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Together as Adoptive Parents Inc. is a nonprofit adoption support group composed of adoptive families, fost-adopt, adoptees, adoption professionals and other interested in adoption.

TAPROOT is a quarterly publication of Together as Adoptive Parents Inc. 478 Moyers Road Harleysville, PA 19438-2302 (215) 256-0669

We urge you to send us any information that you feel may be of interest to our readers.

#### **OUR MISSION**

To provide a support network among parents in the greater Philadelphia area, disseminate available services information to members and to implement programs and activities which promote the well being of adoptive families.

Have any comments, suggest ions or gripes?

E-mail us at

taplink@COMCAST.NET

or call us at

(215) 256-0669

**MEMBERSHIPS North American Council on Adoptable** Children **Statewide Adoption Network United Way** 

#### President's Corner

"Happy Birthday to you," "Happy Birthday to you," "Happy Birthday dear TAP," "Happy Birthday to you,"

This month TAP is fourteen years old and I am...well...that's not important. 

□ We both have much to celebrate about. As we all know support groups come and go and their have been times when I thought that TAP would not be around much longer. But whenever I would get that "who really cares if this a support group is active" feeling, I would receive a call from a family needing help. That call would reinforce to me the need that I must keep on fighting for families.

#### TAP's summer swim picnic is July 20<sup>th</sup> see inside for more details.

There are over 1,000 children in foster care with a goal of adoption in the state of Pennsylvania. Now I know why. I received an email from a family in the -Pittsburgh area who is trying to adopt a beautiful little African American girl that has special needs from another county. This county which I will not mention the name but is near Philadelphia and starts with an M. threaten to remove this little girl from the home if the family did not sign a zero base subsidy agreement based on the families income. HELLO, what is wrong with this picture? Here is a child already in a loving home and the wife has chosen to leave her job so that she could better meet the needs of this child. I am always hearing that we need to recruit more families to adopt African -Americans. Here is a perfect family that is welling to adopt this child with a little help from the county. The county would rather lose this resource for this child and future children then to help meet the needs of this little girl. Something is very wrong!

Would you like to talk with other adoptive or foster parents across our state? Are you a support group leader and would like to speak with other leaders? Visit TAP TALK on TAP's web site www.taplink.org, Incidentally TAP is changing it's email address. The old one will still work but now you can send to taplink@comcast.net.

Well, my family is waiting to take me out to dinner for my birthday so I will see you at the picnic.

"Even the smallest can change the course of the future" Lord of the Rings

**Phyllis** 

www.taplink.org

# **Advocating for Children Who Have Special Needs**

In "Adoption and School Issues," the National Adoption Information Clearinghouse reports that adopted children may be more likely than non-adopted children to have a learning disability. Although there are no known causes, there are theories for why this might be true:

- One theory points to the genetic component: that parents who choose to relinquish parental rights may also be more likely to have a learning disability.
- A detrimental prenatal environment that may have included alcohol drugs, cigarettes, or poor nutrition is certainly a risk factor for learning problems.
- An abusive or neglectful early relationship with a birth parent could cause emotional and neurological damage that in turn could produce learning disabilities.
- Another possible reason why more adopted children are diagnosed with disabilities is that their parents may tend to be overly observant and seek professional help right away.

Whatever the reasons for a learning disability diagnosis, many adoptive parents become the educational advocates for their children with special learning needs.

Parents must first request a special needs assessment from their child's school. Once parents have signed the papers to initiate the referral, federal la requires the school district to make the assessment within a "reasonable amount of time." This time limit varies from state to state. (In Minnesota, for example, districts allow 30 school days.) Likewise, each province in Canada may very somewhat on the allowed time. Check with your state or provincial education department for the guidelines in your area and learn about your child's and your parental rights.

After a referral, an assessment team will come together and begin to evaluate the needs of the child. This team can include all or some of the following people: principal, psychologist, counselor, social worker, special education teacher, classroom teacher, speech pathologist, and physical therapist. Depending on the needs of the child, members of this team will administer appropriate standardized tests to obtain a measurable result. One of the members of this team will also interview the parents to get background information and discuss the child's medical history.

