



TAProot

Issue #43

October 2002

Together as Adoptive Parents Inc. is a non-profit 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, to disseminate available services and information to members and to implement programs and activities which promote the well being of adoptive families.

Have any comments, suggestions 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

So much has happened since the May issue of Taproot. In July we held our annual picnic. Everyone had a great time! There must have been a 100 people in my back yard. One Church, One Child, Inc of Philadelphia joined us this year. Thank you so much for coming. We hope you will join us for our annual Christmas Party on **December 14th**.

For the past few months I have been part of Philadelphia's Department of Human Services task force. The subcommittee that I served on was post adoption. Our discussion centered on what post adoption services will best help Philadelphia families. After much research and looking at other states we decided that a peer-to-peer support system is what adoptive parents wanted. To that end DHS will fund and TAP will host an adoption conference in Philadelphia on November 23, 2002. One of the purposes of the conference is to find out from Philadelphia families what are their needs, and if there is interest in starting a peer-to-peer support network in Philadelphia. This conference is for and by adoptive and foster families. The fee for the conference is only \$10 per person. This is the perfect opportunity for foster parents to get some training hours. See inside for more details.

As some of you already know, Senator Specter nominated me for this year's "Angels in Adoption Award". I never dreamed in a million years that I would be selected to receive this special recognition. On Tuesday the 24th of September my family and I drove to Washington DC to receive the award. The highlight of the day was watching the movie "Antwone Fisher", starring Denzel Washington, and meeting both Antwone himself and the producer. They both took the time to talk with my children and take pictures with them. It was a day we will never forget

See you at the conference!

Phyllis

www.taplink.org

Myths About Adopting

By Richard J. Delaney, Ph.D.

Becoming a parent demands a hefty dose of infatuation and temporary state of insanity. For all the rational explanation for why we do it, becoming a parent—even deciding to become a parent—often requires a hopefully fleeting condition of mental imbalance. We resort to reason, but, in the end, the decision is more emotional leap than logical step. It's idealism over realism. And in the end choosing to parent is less about truth and more about myth.

Producing a child or taking on the raising of a child takes motivation and it also takes a leap of faith, a mandatory idealism, and a necessary bravado. Further, it takes reliance on myth, some of which can get us into trouble.

As we all know, a myth is a legend, a fiction, invention or fable. And as we all might admit, there is a certain part in each of our lives, which may be dominated by myth. One author alleges that all humans are guided by three myths: infallibility of opinion, irresistibility of charm and immortality of being. That is, we are always right, down right appealing and will never die. As a parent, one quickly learns that he/she is never right, sometimes unappealing and prays for premature death. So much for those three myths.

As parents or parents-to-be, myths abound: we believe we can do it; we suspect it'll be full of wonder and we truly think that we can do it well. Although we may acknowledge doubts beforehand, at onset most parents radiate optimism and confidence. Eight of the most common parenting myths held by prospective and typically first-time adoptive parents are listed below:

1. *You must be Kidding. Children can't Really be that Disturbed.* First time adoptive parents, when first provided information on a special-needs child with emotional and behavioral problems, simply can't believe it. A child already disturbed by four years old! Psshaw!! A child who might refuse their love! Poppycock!! A youngster who has already developed entrenched behavior problems! Indeed!

Adults who have not previously fostered or adopted troubled children often minimize, disregard, or totally disbelieve reports about children's problems. It is typically not within their mental expectations about how children are. This leads many parents to believe, "We don't need any help!" However, in short order, they feel, "We (and our adopted children) are totally beyond all help!"

2. *Not in my Home.* When the adopted child's history reveals that previous homes have been disrupted, that the child has become unmanageable, that he has sabotaged other placements and that others have given up on him, found him too much to handle, they assume that in their home, it will all be categorically different. They could be categorically wrong!

3. *Love is Enough.* A common misconception held by new parents and also by inexperienced caseworkers, is that the reported problems of a child will respond to their love. Devotion, affection and concern for the child often fall short with troubled children when not augmented with an array of other parenting skills and strategies. A related myth is that if the parents and family offer their love to a child that it will be accepted and appreciated. That love will be bilateral, mutual – a two-way street. Too many adoptive parents drive the wrong way down a one-way street, on a collision course with oncoming rejection from the child.

4. *Kids is Kids* A most insidious and counterproductive myth held by many about special needs adoptive children is that essentially children are fundamentally alike. Accordingly, how we relate to reach and help a special-needs child is identical to the average child. A typical example of this is the neighbor or relative of the adoptive parents viewing reported problems as exactly similar to the typical child. If the adoptive parents report, "He is so full of anger," the response is often: "Well, children get angry." However, the child may have voluminous anger light years beyond the anger of the normal child. Some kids are kids times ten!

5. *A Year for a Year.* Some parents cling to the notion that for every year the adopted child was exposed to damaging condition such as abuse, abandonment and neglect, that it will take an equal amount of time to undo the damage. If the child lived with abuse for the first three years of his life, if he is then removed from damage at the time, he should be normal by age six!

6. *You Need to Handle Your Own Problems.* Rugged individualism is an all-American trait. Independence, freedom of thought and a touch of daring- do all contribute to the myth that as parents you need to handle all your own problems. This myth may lead to problems when raising normal children, but it can be catastrophic in raising special-needs youngsters. Sadly, all too many good adoptive parents remove themselves from others and set about parenting in isolation.

