol syndrome or neurological abnormalities or autistic-like behavior.

Older children

Other things being equal, the longer a child has been in an institution, the more likely he is to exhibit typical orphanage behaviors such as those described above, and the more he is at risk for serious (though treatable) attachment problems. In general, we can be more optimistic about the toddlers that we’ve been observing in our hypothetical orphanage than we can about children who have been there years longer (who are likely to have suffered more effects of long-term institutionalization on their development and their ability to attach.)

Even so, many resilient older children do very well after placement. As prospective parents, be sure to study referral materials with a critical eye, and explore the resources available to you before you say “yes” to the particular child being offered. Unfortunately, there are some severely damaged children in institutional care. Still, as Dr. Johnson writes, “The likelihood that you will adopt an institutionalized child with problems so severe they will disrupt the fabric of your family is small.” Only you can make the decision as to whether to adopt a particular child or whether to wait for another.

4. Promoting Attachment and Brain Development in Your Child

Although your child's brain development may have been delayed by too little loving interaction in the past, new pathways in the brain (including attachment connections) can be induced by your warm and nurturing attention and stimulation. Dr. Neal Kaufman of the American Academy of Pediatrics' Committee on Early Childhood, Adoption, and Dependent Care assures us, "There are clearly times when learning is easiest, but that doesn't mean it's impossible at other times. It just takes more work. It's never too late to help."

Here are some ways to promote brain development:

- Reciprocal play, loving talk, singing, and other interactions should occur on a daily basis.
- Music, reading, and toys suited to the child's developmental level also provide stimulation.
- Face-to-face contact, combined with reciprocal vocalizing and descriptions of things and feelings, enhances learning and trust. If he averts his gaze, hold his face gently unless he resists.
- Hold and touch your child as much as possible. If he seems uncomfortable with this at first, keep trying, releasing him a few seconds after he resists. He needs to learn that physical contact is good and that it's safe to depend on others for comfort and stimulation.
- Enjoy your child; this means breaks for you as he's ready. Ask others for support and help.
- Be clear and consistent with your expectations and discipline. Your child needs structure and routines. But go to him when he cries, even at night. (Parents can take turns.) This is not spoiling him, but rather teaching him that he can depend on you, which will make him less demanding.
- Have your child assessed by a nearby Early Intervention (EI) program and/or international adoption clinic; see the Resource Guide. If developmental services are needed, an EI team (which may include occupational, speech, and physical therapists) will work with you and your child.
- Give task-oriented praise ("Good job") rather than generous global praise ("You're a terrific kid"), if such global praise causes anxiety and regression in a child with low self-esteem.
- Verbally "reframe" your discipline as a learning opportunity for your child, as opposed to punishment. A "time-in" near you as a chance to calm down is less apt to make him feel bad and rejected than would isolating him in his room. Try setting a timer at one minute per year of his age.
- Be proactive rather than reactive if an older child is testing your love and commitment. Attachment specialist Dr. Gregory Keck points out that if the child repeatedly succeeds in provoking an intensely angry response, it will take longer to build trust in the permanence of his new home. Be sure to ask for counseling when you find your patience declining — to alleviate guilt, build your confidence, and learn new approaches to your particular child's problems. Your agency is an essential partner at such times.
- Give your child the trust building, life-changing experiences described in "How Do Children Change?" in this Manual.
- Keep your sense of humor and your confidence that things will get better over time, no matter what your child's problems are, if you "hang in there" and seek the help you need. There are wonderful therapies that have emerged in recent years to help children with serious attachment problems, developed by attachment centers that specialize in treating attachment disorders. But for the vast majority of children, the measures described above should be sufficient.
- Rebecca Helgesen writes in *Adoptive Families*, "Some early-deprived children will not become Ph.D.'s or M.D.'s. But the truly remarkable fact is that some will. And those who do not will largely still achieve lives of academic success, happiness, and generosity...most of our children will make us proud...development, as Kaufman says, is a lifelong process."

5. How Do Children Change?

Even children who have suffered the most egregious abuse and neglect change for the better once they experience sensitive caretaking, stability, predictability, structure, affection, and opportunity for belongingness. In fact, it has been said that under the right circumstances, such children “cannot not change.” We clearly observe, at times, dramatic differences — but why do they get better? What leads to this positive metamorphosis and, in essence, “alters the content of their character?”