If the child qualifies for special needs services, the parents and a team of specialists will determine the Individual Educational Plan or IEP for a child. The IEP can include a combination of academic, physical, social, and emotional goals that best meet the current needs of the child. The IEP is reviewed throughout the year by parents, the classroom teacher, and the team of specialist, and goals are continually evaluated.

Goals initially set too high may be made more realistic if the child becomes too frustrated and the outcome seems unattainable. Goals may also be upgraded and made more challenging when the child meets a desired outcome earlier than expected. If a child is older and received services from another state or country, the new school district may require an update on testing to make sure the IEP goals for the child are an accurate reflection of the child's current needs.

All goals are in some way measurable so the child and parents can see when progress is made. Parents are an important part of this team and are the true experts regarding their child. They carry the knowledge of their children's histories, and the witness daily the courage, strengths, and struggles inherent in their lives.

Questions for Parents to Ask Regarding Special Needs Service

- How will my child benefit by receiving special needs services?
- What academic, physical, social, and emotional concerns do the teachers and I have regarding my child?
- What kinds of tests will be administered to determine whether or not my child qualifies for services?
- What kind of help will my child receive? How often? From whom? In what way?
- How will my child's school day schedule be affected in order to receive help?
- How will special needs services affect my child's learning time with peers?
- Will we also discuss my child's strengths and abilities, as well as concerns?
- What areas of learning will be focused on and how will growth be measured?
- How will we be involved in the IEP plan?
- How will we all know when progress is made?
- What will be expected at home and at school?
- How will we know if things are going well or not?
- How might the IEP change over time?

From the Adoptive Parent Leadership Network, March 2002

# \*\*\*\*ALERT\*\*\*\* LEGISLATION ISCOMING \*\*\*ALERT\*\*\*\*

From PA Health Law Project

Governor's Budget proposes to eliminate Medical Assistance for some children with disabilities! For further information, please contact the PA Health Law Project at 1-800-274-3258 or visit their website at: www.phlp.org.

From the Public School Advocate

Student Responsibility Law

The House recently approved legislation that will make parents or legal guardians of a school age student expelled from school responsible for paying the student's education for the duration of the expulsion. For more information: e-mail: psrn@psrn.org or website: www.psrn.org or call: 717-238-7171.

#### **CHOICES**

#### By Ellen Cirino (C 2002)

After raising three sons, Ellen Cirino turned to foster parenting in the early 1990s. Since becoming a foster mom (and then being "promoted" to therapeutic foster parent status), Ellen has cared for more than 20 foster children in her Long Island, New York home. In addition to parenting, Ellen's favorite pursuits include watching NASCAR racing, swimming with dolphins, and writing. She has published numerous articles about her experiences, and her book, Foster Parents Survival Manual, is available through Arvin Publications (817-784-3803; www.arvinpublications.com). Ellen can be reached by e-mail at fostermothers@aol.com.

Carlos became the baby of our family when he joined the teenage boys in my therapeutic foster home in 1994. At the time, he was a bouncing eight-year-old who had a lot of energy. He managed to keep all of us on our toes, and under a safe umbrella of structure, his undesirable behaviors gradually vanished and he flourished as part of the family.

Though Carlos was legally free for adoption when he was placed with me, he was not quite ready to be adopted until he was almost 14. Then, several months after his adoption was finalized, he asked if I could find out where his birth mother was buried. At some point we both remember being told that his birth mom had passed away, but neither of us remembers when or by whom. We certainly had no idea that my son's simple request would start us on an emotional roller coaster.

My initial research into finding burial information led me to the New York City Health Department. I wrote to them explaining the circumstances, and asked for the location of Carlos's birth mother's gravesite. In a few weeks, I got a letter back. The letter said that because Carlos was adopted, he was not entitled to that information.

I was livid beyond description.



Not being one to accept injustice quietly, I immediately sent an impassioned e-mail message to every city official and news station I could think of. Soon, Steve Livingstone, a news producer from WABC-TV, Channel 7 (an ABC affiliate that covers New York, New Jersey, and Connecticut) said he wanted to help. We called back and forth many times in the next few days, and I learned that, without his birth mother's social security number, Carlos and I probably wouldn't be able to find her grave.