7. *Adoption Finalization Will Change the Child for the Better.* Oh, if it were only true! If only that legal finalization brought finality to the horrific history, meddlesome habits, and chronic unhappiness of our children in limbo. Unfortunately, however finalization is really not the end to anything but legal status. In actuality, finalization is inauguration, beginning, the resumption of a life-long journey for the child and his adoptive family.

8. We Can Change (read: Cure) All Kids. Pride goeth before the fall, and this myth precedes a close encounter with humility. Contrary to what we might suspect, some children actually thwart help, change, improvement that your family has to offer. For this reason, many families have to scale back, lower, or downsize their goals for troubled youngsters. One realistic adoptive parent vocalized, of "If I can keep him out of the cemetery, correctional facilities and chemical dependency until the age of 18 or so, I'll be pleased!" Now, it may not be that extreme with most adoptive families, but the point is that we need to temper optimism with realism.

Adoption News , Fall/Winter 2001

Mother's Maintenance Manual

Many of us take better care of our cars than we do our mothers and yet, we only expect our cars to last 5 to 6 years, but we expect our mothers to last a lifetime. Maybe we need a maintenance manual for mothers so we would know how to take care of them at least as well as we do our automobiles. Here are some items that might be included in such a manual.

ENGINE: A mother's engine is one of the most dependable kinds you can find. She can reach top speed from a prone position at a single cry from a sleeping child. But regular breaks are needed to keep up that peak performance. Mothers need a hot bath and a nap every 100 miles, a baby-sitter and a night out every 1,000 miles, and a live-in baby-sitter with a one week vacation every 10,000.

BATTERY: Mother's batteries should be recharged regularly. Handmade items, notes, unexpected hugs and kisses, and frequent "I love you's" will be very well for quick recharge.

WINDSHIELD: when a mother's windshield floods, it should be dried off gently with Kleenex while resting on the soft shoulder of the highway of life.

BRAKES: See that she uses her brakes to slow down often and come to a full stop occasionally. (A squeaking sound indicates a need for a rest.)

FUEL: Most mothers can run indefinitely on coffee, leftovers and salads, but an occasional dinner for two at a nice restaurant will really add to her efficiency.

CHASSIS: Mothers run best when their bodies are properly maintained. Regular exercise should be encouraged and provided for as necessary. A change in hairdo or makeup in spring or fall are also helpful. If you notice the chassis begins to sag, immediately start a program of walking, jogging, swimming or bike riding. These are most effective when done with family or friends.

TUNE- UPS: Mothers need regular tune-ups. Compliments are both the cheapest and most effective way to keep mothers purring contentedly.

If these instructions are followed consistently, this fantastic creation and gift from God, that we call MOTHER, should last a lifetime and give good service and constant love to those who need her most.

Kim Maiden COAC Reports/March, April 2001

Thanks Mom

Allegations Happen: How to Prevent and Survive Them

By Diane Martin-Hushman

"It's the worst that that's ever happened to me," said one parent about the time her foster daughter filed an abuse allegation against her. Most often false, allegations of abuse against parents who foster and adopt children with special needs are frighteningly common. When parenting these special children, it is in our best interest to prevent situations that could be construed as inappropriate, and seek out help when an allegation disrupts our lives.

Whether false or confirmed, allegations arise for different reasons. We hope that children who are abused by their caregivers will notify a teacher, social worker, or someone else in authority. But sometimes children whose backgrounds include abuse are highly sensitized to triggers that they associate with abuse. You may just be leading a child to a time out after he kicks his sister; but the instant you grab his arm, your foster son may flash back to times when he was dragged to a room and whipped with his birth father's belt. As children age through the foster care system, and grow in street wisdom and anger, many also learn that allegations are a ticket out of a placement, a means of getting attention, and a way to keep parents who are starting to get too close a safe distance away.

The general public is concerned about child abuse and neglect, but not very knowledgeable about how parents must try to deal with some very difficult behaviors presented by abused children. The media is quick to shine the spotlight on a few foster and adoptive parents who abuse children in their care, and say little about those who are diligently working to improve children's lives. Once they happen, allegations are hard to live down.

Consequences of Allegations

When I was a social worker, a 13-year-old girl in my caseload alleged that her 71-year-old foster grandfather has sexually abused her. The grandfather had a heart condition and I thought the reports would kill him! After looking into the charges, investigators discovered that the girl was distorting the situation and reenacting a previous abuse situation with her birth grandfather.

Though not substantiated, the charge became part of the family's case file, and the stress family members experienced lingered on. Many parents describe allegations and the subsequent investigation as a process of loss and grief. Parents may lose their sense of identity, their self-esteem, and their trust in the worker or agency. Children may be removed-another painful loss for both the children and parents. Even after child protection closes the case, a parent may feel that the family's good name is forever tarnished and the episode will never be resolved.

Allegations that uncover licensing violations or substantiated abuse claims can cause additional stress. Depending on the severity of the infraction, foster parents may be placed on probation, be issued a correction order, or have their license temporarily suspended or permanently revoked. Serious allegations may result in a criminal charge that could land a parent in jail, and forever ruin chances of fostering or adopting another child.