Following are some reasons and circumstances, which facilitate “change” in children:

- Their basic needs are met. Once “survival” needs are satisfied and distress is reduced, a sense of “basic trust” develops and children begin to focus outside of themselves and on “higher level” social and emotional needs.
- Their pain and stress are relieved, allowing children to experience reward and reinforcement from the source of relief, often a caregiver, building an emotional bond.
- They are stimulated/ aroused, which feels “good” and leaves them less depressed and more emotionally available to others, able to be interested and to learn.
- They have fun, which is very rewarding. Having fun relieves pain and reduces defenses, is an “emotional magnet” to others, and builds attachments.
- They receive understanding and feedback. Once the world — relationships in particular — is interpreted to them, they have increased predictability and trust and a more accurate appraisal of themselves and others. This sometimes alters immature, fantastic, and “autistic” perceptions.
- Their confusion and ambivalence are resolved, allowing them to act, to emotionally “loosen up,” to resolve the “push-pull” of being with others, and to reduce their interpersonal inertia, increasing mastery and competence.
- They compare and model. Children compare themselves to others and look to them as role models. Doing this, they adapt their behavior and form emotional bonds, gradually experimenting with new feelings — and in the process finding a more secure identity and a guide for behavior.
- Their equilibrium is disrupted, which creates discomfort, insecurity, and uncertainty — painful and motivating for change.
- They learn and mature. For many children, “change is a test of time.”
- They practice new behavior. Like a mirror reflecting an image, feedback about new behavior lets a child strengthen, correct, or avoid certain responses, learning what is expected or reinforcing.
- They share feelings, which reveal their “mental blueprint” and allows correction of distortions and misperceptions, weakening the pressure for negative feelings to be expressed through misbehavior.
- They are rewarded and punished. Behavior that is rewarded typically increases, while behavior that is punished or ignored often diminishes.
- They feel a sense of “belonging.” If children feel loved and cared for, their defenses reduce and children attach, also allowing them to “see the world through another’s eyes” and to learn.
- They get atypical, unexpected reactions and responses. Children change when they get a novel reaction to a habitual behavior, or a response that is unexpected. Receiving these different reactions, they must alter their feelings and behavior to fit the new situation.
- They find competence. If their actions are effective and rewarding, they are also reinforcing and build self-esteem and a sense of mastery, often lessening anxiety about new situations or demands.

By Frank R. Kunstal, Ed.D., 1994.

6. Appropriate Discipline Alternatives to Physical Punishment

All of us understand the importance of accentuating the positive. We guide our children whenever possible with affectionate encouragement, redirection, and task-specific praise (“good job”). We set good examples (picking up toys with the child). As Mary Hopkins-Best points out in *Toddler Adoption*, parents must model language and behavior that they want their children to use, while recognizing that young adoptees may take a long time to reach a level of trust where they emulate their parents’ behavior.

Principles of discipline

However well positive guidance works, and however often, it is the nature of children to be immature! Some out-of-bounds behavior is inevitable, and when we let it erode our self-image as outstanding parents, we’re more likely to lose control ourselves. We need to forgive ourselves our lapses and to keep working on discipline based on empathy, recognizing that we and the child are doing the best we can at this time.

Here are some general principles that should help with adopted children of various ages and stages:

- Try to understand the cause of misbehavior as the key to a solution. Is it an expression of the child’s underlying emotions? Or is it evidence of developmental delay, or of misperception of normal adult-child relationships, or of unresolved issues of separation and loss? Other children misbehave because of perceptual problems, control issues, poor habits of relating, or even a psychiatric disturbance requiring a professional’s intervention.

Dr. Vera Fahlberg, who lists all these possible causes in *A Child’s Journey Through Placement*, writes that the emphasis in managing behavior must be on “helping the child by creating an environment that meets his underlying needs. Many times this means providing [children] with...opportunities for re-education [that often include] adult-child relationships different than those they have known in the past.”

- Avoid punishing the child for tantrums, extended crying, or other expressions of rage or grief, even if the related behavior must be contained. These are normal emotions, and they must find an outlet somehow if the child’s loving feelings are to triumph. Remind yourself that it is normal for young children to cry or scream when hungry, tired, frustrated, angry, frightened, or in pain.