Channel 7 sent a reporter and cameraman to our house and interviewed Carlos and me about our quest to find his birth mother's grave. They planned to air the story on the 5 o'clock news the next day. Our hope was that the story would generate a public outcry against the policies that denied a child the right to pay his respects to his deceased mother. Then maybe we could get the information we needed.

The next day, just a few hours from air time, I asked Steve to try to contacting some of the tenants in the building where Carlos's mother last lived. Maybe someone there might remember when she died or where the funeral was. We both knew it was a long shot, but he agreed to try it anyway.

In less than an hour, Steve discovered that there was no burial site. Carlos's birth mother was very much alive. On just his third call, Steve reached Carlos's aunt, and she agreed to get in touch with Carlos's birth mother. Carlos's birth mother called Steve just 10 minutes later. Needless to say, he did not air our story.

When he called me with the news about Carlos's birth mom, Steve chose his words very carefully, but I was still dumbfounded when I hung up the phone. It was 4:15 p.m. Carlos would be in front of the television at 5 o'clock to see his news story. Reeling from the sudden adrenaline rush, I needed time to absorb the news so I told Carlos that the story had been postponed until the next day.

There was never a question in my mind that I would tell Carlos the news, and I knew in my heart that I had no choice. After dinner, he and I went out to the deck by the pool, and I told him that his birth mother was alive.

The next morning we received another call from Steve. He wanted to see how we were handling the startling information, and he had another proposal. While talking with Carlos's birth mother, Steve had suggested that the station could run a story about her reunification with Carlos after almost nine years. She had agreed.

After much thought and family discussion, we agreed to meet with Carlos's birth mother at the television station in New York City the following week. On the appointed day, the whole family packed into the car and we started off. We were about to get on the bridge that goes into Manhattan when my cell phone rang. It was Steve. Carlos's birth mother had changed her mind and wasn't going to come.

Trying to make sense of the latest development, we turned the car around and started to head back home. One of the boys suggested that we stop at an amusement park. We spent the rest of the very long day trying to distract Carlos, but his deep disappointment over- whelmed us all.

Back at home; I let Carlos decide if he wanted to talk to his birth mom on the phone. He called her about a week later, and they now speak regularly on the phone. She has not, however, made any attempt to meet with Carlos in the six months that have passed since the phone call approaching the bridge.

Carlos would like to meet his birth mother. He even wrote that on his Christmas wish list. Deep down, though, I think he understands that she isn't ready to deal with her own abandonment issues. They are both in pain, but she hasn't had the years of therapy that Carlos has.

Over the past few months, I have spent many hours rehashing what has taken place. I've questioned each and every decision I made, over and over. But every night when I put my head on my pillow, I know that I have made the right choices. Carlos is entitled to the truth. As his adoptive mother, it's my job to prepare him for the real world. Reality can be painful and we all need to learn how to deal with it and move on.

Carlos has also learned that being my child of choice rather than my child of birth makes no difference. I will be there for him whenever he needs me, and he's learning to trust in that.

We'll be okay.

## How Can We Make A Difference?

By Samara Stevens An Adoptee



At some point in our life we all ponder the question; how can I make a difference? Such a simple question with an answer that differsfor usall, but one must remember that a difference does not always equal out to material gain. Sometimes the biggest difference one make isthrough an emotional connection. Adoption has been that difference in my life. I was adopted at the age of 17 months. There is no recollection of my life before that time but the what-ifs are still inevitable. I cannot say where I would be or what I would be doing but I can say that I wouldn't change where I am or what I am doing now for the world. The family that God has blessed me with has been and is still my backbone and support. It hasn't always been easy, from dealing with the adoption issues to the wonderful teenage years. I certainly wasn't the angel child all parents dream about. A little hard work and perseverance has only made the bond between usthat much stronger.

No child deserves to be without that bond shared by a parent and a child.