Allegation Prevention Strategies

Foster and adoptive families who have lots of children, including children of different races, and who have been fostering for a long time are at greater risk of being reported for alleged abuse. All families who care for children with special needs face some risk, and every parent can take steps to keep situations from turning into allegations. Below are some ideas for parents to consider.

- **Know your limits.** If you are not comfortable handling children with certain challenging backgrounds and behaviors, don't let yourself up by bringing such children into your home.
- **Learn all you can about each child before placement.** You have a right to know about previous abuse and allegations. Ask: "Has this child been abused? In what way? Who were the perpetrators? Have there been any abuse allegations?" Had the foster family whose 13-year-old girl charged the grandfather with abuse known about her abuse history, they would never have left the foster grandfather alone with her.
- **Make sure that men and boys in your house are never alone with a girl who has been sexually abused.** Proactive precautions are very important in this situation, especially at the beginning of the placement. Talk with your partner and others in the household about this safety plan, and stay proactive.
- **Give each sexually abused child his or her own bedroom.** I know this is difficult, but who put another child in your home at risk? If a child's boundaries have been invaded, he or she needs to re-learn proper boundaries.
- **Be crystal clear about rules for dress, privacy, touching, etc.** Caregivers must agree on house rules, boundaries, and consequences. Each child comes from a different culture of parenting, sexuality, sleeping habits, dress, touch, and more, and needs to learn what is appropriate. As a foster mom, I talked about sexuality as one of the house rules. "In this house," I would say, "my husband gets his sexual needs met with me and only me." Sound crude? Yes, but I said it in a matter-of-fact way and set a very clear boundary that the teenage girls we worked with really needed.
- **Never use physical discipline.** Corporal punishment is not allowed in foster care, but I know some folks think that

once the kids are adopted, physical discipline is okay. Don't do it. Children with a history of physical, sexual, or emotional abuse often misinterpret physical discipline and an allegation is likely. Physical discipline can also undermine attachment.

- **Avoid teasing, horseplay, wrestling, and suggestive language.** These are acts of intimacy, and intimacy is just what abused children often resist. In addition, the child may get a different message than you intend during the close physical contact involved.

- **Document sexual acting out in writing.** Send reports to the child's social worker and therapist. Then, if another incident comes to light, the worker and therapist can see that there might be a pattern to the child's acting out that perhaps relates to past experiences.

- **Document behavior patterns.** When a child enters your home, use a calendar to record changes in the child's behavior; inappropriate words or actions during birth parent visits; the child's behavior following visits; the cause of scratches, bruises, or other injuries; and any patterns of behavior that seem to follow specific events or times of the year (like anniversaries of certain past events).

- **Participate in a support group.** As foster and adoptive parents of children with special needs, we need to share the struggles and joys that are a part of our lives with those who can empathize and support us. We need folks who can laugh and cry with us and really understand foster and adoptive parents' journey.

- **Reserve personal time to reduce stress.** Know what really pushes your buttons, and establish a calming plan. Post 20 calming tips on your refrigerator and model stress-reduction techniques for your children. Then, make plans for a weekly, yes weekly, time away from the children. Take care of yourself; you are the child's greatest gift.

Allegation Survival Strategies

Sometimes, despite a family's efforts to prevent them, allegations will happen. Maybe things are going a little too well with Jimmy—a 12-year-old with a history of sexual abuse—and he starts to get scared. The week after a lively game of Twister with his foster dad, Jimmy tells his worker that the foster dad was touching and pressing his body against Jimmy's. Jimmy claims it was sexual abuse, and soon child protection opens a case file to investigate Jimmy's allegation.

The foster family is looking at weeks or months of investigation, and Jimmy moves to an emergency shelter. What can the parents do to take care of themselves?

- **Try to stay positive.** Assume that the charge will be proven false, and try not to presume guilt. Statistics I've seen say that about 65 to 70 percent of all allegations are false. Child protection has to investigate to make certain that the child is not being abused. The best thing you can do is to cooperate.

- **Document everything.** Start a notebook to record details of every phone conversation, personal interview, and correspondence related to the allegation. Write in pen, and be prepared to use the notebook to back up your story in court if need be. Request copies of the written charge against your family, as well as the letter that formally states that the allegations were unfounded.

- **Educate yourself.** Insist on getting a copy of your state's foster care rules and laws pertaining to allegations and abuse, and learn about county or agency policies and procedures too. Find out what will happen during the investigation what your rights are, and how you can appeal an investigator's determination.

- **Behave appropriately.** During interviews, make your point and then stop talking. Speak with confidence, and be factual, honest, respectful, and business like. Avoid emotional language when telling your side of the story. It may be extremely hard, but you must try to be objective.

- **Meet with people who are gathering information.** If an investigator asks to meet with you, don't keep her waiting. If you need to, bring along a friend or someone from your support groups who can give you perspective on how the meeting went.

- **Communicate with your partner.** Allegations, especially those of sexual abuse, can really drive a wedge between partners. The husband thinks, "How could they think I would do something like that?!" The wife wonders, "Could it possibly be true?!" If not openly discussed, these questions can pull couples apart just when they need each other's support the most.

- **Know your rights.** Don't be afraid to appeal, request a waiver, and learn how the grievance procedure works. If need be, hire legal counsel. I would especially recommend hiring a good attorney for sexual abuse allegations.