It’s equally normal for a parent to feel unnerved by these outbursts — but remember that it’s not your fault, and that your child needs you near him or her at such times. Rather than isolate the child, offer him comfort, and show him that you’re working on a solution to his problem. This isn’t spoiling the child, as others may contend, but rather building his trust in you.

Where to find help

There are many excellent books on behavior management. (See the Resource Guide.) One of our favorites is *The Parent’s Guide*, which enables you to look up the child’s specific troublesome behavior and choose among dozens of constructive alternatives to physical punishment (which professionals now almost universally regard as harmful to children and their relationships). The alternative that works for one child at a particular stage may not work for his sister nor for the same child under different circumstances, so patient trial and error is a large part of successful behavior management.

The important thing to understand is that your child’s misbehavior is not inherently malicious, but rather his way of coping with painful feelings until you can teach him a better way. An older child needs to be repeatedly shown that what may have worked in the past will not serve him in his new home and community. Since even the brightest children can be slow learners in overcoming poor habits of relating to others, parents should not expect too much too soon. Rather, try to notice even a slight improvement and give both yourself and the child credit for his progress. Things will get better if you get the support you need and keep trying.

7. What if Your Child Rejects You During the Attachment Process?

A child's attachment to new parents doesn't happen overnight and, for most children, affection and positive behavior are learned over time. A child who has had inconsistent care, where needs were not reliably met (or were met by a succession of caretakers), may at first be distrustful of a new home where all of a sudden everyone is strange and different.

Often a child who was in foster care or a good orphanage, who is attached to those who lovingly cared for him or her, may experience a period of grieving and anger over the separation that manifests itself for a time through rejection of one or both of the new parents, through no fault of their own. His self-esteem has been lowered by his past losses, and he fears that you too may abandon him as he believes others did.

Ironically, his negative behavior may be designed, on an unconscious level, to provoke the very rejection he fears. He is rejecting you before you can give up on him. Sadly, if his parents are unprepared for this "testing" of their love — which may follow a honeymoon period in which he began to get close to them — he may bring about his own self-fulfilling prophecy.

Signs of rejection

So, what should you do if your child appears to reject you by exhibiting one or more of the following behaviors: is reluctant to be held or touched, turns away from you, refuses to interact or engage in activities with you, is disobedient or aggressive towards you, has frequent tantrums? First of all, don't panic and don't take your child's rejection of you personally. Try to empathize with the fear, pain, and frustration that underlie your child's anger, remoteness, or misbehavior. If the child resists closeness, there are many things you can do to help your little one feel more comfortable with you and ease his or her fear of abandonment (see sections 2, 4, and 5).

You should be able to notice a gradual improvement in your child's behavior and his acceptance of you, although progress may be slow and uneven. Generally, the older the child, the longer the adjustment phase may last. It is not uncommon for a school-aged child to spend a year or more "testing" you before he is ready to trust your love and commitment. The key is not necessarily fast improvement so much as improvement over time, despite some regression.

Seek help soon

Negative behavior that remains unchanged or worsens over time will require help from a professional therapist, but it's important to get advice and dependable support as soon as you feel consistently overwhelmed by the anxiety of dealing with your child. It's far better to get help too soon rather than too late. Keep in close contact with someone you trust at your local adoption agency. Your agency shouldn't make you feel to blame. (Ask for a change of social worker if this happens.)

Most attachment/adjustment problems are resolved over time with minor intervention and/or suggestions from a therapist. Normal grieving and anger over a severed attachment, or even delayed attachment (see section 3), are far more common than the true "attachment disorder" that requires intensive therapy from an attachment specialist. Even if your child receives the latter diagnosis, don't despair. A study of young patients at the oldest attachment center showed dramatic improvement in these children's ability to attach to others.

Try to keep concerns about attachment and behavior in perspective and "hang in there." Most families ultimately report being satisfied with their child's adjustment and attachment. The keys are preparation, education, flexible expectations, and ongoing commitment to the child.