Even the smallest difference made goes without some sacrifice. Some sacrifices made will be greater than others, but the outcome is equally rewarding. Adoption is one way to make a change in the world. Who knows that child that you choose to open your heart to could be the next Einstein or even the President of the United States, or someone who teaches and influence the next Einstein or President. My grandfather taught Prince Phillip, who is now married to Queen Elizabeth, the Queen of England. A little guidance can take one a long way. Remember you may be one person to the world, but to one person you may be the world.

# **Oppositional Defiant Disorder**

By Arthur Becker-Weidman, PhD

Many of the children presented in COAC Reports have the diagnosis of ODD (Oppositional Defiant Disorder). The web site <a href="www.adopting.org">www.adopting.org</a> recently presented this article on the subject. Check out their site for other interesting articles:

Four year old Sarah throws temper tantrums, won't go to bed, refuses to take a bath, and is described by her parents as "hell on wheels." Peter, age seven, often won't go to school, re-fuses to take his dishes into the kitchen or perform other simple household chores, and screams when he doesn't get his way. Thirteen-year-old David refuses to listen to her parents. He stays up past his bed time, argues with his parents about everything, and stays out past his curfew. His parents are seriously considering bringing a PINS petition against him: they just don't know what to do. Do any of theses children sound familiar? If so, you may be thinking of an oppositional and defiant child.

We know from extensive research that non-compliant behaviors in children increase in severity over time. While 25% of children with appositional and defiant disorder (ODD) no longer have this disorder three years later, and 25% will progress in severity and meet the criteria for Conduct Disorder, which involves more severe appositional behaviors and "juvenile delinquent" type behaviors.

What are some of the other typical non-compliant behaviors seen in children with ODD? Behaviors such as:



It is very important to distinguish ODD from similar behaviors that are seen among children with attachment difficulties, attachment disorder, and reactive attachment disorder (RAD). This distinction is critical since effective methods of treatment for ODD are ineffective with children exhibiting similar behaviors who have disorders of attachment.

So, what are some of the major distinctions between how ODD behavior develops and similar behaviors exhibited by attachment-disordered children? Most frequently, a combination of factors contributes to the development of ODD. All children want attention. Sometimes, through simple reinforcement, children learn to misbehave as a way of getting their parent's attention. As this behavior continues, the parents may even begin go ignore positive behavior. Taking the approach of, "let sleeping dogs lie." When the child desires attention, the child misbehaves and the parent attends to the child. A cycle begins in which the child's appositional behavior becomes self-reinforcing as a method of getting the parent's attention. Peter's parents asked me, "Why does he act the way he does? He spends more time avoiding doing what we ask him to do that it would take to do it!" I explained that every minute that Peter is able to argue and avoid doing an undesirable task is an additional minute that he continues to do what he en-

joys, such as watching TV or not going to bed. Avoiding an undesirable activity is reinforcing.

On the other hand, children with attachment disorders exhibit appositional behaviors because of very strong need to be in control. This strong need to be in control is based on a fundamental lack of trust. Usually, because of significant difficulties during the first year or two of life, these children experience requests by their parents as demands which must be fought. The result of the child's fundamental lack of trust, is appositional behavior and an unwilling to follow directives.

Normal attachment develops during the child's first two years of life. Problems with the mother-child relationship during that time, or breaks in the consistent caregiver-child relationship, prevent attachment from developing normally. Emotional vulnerability can be affected by a variety of factors including; genetic factors, pre-natal development including maternal drinking and drug abuse, prenatal nutrition, and stress, fetal alcohol syndrome and fetal alcohol effect, temperament, birth parents history of mental illness (schizophrenia;, manic depressive illness, etc.)