How Support Groups Can Help

In addition to counseling new foster and adoptive families about taking conscious steps to prevent allegations, support groups can be very helpful when a family is going through or has just concluded an allegation investigation. Sometimes, the best help is just being there. To support family members who are going through an investigation:

- Offer a sympathetic ear.** This is a time when families really need the support group! Make them feel welcome by respectfully listening.
- Stay neutral.** It is not the group's job to fix the problem. There are many sides to the story, and the group should be objective. Agency bashing helps no one.
- Share information.** Encourage members to talk about their experiences with allegations, and share local allegation policy and procedural information with the entire group.
- Suggest resources.** Direct the family to legal services and suggest how they can obtain agency policies concerning allegations.
- Assign a mentor.** Parents going through an allegation may have an easier time talking to one person who has experienced an allegation rather than the whole group. A call from someone who can say, "I've walked the walk," can mean so much during this time.

After the investigation is over, ask for help to regain your equilibrium, rebuild, and move on. Take really good care of yourself. Think hard and give yourself some time off before bringing a child back into your home or accepting another placement. Take care of the children still in the home. Difficult times can be therapeutic and healing, showing children that we can have tough times, but as families we are strong and resilient. If you can't prevent an allegation, at least do what you can to survive, learn and thrive.



Together as Adoptive Parents Inc. is presenting a one-day conference for and by adoptive and foster parents.

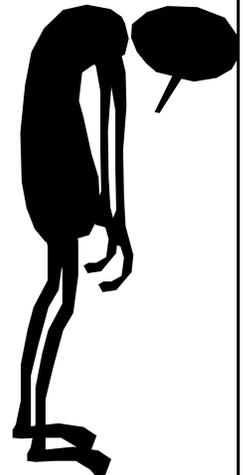
The conference will be held at Deliverance Evangelistic Church, 2001 W. Lehigh Ave. in Philadelphia. On November 23rd 2002. The fee for the conference is \$10 per person if you register before Nov. 4th, after that the fee is \$15. The children's program is free but space is limited.

For more information contact Together as Adoptive Parents Inc. 215.256.0669 or taplink@comcast.net.

Look for a brochure in the mail soon!

Public Comment Solicited by New Freedom Commission on Mental Health

President Bush recently launched the New Freedom Commission on Mental Health to conduct "a comprehensive study of the United States mental health service delivery system." Public comment is invited on three topics: 1) access to mental health services; 2) extent of coordination of mental health and support services; and 3) extent to which people with a serious mental illness or serious emotional disturbance live, work, learn, and participate fully in their communities. To submit your comments, go to the commission's web site at www.mentalhealthcommission.gov and click on "Public Comment."



Summary of my Day or AAADD - Age Activated Attention Deficit Disorder

This is a glimpse into one day in the life of an AAADD sufferer:

I decide this morning to change the oil in the car, so I start toward the garage, when I notice last night's mail on the table.

I am going to work on the car, but first I must open the mail. So I lay the car keys down on my desk.

As I discard the junk mail, I notice that the trashcan is full. Today is trash pickup day, so I decide that I have better just put the bills on my desk and take the trash out right away.

Since I am going to be out near the mailbox, I decide to first address a few bills. But where is the checkbook? Here it is, but there is only one check left. Where did I put the extra checks?

While I am trying to remember, I notice my empty coffee cup from last night on my desk. I have to find those checks. First though, I need to put the cup in the kitchen dishwasher. As I head for the kitchen, I look out the window and notice that the flowers need water.

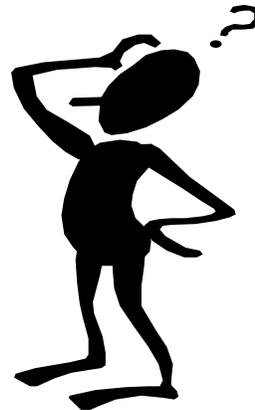
I put the coffee cup in the sink and notice that my extra pair of glasses is on the kitchen counter.

What are those glasses doing here? I'll just put them away now. First though, I need to water those plants.

I head for the door and wouldn't you know it, someone left the TV remote in the kitchen. Well, I will put the remote away and then water the plants. But first, I need to find those checks.

Summary of the Day:

1. The oil in the car has not been changed.
2. The trash has not been taken out.
3. My mail has not been read.
4. The bills are still unpaid.
5. The coffee cup is still in the sink.
6. The flowers are dying.
7. I cannot find the remote.
8. The checkbook still has only one check left.
9. My extra pair of glasses are missing again.
10. I have lost my car keys.



When I try to figure out why nothing got done today, I am baffled because I know that I have been busy all day! I am beginning to realize that this AAADD condition is serious. I am going to get help, but first I think I'll check my e-mail.

From COAC Reports



***Saturday December 14th
Langhorne United Methodist Church
From 12 to 4***

BRING A SALAD AND A DESSERT AND A BIG SMILE!

ANY QUESTIONS PLEASE CALL PHYLLIS AT (215) 256-6438 OR ANDREA AT (215) 943-3134

Directions From I-95 North

Take I-95 North to exit 28 (Phila College of Bible, Rt. 413, Levittown). Bear right at exit ramp and immediately get in extreme left hand lane. (Great American Diner is on right). Make a left at light at Flower Mills Road. Go to bottom of hill. (Sunoco gas station facing you). Turn left and go past 2 quick traffic lights. Church is on the right hand side, next to Beechwood facility. If you come to Rts 413 & 213 (2 gas stations on corners) you have gone too far.