8. Coping and Difficulties and Delays As You Wait for Your Child

We spend our lives waiting: to get our driver's license, to finish school, for all the adult pleasures we've anticipated. But few of those times require the patience needed to wait for our children when we are in the midst of an international adoption. Once the rush stage is done and all the paperwork has been submitted and sent to our child's country, the true wait begins — and it is one that makes us weak and strong at the same time.

The weakness comes from feelings of uncertainty (Will it really happen?); of lack of control (especially difficult for those of us who usually cope by taking charge); of insecurity (Will we make good parents? Will our children love us?). The strength comes from learning to trust ourselves and others (our agency and authorities in our child's country); learning to have faith that something so abstract now will be concrete soon (holding our children); learning all we can during this time (from books, friends, family, and our own instincts).

Only two certainties

In essence, this time of waiting for our children is a combination of fear and happy anticipation, mixed with ingredients of patience, faith, trust in people we don't know, some sorrow and possibly anger about delays or changes here and abroad over which we have no control, and a large portion of hope. For there are two certainties in international adoption — the first being that eventually we will have our children (not necessarily from the first country we planned on), and the second being that in the meantime there will be delays, possible difficulties, and much less information and control than we would like. If we weather the frustrations, retain our hope, and refuse to give up if we need to change direction, there is no way that we'll fail to get a child, once our home study is approved.

So how does one pass the time? Here are some suggestions.

- Read as many as possible of the books and periodicals listed in the Resource Guide.
- Ask experienced parents about their parenting styles.
- Join an adoption support group, either in person (most communities have them) or via the Internet (where assorted mailing lists provide information — not always reliable — as well as helpful hints and camaraderie).
- Keep abreast of changes in your child's country or our own which may impact your adoption, because your child's best advocate can be your knowledge. But don't be alarmed by the many rumors that circulate; rely on your agency to tell you what is most likely to happen, if anything, in your particular child's orphanage or region.
- Get support when you feel discouraged. Call your favorite agency person or a helpful buddy couple who adopted from the same orphanage.
- Buy what you will need overseas, including the medical kit described in the Resource Guide, powdered soy formula, and a thermos for carrying lukewarm water that has been boiled and cooled.
- Find out what the orphanage might need and try to get donated medical supplies, vitamins, or toys to take with you.
- Look into updating your will, choosing guardians, and changing your insurance to a family plan.
- Decorate your child's room now, because when "the call" comes, the waiting time that seemed like an eternity will vanish and be replaced by hurried preparations.
- Study your child's language and culture and perhaps take up a related hobby (cooking, crafts, collecting).
- Do some traveling and other fun things for yourselves; do at least one thing you've always wanted to do.
- Most of all, hang on to your dreams and your hopes. They will brighten your hearts during the dark days, which may bring depression or sadness, suddenly and for no apparent reason.

9. Dealing with an Unexpected Diagnosis In Your Child

Unlike couples whose children are born to them, adoptive parents generally have the benefit of a brief medical report before they commit to a particular child. But there are unavoidable risks to both kinds of parenthood. Months or years after your son or daughter arrives, you may be faced with an unexpected, previously undiagnosed medical condition or learning disability in your child. What would you do then? Agencies hope and expect that adoptive parents will carefully consider the known risks in advance and, if they decide to proceed with an adoption, do so with a strong sense of commitment to their child.

A parent's first response to an unexpected medical, psychological, or learning problem is often a combination of fear, grief, anger, and guilt — sometimes complicated by blame: "Why didn't the agency or the doctors discover this earlier?" But there is realistically no way to prevent occasional surprises, which are painful to everyone involved. Available pre-placement medical information is often very limited. Moreover, many problems manifest in children only as they mature physically and emotionally, and as social and academic expectations become more demanding.

Steps to survival

Survival Step One in dealing with an unexpected diagnosis is recognizing that our feelings are normal grief reactions to loss or the threat of loss. When our child faces difficulties, we grieve the loss of normalcy and safety with which the new diagnosis threatens us. Adoptive families are created out of profound loss, and our vulnerability and reactivity to more loss are normal.

Adoptive parents who receive support and acknowledgment from family, friends, and professionals of their grief and related emotions — anger, fear, guilt, and anxiety — will then be ready to take Survival Step Two: gathering information

regarding the most appropriate professional help for their child. (Parents who don't get enough understanding may get stuck in blaming others.) Now is the time to seek out supportive parents who have learned strategies to cope with their children's medical, psychological, or learning disabilities. Information is power! Parents can move from feeling helpless into empowerment and participation in their child's progress.