So, how can we tall the difference between a child who "looks" attached, and a child who really is making a healthy, secure attachment? This question becomes important for adoptive families, because some adopted children will form an almost immediate dependency bond to their adoptive parents. To mistake this as secure and healthy attachment can lead to many problems down the road. Just because a child calls someone "mom" or "dad", snuggles, cuddles, and says "I love you," does not mean that the child is attached, or attaching. Saying, "I love you", and knowing what that really feels like, can be two different things. Attachment is a process. It takes time. The key to its formation is trust, and trust becomes secure only after repeating testing. Normal attachment takes a couple of years of cycling through mutually positive interactions. The child learns that the child is loved, loveable, and can love in return. The parents give love, and learn that the child loves them. The child learns to trust that his needs will be met in a consistent and nurturing manner, and that the child "belongs" to his family and they to him. Positive interaction, trust, claiming, and reciprocity (the mutual meeting of needs, give and take), these must be consistently present for an extended period of time, for healthy, secure attachment to take place. It is through these elements, that a child leans how to love and how to accept love.

#### **What Works**

Children with ODD are most effectively treated with a program that begins with paying attention to and reinforcing the desired behaviors. One begins by rewarding complaint behavior rather that punishing appositional behavior. I teach parents specific methods and techniques to focus on and reward compliant behavior rather than punishing appositional behavior. I teach parents specific methods and techniques to focus on and reward compliant behaviors in a consistent manner. One method is to have each parent spend ten or fifteen minutes each day playing with the child. The parent is instructed to avoid giving commands and to make positive comments to the child about the child's play. Another method is to ask the child to play quietly while the parent reads a magazine or makes a phone call. Every few minutes, the parent is to praise the child for playing so quietly and allowing the parent to read or make the call. Gradually the time between verbal reinforcement is extended. The second step in this process is to begin using a number of methods to eliminate the undesirable behaviors. Time out, points, charts and other methods are taught to the parents. These methods are highly effective with ODD children. However, the same methods are ineffective with children with attachment disorders.

So, how does one address appositional behaviors exhibited by attachment-disordered children? The most important concept is "units of Concern." This concept involves creating situations in which all of the difficulty or concern about a problem rests on the child's shoulders rather than on the parent's shoulders. Rather than allowing the child to create a conflict between the child and the parent, you structure the situation and con-sequences so that the conflict and consequences affect only the child. For example, when a parent gets into an argument with a child about getting washed up and coming to dinner it is usually the parent who is most concerned about getting the child into the dining room. In this example the parent has all of the units of concern while the child has none. One method for turning this around is to let the child know that dinner will be served in ten minutes and that the child can feel free to join the family as soon as the child get washed up. There are no reminders or any further discussion. The child can take as long as the child wants to get ready and come to dinner. However, if by the time the child gets to dinner,

supper is over, the parent's response to the child's questions, "what's for dinner?" can be as simple, "breakfast?" In this example, the natural consequence of the child's disobeying the parent is a missed meal. It is the child's dawdling that created the outcome. The parent is not nagging, yelling, reminding, or punishing the child. In other words, the parent is taught to find creative ways to allow natural consequences to help shape the child's behavior and learn to trust the parent.

Common methods of discipline such as reward, punishment, and star charts do not work with attachment disordered children. A completely different parenting approach and different methods must be used with these children. A combination of creating a highly structured and controlled environment, the velvet lined steel box, along with a high degree of love and nurturance is required to help if these children learn to trust. Once trust has been established, much of the appositional behavior disappears.

(Arthur Becker-Weidmanm, Ph.D. is Director of The Center For Family Development, and Attachment Center in Western New York that specializes in the treatment of adoptive families and their children. He can be reached at 716-810-0790. Art was adopted as a child. He and his spouse, Susan, are the parents of three children, one adopted internationally.)

(Thanks to Stephanie Mullins for sharing this article and web site.)

# For Kids in Care – from Kids who Care

Some 1,000 students – the entire student body of **Franklin Regional Middle School** in Murrysville, PA – opened their hearts to help children in foster care served by Every Child. Calling their effort the "Duffle Bags for Children" program, the students gathered over 500 new duffle and travel bags, each with a stuffed toy animal and personalized note, for foster children who more likely travel from home to home within 'the system' with their few belongings in ordinary black plastic trash bags. The sixth to eight graders solicited local companies for the bags and cuddly companions, and the community for funds to purchase them.