Directions from PA Turnpike

Exit at exit 28 (Phila, Trenton). Follow signs to Rt. 1 North, Morrisville. Go past Neshaminy and Penndel exits, staying in the left hand lane & continuing on the Rt. 1 Bypass. Exit at Rt. 213, Maple Avenue. At bottom of exit ramp turn right onto Rt. 213. Go past traffic light. Church is on the right hand side, next to Beechwood facility. If you come to Rts 413 & 213 (2 gas stations on corners) you have gone too far.

Directions from Roosevelt Boulevard

Take Boulevard (Rt. 1 North) into Bucks County. Continue staying in the left hand land. Take the Rt. 1 Bypass. Exit at Rt. 213, Maple Avenue. At bottom of exit ramp turn right onto Rt. 213. Go past traffic light. Church is on the right hand side, next to Beechwood facility. If you come to Rts 413 & 213 (2 gas stations on corners) you have gone too

My View on Adoption...

I'm Sarah Heverly, and I'm thirteen years old. When Mrs. Stevens first asked me to write an article on adoption, I had no idea what I was going to write about! Adoption was something I had always known, but never really thought about, so writing this article opened up my thoughts a lot.

I was adopted when I was four months old, and from that time, until now, the people in my family have definitely increased. When we go places in our big van, people always say, "There's the Heverlys!" We've adopted seven children including myself, and altogether there are thirteen of us. Holidays are wild here! But I think it's really cool that my parents decided to adopt children, and I don't think I would have it any other way.

Being adopted doesn't just mean that you're placed with some strange family and that you think you're going to be different. It means you have a family of your own; you can be loved, you can have fun and play, you can get hugs! But best of all is when you realize you won't ever have to leave. I don't really think about that as often as many others do. Since I was four months old when I was adopted, I never really had to move all around to different homes, or lie in bed at night with that empty feeling, fearing that I may never have what many others had; a home and a family.

Parents, if you're thinking about adopting, yet you are having doubts, let me tell you one thing. You will not only bless a child's heart by choosing to adopt him or her, but they will also bless you. I know this for a fact, and I feel happier knowing that my family is here and they love me just as I love them.

My family is just like any other family... just a little bigger. There is rarely any moment in a day where there is nothing new and exciting happening. I don't ever remember the last time I was bored in my house! I don't know where I'd be right now if I hadn't been adopted. I thank God all the time that I have a family and a house to live in. If you have adopted, or are thinking about adopting, you're in for something great, and you won't ever regret it!

“Antwone Fisher”

It is not often that you get to see a movie before it gets released to the theaters. Thanks to the recent “Angels in Adoption” banquet in Washington, my family and I got this rare opportunity. The movie that we watched was “Antwone Fisher”. It is the wrenching story of a deeply troubled young seaman in the Navy who is prone to fits of unreasonable violence. Thanks to the intervention of a Navy therapist (played by Denzel Washington, who also directed the movie) we see his life story unfold on the screen. As we watch the flashbacks we can identify with the damage that the foster care system has done to this young man. Abandoned by his mother he suffers in an abusive foster home for 14 years before being sent to an orphanage. When he ages out of the system he becomes homeless and faced with no pleasant choices he joins the navy. It is a redemptive story as we see that the persistence of the therapist he makes adjustments to his life and end up discovering his extended family.

The best part of the movie was that when the lights came back on we had the pleasure of meeting with Antwone Fisher, the subject of the story, as well as Todd Black, the producer. Since the entire audience was from the adoption community, the ensuing discussion was lively and well informed. Mr. Black has been trying to put this movie together for ten years and it has turned out well worth the wait. Mr. Fisher himself was a pleasure to meet and seems to have totally overcome his troubles and become a well-rounded, healthy individual with a dry sense of humor.

The movie will be released on December 20th. It is rated PG13 and I strongly recommend it to anyone touched by adoption. If you have parented a child who has suffered in the foster care system you will want to watch it with them, as the experience may awaken feelings of anger and grief that are buried but need to come to the surface

Mr. Fisher has also produced a book version of his story, which contains a lot more details. It has made the New York Times bestseller lists. The book is entitled “Finding Fish”. It is available from Harper Collins for \$25.00 or go to your favorite bookstore.

Derek Stevens—September 2002

Hallmark Adoption Ornament

*In celebration of adoption Hallmark has created a
2002 Hallmark Keepsake Ornament.
The ornament will be introduced to the public in November
For National Adoption Awareness Month.*

*Every Sunday 8/7C the Hallmark Channel features real families and real
adoption stories*



WHAT YOUR CHILD'S TEACHER NEEDS TO KNOW

Teachers are facing increasing demands in the classroom, so it's up to you to take the necessary steps to make sure your child's needs are met.

By the time your child enters school, you have had enough experiences to know that not everyone understands adoption. When our children are young, they spend most of their time in public with us. If inappropriate comments are made, we either set protective boundaries or educate the person making the comments. But when children enter school we can no longer be the buffer between them and those who are less than accepting of adoption.