Ready to take action

Survival Step Three kicks in when adoptive parents, armed with information and support, begin to contact professionals who can treat their child. Adopted children with medical, psychological, or learning disabilities need professionals who know adoption and have experience treating adopted children. It is entirely appropriate and very important to ask about a professional's experience with adoption during your initial interview.

By taking this careful and demanding approach to building a professional team, we move into Survival Step Four. This involves changing our expectations for our child according to his or her disability — and learning to manage, rather than fix, the issues our child now faces. As parents who have been "home study approved," we often struggle with unrealistic expectations — of ourselves as parents, and of our adopted children.

A medical, psychological, or learning disability will challenge our previous images, and we will waste important time if we try to get back to "who we were" before the diagnosis. There is no going back — disability changes us, our child, and our family, and we must create a "new normal" that includes the reality with which we now must deal. Our families can survive and thrive. As we learn to adjust to new losses in adoption, we open ourselves to receive the gifts of growth and attachment that accompany difficult times.

10. Your Child's Life Book

An Introduction to His Adoption Story

A “life book” is a creative, celebratory chronicle of a child's life. In adoption, it commonly refers to a photo album or other large-format book in which photos, mementos, and other information relevant to an adopted child's life are collected over time as a way to foster his or her self-esteem and identity, and to explain carefully the early losses and changes in his life.

Adoption professionals and most families now regard life books as an essential tool because they have been observed to serve several important purposes in an adopted child's life:

- They can show the child the joyous anticipation of his or her arrival into the adoptive family.
- They can reinforce a child's sense of connection to the adoptive family.
- They can ease the sense of loss a child feels in relation to his birth parents and early caretakers.
- They can help the child begin to understand various aspects of adoption in a positive light.
- They can help the child explore and articulate unresolved issues or strong emotions related to past life events, such as a sense of failure and guilt over others' inability to take care of him.
- They can (and should) gently introduce the “birth parents,” before another child or an unthinking adult speaks to the child about his “real parents,” which is likely to happen by preschool.

Documenting your family's excitement and preparation for your child through the use of photos and milestone mementos (referral photo, congratulations, pictures of early caretakers, placement-day photos) brings the story to life for the child and conveys how important he or she is to the family. A brief explanation of why and how the child was placed for adoption should definitely be provided but must be explained in an age-appropriate way. This provides an easy, natural introduction to the birth parents; until the child

knows of their existence, he hasn't really been told he was adopted. As your child matures and tries to understand adoption more fully, the book will be a tool for helping him feel comfortable in asking questions.

Starting your life book

Standard life books can be obtained through adoption book catalogs or adoption magazines. Or, even better, you can create your own very simple life book. Include early photos of (and brief information about) your child's life before he came to you. Once your child is old enough, encourage him to help you add to the book.

You can learn much about how he views himself and his adoption by what he relates of his story to you and others. Be careful to present facts in ways that a very young child can understand and that promote his self-esteem. There are challenges here, especially for the adoptive parents of a child who has been “abandoned” — a legal term that should never be used with the child or those who spend time with him.

Most young children love to hear their adoption story, and parents should not hesitate to carefully share information about the birth parents before someone else speaks of them. The life book should clearly state that:

- your child was a very good baby.
- his birth parents loved and wanted to keep him.
- they were unable to take care of a baby — any baby — at that time.
- they placed him for adoption to make it possible for him to have a family. (Avoid writing or saying, “They gave you up because they loved you,” which can make your love seem scary or untrustworthy.)

Describe yourselves as his forever family: “Now we are a family forever. We are your real parents, and you are our very own child.” Introduce the life book when your child is about three years old if he arrived as an infant or toddler, and in any case before he starts preschool.

11. The Importance of Your Child's Cultural and Racial Heritage

Whether or not a child's ethnicity matches that of his family, knowing something about where he came from is important to his figuring out who he is, and to his self-esteem. Those of us who adopt internationally have the dual responsibility of teaching our sons and daughters about their adopted country while also helping them to retain roots in their country of birth.