"Trash bags are for trash, not kids," said then seven-year-old **Mackenzie Snyder** of the Baltimore area, who spearheaded a campaign that netted thousands of travel bags for foster children a few years ago (which continues as the Children to Children project). Her accomplishment was told in *Chicken Soup for the Pre-teen Soul*, and read by two FRMS students, *Meghan Milinchak* and **Emily Leftwich**. Inspired, the girls proposed a similar project to their principal – who happens to be Emily's dad! Every Child visited the school twice to present, in a heartfelt and direct way, the tough realities of life for a child adrift in the foster care system. The students surpassed their goal, and now there's enough travel bags for all the children our agency serves and others.

The Permanent Press, Winter issue 2002

# **Money for College**

The Casey Family Programs will provide up to \$10,000 per year scholarship money to high school graduates under the age of 25 who spent at least 12 months in foster care and were never adopted. The awards are renewable every year based on satisfactory progress and financial need. The Orphan Foundation of America will administer the program and match each recipient with a trained, screened adult who will mentor the student. To date \$1.3 million has been awarded to students in 46 states. For more information call (800) 950-4673 or visit www.orphan.org/casey.html.

#### **Adoption Community Suffers Two Great Losses**

January was a sad month in the adoption community. Early in the month we learned that Dave Thomas had died, and little more than a week later, we received word that Ron Johnson has unexpectedly passed away at age 47. Below we offer tribute.

#### **Dave Thomas**

On January 8, 2002 both the adoption community and the business community lost a great leader and humble champion. Dave Thomas, known to millions as the founder of Wendy's restaurants, passed away after a ten-year battle with liver cancer. He was 69.

Rex David Thomas was born to a single mother in 1932 and adopted by Rex and Auleva Thomas six weeks later. Sadly, his adoptive mother died when he was just 5, and Dave spent the next 10 years traveling from city to city while Rex struggled to find work and remarried three times.

Dave was lucky enough, however, to spend summers with his dad's mother. The summers he spent with her, he recalled later, were among the happiest of his life. Grandma Sinclair looked out for Dave, made him feel good about himself, and taught him the value of hard work. She was also the person who told him, at age 13, that he was adopted.

By age 15, Dave had dropped out of school and was working in a restaurant full-time. His big break came in 1962 when a former boss offered Dave a share in a floundering Kentucky Fried Chicken franchise in Columbus, Ohio. Dave turned the franchise around, and sold it for \$1.5 million in 1968. The next year he opened his first Wendy's restaurant. Since then, Wendy's has grown into an international chain of more than 6,000 restaurants.

In 1990, at President Bush's request, Dave became the spokesman for a new special needs adoption initiative. Wendy's corporate side also devoted energy to promoting adoption and encouraging employers to offer adoption benefits. In July of 1992, Dave Extended his commitment to adoption by establishing the non-profit Dave Thomas Foundation for Adoption, and in 1998, the Dave Thomas Center for Adoption Law opened at Capital University Law School.

Over the years, Dave's simple sincerity and tireless dedication helped spread the word about adoption very successfully. As Professor Kent Markus, director of the Adoption Law Center, observed, Dave "dedicated his time, his charisma, his energy, his celebrity, and his none too limited persuasive capabilities to the adoption cause day after day after day." Dave also testified before congress, and spent long hours promoting the adoption stamp issued by the post office in 2000.

At NACAC's 1995 conference, Dave accepted out Child Advocate of the Year award with his usual candor and touching humility. On January 29, 2002, Congress passed a resolution honoring him. "Children have lost a hero in Dave Thomas," said Representative Connie Morella, "but his legacy will live on."

#### **Ron Johnson**

"On January 16, 2002," reads the colorful funeral program, "Ronald Francis Johnson was drafter into God's Hall of Fame after 47 illustrious years as a first round draft pick and head coach to thousands." As the hundreds of friends and well wishers who attended his funeral can attest, Ron Johnson was indeed a vibrant leader, inspiration, and teacher to many. The news of his death was unexpected and deeply saddening.

Born and raised in New York City, Ron attended public schools, and spent time in a gang. Later, he earned a bachelor's degree in biology from Columbia University and embarked on a career of working with at-risk youth. At Columbia, Ron taught, counseled, and designed self-esteem building projects for students through Upward Bound. He also founded and directed the Harlem Institute of Positive Education.