Naturally, we look to teachers to take our place. As we have adapted baby books and family rituals to reflect the way our family was formed, we expect teachers to adapt lesson plans and classroom activities to validate our children in the classroom. As we are alert to signs that adoption is weighing heavily on our child, we look to teachers to recognize those signs. As we have confronted strangers in the grocery store who have implied that adoption is a less acceptable way of forming a family, we expect teachers to protect our child from negative attitudes.

At the same time, we want to maintain our child's privacy. We hope our pleas for attention to our child's needs are not interpreted to mean "My child is fragile because she was adopted." Teachers do not bring formal training in adoption to their classrooms. They bring only the understanding that they have acquired through life experience and whatever informal resources to which they have had access. Some will be more prepared than others to take on the responsibility we ask of them.

We may want to ask ourselves if we are requiring more of teachers than we have a right to expect. After all, there are often 20 to 30 children in the classroom, each with unique needs. Imagine the burden of having 20 to 30 sets of parents saying to you: "Make sure no one teases my son because he has a physical disability, but don't treat him like an invalid." "Don't assume this child has a mommy and a daddy, because she has two mommies." "Do the books in your library show pictures of women whose religious traditions require that they cover their heads?"

It is possible, and often appropriate, to provide materials or learning opportunities to help the teacher understand the needs of the adopted child. But if we multiply that effort at education by 20 or 30 children, we're asking a lot of teachers. So we might ask ourselves, "If there's only one thing I want my child's teacher to know, what would it be?"

Families are Formed in Different Ways

Some of us want our children to be accepted without explanation. We want there to be an awareness that children join families in various ways, and that in today's world, the nontraditional family is commonplace. Since about 2 to 4 percent of the population were adopted, statistically, a child is likely to be one of only a few adopted children in any classroom. Or one of a few children of color living with white parents. Or one of a few children negotiating relationships in an open adoption,

A teacher should not make the assumption that every child in the classroom can bring a baby picture for the bulletin board or tell the story of her birth. We don't want the teacher to act shocked if a child talks about a visit from her biological mother.

Neither do we want our child treated as an "exception." We don't want him given a different lesson plan or excused from an assignment because he doesn't know his genealogy or the eye color of his ancestors. We want teachers to know that our child may feel insecure because she lost her birthparents. We want them to know that our child may feel inferior as she sorts why her birthparents placed her for adoption. We want them to know that concerns can distract a child from learning.

At the same time, we don't want our child's teacher to expect that he will be socially or psychologically impaired because of his adoption issues. We don't want teachers to assume that our child will have "problems" in dealing with her adoption.

Talking to Teachers

If you expect sensitivity to adoption issues, it seems only fair to touch base with the teacher to see if that expectation is realistic. Parents who don't make the effort can't complain when a teacher responds in ways less than sensitive to an adopted child.

Make an appointment with your child's teacher early in the school year to discuss your child's circumstances. It's far more effective to be proactive rather than waiting until an incident occurs. By giving the teacher a heads-up, she won't be put on the defensive. Explain your family situation and discuss whatever adoption issues might be surfacing at your child's developmental age. Communicate matter-of-factly. Don't imply that your child needs to be handled with kid gloves because she was adopted. You may even want to provide the teacher with books or handouts that describe how to adapt classroom projects, such as the family tree assignment, for adopted children.

Another approach might be to join with other parental advocacy groups in developing a strategy to promote tolerance in general throughout the school district. If adoptive parents, step-parents, gay and lesbian parents, and birthparents joined together to talk about a common need for heightened awareness of differences, the impact could be much greater than if you tried on your own. Perhaps an advisory group could provide in-service training for school personnel and serve as a sounding board for those who want to be inclusive without becoming victims of "political correctness."

When parents join together to discuss the situations that teachers need to be aware of in the classroom, they created an opportunity for families to learn about each other. The tolerance that we look to the teacher to foster in the classroom would be reinforced in each child's home.

Adoptive Families September/October 2001

HELPING THE LEARNING DISABLED CHILD UNDERSTAND ADOPTION

Adopted children, including those adopted in infancy, appear to be at higher risk for a variety of learning disabilities. If the learning disabilities affect the child's ability to process and comprehend information, the child may misperceive and distort information about his/her adoption, according to David Brodzinsky and Cynthia Steiger in an article in the "Journal of Learning Disabilities". When this is the case, parents have to become creative in explaining adopting, using methods geared to the child's manner of learning.

In 1991, Brodzinsky and Steiger surveyed public and private schools in New Jersey and found that 6.7 percent of the students who were neurologically impaired and 5.4 percent of those who were perceptually impaired were adoptees, even though only 1.9 percent of New Jersey children were estimated to have been adopted.

Older children and special needs placements could not account for these results. The majority of adoptees in the study were adopted before the age of one.

Since the specific causes of learning disabilities are still unclear, it's difficult to know why adoptees are at higher risk. In general, learning disabilities are believed to be caused by abnormalities or malfunctioning of the brain. Heredity may play a role, as many prenatal and perinatal circumstances.

Learning disabilities in adoptees may also result from poor prenatal care, prenatal drug or alcohol exposure, or complications at birth stemming from the youth of the birth mother. It doesn't appear, however, that the experience of being adopted causes learning disabilities.