In most cases, our adoptions of foreign-born children will be apparent to others because the racial or ethnic differences between the parents and child will be visible. To paraphrase Cheri Register's excellent book, *Are Those Kids Yours?*, this will raise the question, "What are you?" Our children should know enough about Vietnam or Guatemala to answer comfortably and with pride, even in the face of an insensitive question or comment.

Now's the time

During the wait for a referral, the time is ripe to learn about our children's places of birth. Learning about another country is as easy as reading, watching movies and television shows, exploring the Internet, experimenting with the country's cuisine, and participating in cultural events that highlight our child's birthplace.

We can buy many items that become a living treasury of his or her birth culture: books, music, videotapes, dolls, toys, clothing, language instruction tapes, and lovely decorative objects for our home. These, along with culture camps and other opportunities for the child to meet others of similar background, foster your child's pride in his origins. You may also decide to choose two short given names, one from each country that your child can link together or choose between at various times in his life, depending on current preference.

As our children mature and seek further knowledge of their birth country, we will be able to aid them in their quest because we will have

already traveled that road ahead of them. By providing our children with two cultural foundations — birth and adoptive — we will give them the gifts of knowing where they came from and of belonging to two cultures.

Helpful support groups

There are support groups for adoptive families that either focus on the particular cultural background of our children or "create a rainbow." (See the Resource Guide for information on how to locate a parent support group.) If you adopt a child of another race, it is essential that you cultivate his or her friendships with other children of color. They certainly need not be of the same nationality, since young children of color are much more conscious of their tan or brown skin (and the "difference" that this represents) than they are of geography.

Any child's difference from most other children becomes less uncomfortable for him, and seems more natural, if he has friendships with others who are different in the same way, whether it be in color or race or nationality, and who may also be adopted like he is. (Children become conscious of race around the age of two or three.)

Formal and informal adoption support groups are a natural place for such friendships to flourish. Consider starting (or reviving) such a group in your area with the help of another adoptive parent or couple, if you can't find one that is active enough to make a difference to you and your child. Fern Leslie, who helped revive the Berkshire County Chapter of the Open Door Society of Massachusetts, was amazed at the tremendous boost in self-esteem on the part of her Latin American and Asian Indian children when they began socializing on a regular basis with other dark-skinned adopted children who also had white parents. Such a group will also help you as parents; your family will be one of many "different" families, and you'll come to feel less alone.

12. Adoption as a Lifelong Process

Historically, adoption has been shrouded in secrecy. In the past, “telling the child” was often a one-time event, or the subject of adoption was mentioned only when necessary — and with discomfort. Little if any information was shared about the child’s origins, and what was said conveyed little warmth or empathy for the birth parents and their reasons for placing the child. Adoptive parents proceeded to raise their children as though they were no different than others, but their silence on the subject of adoption conveyed an unmentionable, painful sense of difference from “normal” families.

Many adult adoptees who grew up in the 1960’s or earlier have reported feeling unloved and abandoned, since secrecy prevented them from asking questions and gaining a sense of the overwhelming social problems that motivate a birth parent’s agonizing decision. The secrecy that was perpetuated for generations in the adoption community only served to withhold information from those who deserved to have it, and to create shame in adoptees and their families, since secrecy implies shame. It also cut the child off from his or her past, leaving the growing adoptee with the unanswerable question, “Who am I, really, and do I really belong to anyone?”

Acknowledging differences

The current openness about adoption fosters self-respect, trust, a sense of continuity, and the healthy “acknowledgment of differences” that sociologist David Kirk has promoted. If differences are acknowledged and embraced by the parents, the child will grow to feel better about his differences from others, including the fact of his adoption — the fact of having four parents.

However, the new trend toward forthrightness leaves many adoptive parents with feelings of insecurity. While they recognize the importance of honesty, they also feel threatened by it. How much do we tell and to whom? One rule of thumb is not to tell others anything that you have not already told the child, lest he or she hear sensitive information from others before hearing it from you.

Children signal what they are ready to learn at each stage of development, but parents should not say anything that honesty would compel them to retract later. Children tolerate “negative” information much better than they do a lack of candor. They should eventually know everything about themselves that the parents know. A careful sharing of this builds trust. You should encourage the child to express his thoughts and feelings, bearing in mind that, as psychologist David Brodzinsky points out, some children and adolescents “shelve” their feelings about adoption for a time. It’s still important to share what they need to know, and to bring up the subject of adoption periodically to keep it open.