Ron is perhaps best known for his Ten Step Rites of Passage program. He developed the training in the mid-1980's when he came to Los Angeles to design and direct a program for teenage fathers. Rites of Passage-now widely used by schools, community organizations, and faith communities-helps teenage boys develop skills needed to achieve a sense of manhood and mature into productive adults.

The National Family Life and Education Center, which Ron founded in 1985, embodies his dedication to at-risk youth. Through the Los Angles County Department of Children's Services, the Center runs a Rites of Passage program for teens in foster care. Ron's non-profit center also has a transitional housing independent living program as well as a reading, literacy, and martial arts program. Martial arts was another of Ron's passions; he held a fourth degree back belt in jujitsu.

In 1996, Ron published a curriculum based on the Rites of Passage program titled *Visions: Career Guidance and Life Management for African American Men.* A related activity guide came out in 1998. The curriculum, developed for and still used by the California State Department of Education, is targeted toward African American boys in grades 6 through 12.

A tireless presenter, Ron was a highly sought-after speaker for adoption, foster care, and youth-related conferences. Ron was, in fact, at a conference in Tennessee when he died. NACAC conference-goers from the past 12 years will remember Ron's dynamic appearance as a keynote speaker at the 1990, 1991, 1994, 1999, and 2000 conferences, three on the east coat, and two in California.

Ron Johnson will long be remembered by an extended family of admirers and professionals for his seminal work with at-risk youth, and fervor for helping children. Ron was an unparalleled force in child welfare. We feel most fortunate to have called him our friend.

# They Just Don't Know

By: Bonita, age 16

I met this family and somehow, I feel it's good.
Is this the one?
I think so....don't jinx myself.
Remember....remember all the other homes you've been in?
You always jinx yourself?
Every time I say I think it's going to work, it never does.

I'm gonna test this lady...
See if her actions are as true as her words
She says I can break the wall and tear up the house
And she still won't give me up.

God, I don't want to leave. Not again.

I don't want to meet a new family.

God, a 14 year old, going on 15 shouldn't have to ask these questions!

No one should.

This isn't right.

Do you think, God, it's fear?
What is my future gonna to be like?
How many more homes do you hold for me?

I know for I will not jinx myself and just hope it works out....

And try my best!

They shouldn't just take a person, a kind and smooth them in a home.

That's not right, I'm a human being too. I have feelings.

What do they expect me to do:

"Oh hi, I need a home. Oh, your home? Okay, let's play."

NO!

Then DSS and people wonder why so many kids move so much.

They just don't know.

A Bond of Love, Volume 1, Issue 6

# 2002 Pennsylvania Adoption Conference

July 10-12, 2002 at the Lancast er Host, Lancast er, PA.

Come and join other adoptive families at the 11<sup>th</sup> annual PA conference.

Scholar ships to attend the conference are available. It covers registration fees and meals. The deadline to apply is June 3, 2002. For more information on the conference call:

(800) 585-SWAN

## Pennsylvania Health Law Project

Pennsylvania Health Law Project (PHLP) is starting a new project to increase access to and quality of drug and alcohol treatment for juveniles (under age 21) who are from Low-income families. If you are having difficulty getting the treatment you need for a young person whom you think might be eligible for the Pennsylvania CHIP (Child Health Insurance Program) or MS (Medical Assistance) programs, please contact the PHLP Help Line at 1-800-274-3258 (Monday to Friday, 9:00 AM to 5:00 PM) and ask for Jessica Bellinder. You can also e-mail Ms. Bellinder at ibellinder@phlp.org. There is no charge for these services. For more information visit the PHLP Web site at http://www.phlp.org.

Sharing, Winter 2002 Vo. XVII, No. 1

# A FOREST OF FAMILY TREES

These unusual implementation of family trees for use in Foster & Adoptive situations have been borrowed (with permission) from a publication put out by FAIR. "Adoption & the Schools". The complete book is available from FAIR at P.O. Box 51436, Palo Alto, CA 93403 for \$30.00 (with S/H).

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