Regardless of the cause, parents need to understand that when children have difficulty taking in, processing, storing, retrieving, and expressing information in the classroom, they may have similar difficulties with information about adoption.

Before parents can help their child learn about adoption, they need to understand not only how their child doesn't learn, but also the learning techniques that do work for the child. Martin Kaufman, a Rochester, New York therapist with 15 years of experience treating adoptees, recommends that parents have their child thoroughly evaluated by a psycho-educational specialist in order to get a clear picture of how their child learns.

Children who can picture things in words have highly developed auditory skills, can write, can reason logically and clearly, and have good abstract thinking ability, tend to learn in a variety of ways, and often do well in U.S. schools which are geared to that kind of learning style. Other children, says Dae Leckie, a therapist in southern California who specializes in adoption issues, learn things kinesthetically, i.e., through their bodies. They learn by movement and by imitating people. Children with this pattern of learning understand adoption by acting out roles in the adoption story. As they plan the story, they learn the roles played by the social worker and the judge.

Some learning difficulties make it difficult for children to think in abstract terms, to generalize from specific examples to similar situations, to visualize events in sequence, or to perceive subtle differences. For this reason, Leckie and others recommend breaking the adoption story into small, manageable pieces, being as concrete as possible, repeating the information in a variety of ways, and being alert to signs the child is taking what is said too literally.

Because the term birth mother might be confusing to a child who has difficulty making fine linguistic distinctions, Leckie suggests using the birth parents' real names, if known. Parents should be aware that a child who doesn't know his/her birth mother but knows her name is Susan may think every Susan is his/her birth mother. Children with learning disabilities take longer to understand that being adopted wasn't their fault, Leckie says. It isn't unusual for adoptees to sometimes feel rejected by their birth parents. If having learning disabilities makes them feel "stupid" or awkward, they may conclude that this is why their birth parents placed them for adoption.

Adoptive parents need to find concrete ways to let the child know that while they wish learning were easier for him/her, they still value and love him/her.

Treatment for the Unwilling Child

By Gordon R. Hodas, M.D.,

Gordon R. Hodas, M.D. is the Statewide Child Psychiatric Consultant for the Pennsylvania Office of Mental Health and Substance Abuse Services (OMHSAS) in Harrisburg, PA.

There are no ready-made solutions to the difficult problem of how parents (and other legal caregivers) can encourage unwilling children and adolescents (children hereafter) to participate in mental health treatment. Parenting is always a challenging enterprise, and inevitably involves degrees of disagreement and even struggle between parents and children. These struggles intensify as the child grows older and there is tension between the child's allegiance to the family and a move toward greater independence.

"How can I help my unwilling child receive necessary outpatient mental health treatment?" Answers to this question, like many others, often exceed the bounds of the law, since laws typically deal with only limited circumstances.

If a child appears to represent a threat to self or others, a parent or other adult can initiate what is known as a 302 process. Through this process, the child is evaluated in an authorized emergency setting to determine if the conditions for involuntary psychiatric inpatient treatment, as specified in Pennsylvania's Mental Health Procedures Act, have been met. However, many situations arise where parent and child disagree over the need for mental health treatment and the child does not appear to fulfill the criteria for involuntary treatment. In addition, even when such criteria may be present, parents may reasonably prefer that the child enter treatment on a voluntary basis, if at all possible.

In Pennsylvania, a child between the ages of 14 and 18, unless legally emancipated, does not have a legal right to refuse outpatient treatment if the treatment is initiated by the parents or other legal guardians. However, the fact that no legal basis exists for a child's refusal of mental health treatment does not ensure that the child will agree with the parents' recommendation. The child may not recognize that he/she has a treatable mental health problem, may believe that the problem lies elsewhere, may regard the parents as overreacting, or may be otherwise involved in an ongoing power struggle with the parents such that the issue is not considered on its merits.

A major premise in my work with families is that parents and child are on "the same team" and need to be able to recognize this. While disagreements are inevitable, these become tolerable and capable of resolution when all parties recognize that they share common interests and goals, and are "on each other's sides." In my experience, the realization that child and parents are on the same team is often absent when there is significant family conflict and when a child is unwilling to accept parental leadership. Instead, the child may believe that the parent does not care about him/her, is too controlling, or is somehow "trying to get over" on the child.

All efforts to engage angry or otherwise uncooperative children should build on the need for child and family to recognize that they are on the same team. Therefore, the manner in which the idea of therapy is framed by parents becomes crucial. Children, like the rest of us, do not like to be singled out and blamed. In fact, they have a strong need to save face.

Parental discussion should take place with the child privately, away from siblings and other family members, and should proceed as calmly and respectfully as possible. The goal of parents should be to use a language of caring and concern toward the child, not accusation and criticism. Thus, the presentation should focus on how the parents know that the child wants to do well but that there have been increasing concerns, rather than just listing all the things that the child has "done wrong."

Therapy should be described as a helpful, time-limited process, not as punishment or of indeterminate duration. It may be helpful to frame the first contact with a mental health professional as a "consultation" rather than as the beginning of "treatment." This concept of consultation is an accurate portrayal of what typically occurs, because neither party can reasonably agree to work together on an ongoing basis until they have met and discussed concerns, goals, and ways of working together constructively. In addition,

there needs to be a sense of comfort and compatibility with one another, before long-term commitments to treatment are made.