Grief may reappear

Many sensitive adoptees need a parent’s or therapist’s help to deal with separation anxiety or grief stemming from the memory of early losses or simply the knowledge that they were “given up.” You can reassure your child in the way that you explain the birth parents’ decision, their difficult circumstances, and the lack of social support in many societies for impoverished single parents.

No matter how well parents do this, some adoptees are periodically ambushed by grief as they move through childhood and into adult life. Many have difficulty with separations, or report a sense of incompleteness even as adults. Some will have an intense desire to connect with their past. This is not a reflection on the strength of your family bonds or your skills as a parent. As Brodzinsky says, all adoptees search in their minds even if they do not actively search for their birth parents and their roots. Your implicit permission for this search is important to your children at any age. Such permission comes from your willingness to discuss the past and to carry forward many parts of it — a name, another culture incorporated into yours, your child’s old loves, your child’s story.

13. “Older Child” Does Not Equal Attachment Disordered

Excerpted by permission of the author, Deborah Hage, per JCICS.

In times past, little was known about attachment disorder. ...With the influx of children from Romania and the massive amount of media attention given them, the situation has dramatically changed. Rather than “Reactive Attachment Disorder” being an unknown diagnosis, the public now looks for it everywhere ... The pendulum of public awareness and concern has swung from ignorance to fearful hypervigilance. It is the disease of the day...and the cause of older child adoption has suffered for it...

There is no known test for what has become labeled “the resiliency factor”, that big unknown in children’s psyche which allows some children to rise above their history of abuse and neglect and others to succumb to it...! Most children adopted as infants will be fine. Some won’t. Most children who are adopted at older ages who do not demonstrate the targeted behaviors will be fine, some won’t ... Being initially raised in an orphanage or foster care is not a death knell for a child’s emotional stability. Age and history, while markers, are not the determining factor of whether or not a child’s behaviors will be problematic.

Most children have received loving care

The number of moves a child makes is of far more critical concern than age. The environment of the orphanage or foster home and the current functioning of the child are much more reliable markers. Is the child accepting nurturing care? Then the child, in all probability, will accept nurturing care from new parents. Is the child well-adjusted in the current home? Then the child, in all probability, will adjust well in a new home. Is the child happy, healthy, and curious? Then the child, in all probability, will be happy, healthy, and curious in their new home. The care in most orphanage and foster homes is consistent, loving and very present. The news releases regarding some orphanages do not necessarily depict the norm for orphanages around the world.

What adoptive parents need to realize is that there are huge numbers of children in orphanages around the world who are no longer infants but would still make wonderful additions to their family and community.

Advantages of older child adoption

The benefit of adopting a child who is already

walking is that their behavior can be more readily assessed. Caseworkers can interact with an older child and can see for themselves which children have the qualities which will successfully enable them to make the transfer to a new home. Health risks and disabilities are more readily diagnosed in older children than in infants.

At times, the ego strengths of older children make a move less traumatic for them rather than more so. Older children have more opportunities to consent to their adoption. They enter into the new relationship willingly, rather than having the sense that the adoption was something done to them. They know what it means to be alone. They do not want that for themselves. They are eager for success. They understand the reciprocity of healthy relationships. They have become attached to their caregivers and other children and, rather than being rejecting of parents, they very much want parents. They are not unattached. They are waiting for parents to attach to! Their resilience has been tested and they have come out winners.

While in Nepal I met a beautiful girl, age 9, who, with her bright smile and lilting British accent, would be the perfect addition to any family. Was the family who adopted her fearful of “attachment disorder”? Not particularly... This young woman was well liked in her orphanage by both the children and staff. She had no history of cruel or bizarre behavior. Yet, at some point in her life, she fell into a fire and burned off the major portion of her right hand. She endured great pain and rose above it. Three years later is she a blessing to her family? Yes, yes. Beyond their wildest dreams!

Does this mean that adopting older children is all ... good feelings, without problems? Absolutely not. The risks are still there. The personality evaluations still need to be done. The markers for attachment disorder still need to be searched out. The problems are just different and need to be worked through in partnership with the child.

Can it be done? Yes!