Some parents find that they are better able to interest their child in the possibility of mental health treatment by broadening the intended focus of therapy. Thus, in addition to identifying concerns about the child, the parent might say, "We also want to get help, so that we are better able to understand and help you, and so that we all can enjoy our family more." Such a non-confrontative statement may be experienced by the child as a supportive, face-saving "high road" by the parents. It avoids blame, with the focus instead on everyone working together to achieve positive change. Responsibility for change is shared, and unnecessary provocation is avoided. During such discussion, parents should encourage the child to respond, so that they can understand the child's point of view and a dialog can ensue.

There are additional constructive steps that parents can take. If, for example, a parent or another family member has benefited from mental health services, this experience can be shared with the child. The process of mental health treatment and therapy can be explained, if this has not already occurred or is not understood. Key points include the idea that mental health professionals "work for us, and will try to help us identify and reach our own goals."

Parents can explain that the child, when seeing a therapist, has a right to confidentiality, but that, at the same time, the parents are willing to - and in fact, are committed to - participate actively in the child's treatment. Different ways that this participation may occur can also be discussed. The previously identified idea that child and parents are on the same team can be conveyed, with the child assured that the goal of treatment is to help increase the child's sense of responsible control, not take it away.

When contacting a mental health center, agency, or individual practitioner, a parent should explain that the child is reluctant to participate, so that the person meeting the child and family has this information in advance. This is also an appropriate time to ask any questions about procedures and to ask other questions and offer suggestions, as appropriate.

Additional approaches to the challenge of persuading a reluctant or unwilling child to enter therapy include expanding the helping network. For example, parents can invite in other family members, which could include an older sibling, grandparent, aunt or uncle, or godparent. Beyond the family's own boundaries, inclusion of the pediatrician or a religious leader may be helpful. Other options include the school counselor, teacher, or a representative of the school's Student Assistance Program (SAP). Involvement of a team coach or other community leader may have merit, but usually it is prudent to discuss this with the child before making contact.

Parents can also call organizations such as Parents Involved Network (PIN). The child can be encouraged to make contact with peer support. The Student Assistance Program (SAP) is a statewide program providing a variety of mental health and substance abuse services in public secondary schools. Parents and students in Philadelphia can also contact the Peer Support Project of the Mental Health Association of South-eastern Pennsylvania, 215-751-1800 ext. 513.

Although the focus of this article has been on identifying ways to enlist cooperation, another option involves parents' setting up, and attending, an initial appointment with the therapist without the child's immediate participation. A subsequent focus of the therapy would be to include ways to engage the child. If a child is categorically defiant and inflexible, parents reserve the right to invoke consequences and withdraw privileges.

In the process of pursuing discussion with the child on the need for mental health treatment, parents may find unexpected solutions. For some children, the desire to avoid therapy may lead them to make changes, or make a commitment to make changes. In some instances, due to the nature of the underlying serious emotional disturbance or for other reasons, the child may not be able to make the desired changes and therapy will still be indicated. The point is that discussion and negotiation between parents and child can be positive, and the outcome need not always be a decision to pursue therapy. However, even if mental health treatment is not pursued, parents should help the child understand that such an out-

come, if necessary in the future, will be acceptable.

As discussed, there are extreme situations in which the child's need for mental health intervention requires the pursuit of an assessment for involuntary treatment. Since the request for involuntary treatment must be assessed by an emergency psychiatrist, sometimes it will be determined that the child does not meet the criteria for involuntary inpatient admission. While such an outcome may in some ways be disheartening to the parents, this effort should not be viewed as a failure. The experience may nevertheless help the child appreciate the level of parental concern and the parents' degree of readiness to take extreme action when needed, on behalf of their child's safety and well being.

Again, resolving disagreements about therapy between parents and child is not easy, and there are no pat answers. All recommendations offered here are predicated on the idea that parents and children need to see themselves as being on the same team. In addition, parental leadership is typically more effective when it involves the use of a language of caring and concern, rather than primary reliance on the exercise of parental power.

Sharing newsletter

ASK THE LAWYER COLUMN - "Be A Squeaky Wheel"

On March 3, 1999, the United States Supreme Court ruled that students with disabilities, who require special care during the school day, are entitled to that care at public expense, as long as the services can be provided by someone other than a doctor. The Court stated, "Congress intended to open the door of public education to all qualified children" and "to educate handicapped children with non-handicapped children whenever possible." The Court held that public financing was required under the **Individuals With Disabilities Education Act** (IDEA) because the Federal law's exemption for "medical services" applied only when a doctor's help was needed.

Parents of children requiring special education benefits should be advised to:

- **Review their IEP with an attorney in light of the Court's recent decision, especially if their child is in need of "significant services", or is medically complex or ventilator dependent;**
- **The family should coordinate their private health insurance benefits and special education benefits in order to save the lifetime maximum of the private insurance policy;**
- **Private health insurance companies, who have been paying the aids while a child was in school, may now attempt to shift those costs to the school district in view of the Garret Decision.**

I would call an attorney/advocate immediately so you can begin the process of securing school district funding for your child's nurse.

Distributed Through Pennsylvania Parents and Caregivers Resource Network.

This document was created with Win2PDF available at <http://www.daneprairie.com>.
The unregistered version of Win2PDF is for evaluation or non-commercial use only.