Successfully? Yes, beyond all hopes and expectations.

Topics for Discussion

Topics for Discussion with Other Adoptive Families

As a prospective adoptive parent, you know best what specific areas need to be addressed in your family's preparation for adoption. Below is a list of topics which may be useful as you talk to one another about your decision to adopt and with other adoptive families and their experiences.

- Did you need help resolving the grief and anger that inevitably came with infertility since I understand this is important in the ability to bond with an adopted child?
- Although I feel open to a child of another race, I am concerned about how s/he will be accepted by the community and/or extended family.
- How do I help my child develop a healthy self-image despite the teasing or rude remarks s/he may hear concerning his or her differences from others?
- When my child has distressing problems as s/he grows, how will I know if they are adoption related or a normal stage?
- I know adoption involves fully accepting someone's differences from me. How did you learn to do this?
- If your child wants to search for his or her birthparents during adolescence, how will you handle this?
- What if your daughter is rarely asked out in high school or your son is turned down by someone he'd like to date?
- Adopting a child of another race involves a loss of privacy. How will you deal with the curiosity of well-meaning people?
- How can I make my child feel good about being adopted? How do I answer questions about why s/he was placed for adoption?
- Sometimes I wonder whether this is the right time in my life to adopt a child. Would it be better to postpone the adoption because of my current life situation?
- How do I help my other children accept another family member?
- Did your other children have trouble learning to get along? What if they do not get along with one another?
- I honestly don't know whether I really want to adopt, deep down, or whether I'm trying to make my spouse happy. How do we find out so there is no resentment later?
- I sometimes wonder if my spouse really wants to adopt as much as I do or whether s/he is adopting to make me happy. Will s/he resent the child because of feeling pressured into this?
- I feel uncomfortable about the home study process. Can we discuss what that entails?
- What if the child has learning problems?
- Sometimes I wonder if I have enough time, energy and money for a young child alone with everything else in my life. Would an older child be better?
- Will the child feel we are his/her real parents?
- What are the pros and cons of adopting siblings?
- I realize it is normal for parents to have mixed feelings about parenthood at times. Will the joys outweigh the problems?
- The cost of an adoption scares me. What are some ways you saved money and which grants and fundraisers did you utilize?
- The high cost of raising a child makes me wonder whether we need to postpone parenthood or explore a better way of managing money.
- What if I encounter more difficulties than I expected? What do I do if the child disrupts our home life?
- I know it's the job of the agency to make us think about these hard questions but I find myself reacting to the negative parts of these questions. Is it really a positive step to consider and reflect on possible problems in advance? If I do, will it diminish my joy and anticipation?
- Other concerns?

Resources

Nightlight Christian Adoptions maintains a current list of resources on their website. The main website to our agency is www.nightlight.org. For resources to specific information please visit the following links:

- Adoption Resource Library
<http://www.nightlight.org/adoption-resource-library/>
- Educational Resources
<http://www.nightlight.org/adoption-educational-resources/>
- *Click on the Resource Link PDF tab
- International Adoption Learning Resources
<https://www.nightlight.org/adoption-resource-library/international-adoption-resources/>
- Funding Your Adoption
<http://www.nightlight.org/funding-your-adoption/>
*Click on the “Funding Your Adoption PDF” tab
- Medical Resources for Adoption
<http://www.nightlight.org/medical-and-counseling-resources-for-adoption/>
- Orphan Nutrition
<http://www.orphannutrition.org/>

This booklet has been adapted from “The Adoptive Parent Preparation Manual” printed by The Joint Council on International Children’s Services from North America (JCICS) [copyright 1995], an organization that no longer exists. The Adoptive Parent Preparation System was developed as an educational tool representing the minimum standard for parent preparation and as a starting point for discussion of adoption issues.

The Joint Council on International Children’s Services from North America was an association of licensed, not-for-profit child welfare agencies which served children through intercountry adoption and relief efforts. The Joint Council advocated for homeless children around the world, providing a forum for sharing information enabling children to be served more effectively, promoting legislation and procedures to better meet the needs of children, disseminating information related to children’s issues, and establishing guidelines and standards of practice to protect the rights of children, birth parents, and adoptive parents. This mission is now primarily handled by the National Council for Adoption.