



During a basketball game at one of our local high schools we were able to host an adoption recruitment. Not only was it a lot of fun we were able to pass out hundreds of recruitment flyers.



Together as Adoptive Parents, Inc.

Next Meeting March 24th 2007
12:00 – 3:00

Topic:
Creative Family Resources

Come learn how to TAP
into hidden free or
nearly free resources
that are available in your
community.

Presented by:
*Georgette King, Founder and
Exec. Dir. Creative Kids Club*

May 12th "Blue Balloon Day"

*May 19th Yard Sale (Looking
for kids clothes, books, and
furniture to sale.)*



Dare to Dream One-Day Teen Conference

April 21, 2007
9:00 – 4:30

Workshops

Let's Rap

Two very successful young adults talk
about their journey through the foster care
system

Trust

Presented by Mr. Pierre V. Cooper MSW,
Pierre has over 25 years of adoption
experience.

Split Loyalties

Presented by Shadell Quinones, MSS,
MSLP, Shadell has over 18 years in
Human Services, most has been in the
area of adoption.

Dare to Dream
To Be Announced

The cost is **free** to all adoptive, foster and
kinship youth
Ages 13- 17

Watch your mail for the registration
brochure.

Sponsored by DHS; Hosted by TAP

Getting Your Resistant Teenager into Counseling

In my counseling practice, I often find myself fielding the same question over and over again from exasperated parents: "How can I get my teenager to agree to come and see you? I know she needs help, but she'll never go for it." This is, unfortunately, a common phenomenon, especially with adolescents, due to popular stigmas about being in therapy. "It's for people who are *crazy!*" "Only people with *real* problems go to therapy." "I'm not going to talk to a stranger about my personal business!" "Nothing's wrong with me!" Teenagers also often have legitimate concerns about having their confidentiality protected, believing (falsely) that whatever they say to their therapist will be funneled directly to the ears of their parents. Here are some tips to help ease the blow when you approach your child with the idea of going to counseling...

- **Do NOT apologize.** You should never feel sorry for seeking help for your child.
- **Assure your child** that the counseling sessions will be *her* personal time, space, and agenda, not yours...**and mean it!**
- **Do NOT negotiate.** Your child may try to bargain with you, for example, "Okay, I'll go once," or "I'll go for a month." Don't agree to terms you will not be willing to stick by once therapy gets underway.
- **Do NOT make empty threats** of consequences you cannot or will not follow through on. All this will do is alienate your child and undermine your credibility.
- **LISTEN** to your child's concerns. Be sensitive to his or her feelings. Even though you, as the parent, will have the final word, listening attentively will not only keep the lines of communication open and make her feel genuinely supported, but it will also model respectful behavior for your child.
- Remind your child that **YOU ARE THE PARENT, and it is your responsibility to take care of her.** I often advise parents to liken the situation to getting your child a doctor if she is sick, or a tutor if she needs help in school. You can assure your child that she is not crazy and that **therapy is not a punishment**, but that you are concerned about certain things and believe that counseling will be helpful.
- **Regarding confidentiality...**Assure your child that it is not just the therapist's promise, but state and federal laws that require client-therapist confidentiality. There are strong penalties for privacy violations, and confidentiality may only be breached under very specific circumstances, such as child abuse, court order, or imminent risk of danger. If there is an issue that the therapist feels the parents should be apprised of, he or she may encourage the child to share the information, however, ultimately, it will be the client's choice.
- Finally, **NEVER, EVER bring your child to therapy under false pretenses!** If your child arrives for a first appointment believing she is there for some other purpose, this will immediately make her angry and the therapist seem suspicious and mistrustful. Your child may believe the therapist has colluded with you to get her there, and the therapeutic process has been sabotaged before it has even begun. **No matter how difficult, be honest with your child about your intentions!!** Many times, parents have reported to me that their anticipation was far worse than the actual conversation with their teenager. It is often the case that adolescents know they need help, and are actually quite relieved to be approached about going to counseling. On the other hand, some such discussions do not go well. There may be door-slamming, silent treatments, or a lot of shouting. Nonetheless, if you are strong in your convictions that your teen needs professional help, stay the course and don't give up. Eventually, your child will realize you are serious and that you are committed to her well-being.

When a 'Life Book' Is All There Is to Recall a Childhood

By *TINA KELLEY*

EAST ORANGE, N.J. — Tawanda Parker, 26, keeps the photo album stored carefully in a thick plastic bag. Inside, there is a picture of her first day at a foster home, holding a blue stuffed bear while her sister holds a pink bunny. Another shows one of Ms. Parker's brothers turning 8 at a Chuck E. Cheese restaurant somewhere in [New Jersey](#). And, preserved in color, the last day she spent with her birth mother.

"If you can look at my face, my mom reached over because I didn't want to leave," Ms. Parker recalled as she flipped through the pages. "She tickled my neck. I'm very ticklish."

For children placed outside their homes because of abuse or neglect, such photo albums, known as "life books," can be a crucial mechanism, social workers say, to help them remember — and later, understand — where they have been and where they are going. Caseworkers in New Jersey decided recently to provide such life books to all children placed outside their homes, and to encourage social workers to take snapshots of them with their foster parents and siblings, and their new neighborhood, in the first month after placement.

"Youths who have life books have a very tangible tool," said Eileen Crummy, director of the State Division of Youth and Family Services. "They can look back at it, and not have to reconstruct the memories for themselves."

Ms. Parker, whose fresh-scrubbed apartment has photographs on walls, tucked in mirrors and framed en masse on tables, has trouble counting the places she lived after she entered foster care when she was 11. She calls her life book "my baby," and cradles its worn pages, fussing over the "e" from "Life" that kept falling off the cover.

"There was Joralemon Street," she began. "We lived there first with that family, and then we moved to the south, but we didn't stay there because we were abused in that home."

Ms. Parker stayed in eight foster or group homes before landing at a home for teenage mothers at age 16. In some places, she and her three siblings stayed together. In most, they did not. But they picked up and lost pseudo-siblings along the way.

"This little boy here, we became close," she said, pointing to a snapshot of a grinning child. "We were all in the same foster home until he was placed somewhere else."

After her biological mother died, Ms. Parker said, she used bits preserved in the life book to contact a newspaper in Trinidad in search of relatives. "Without it I don't know if I would remember my mom's face," she said.

Deridre Carter, who was Ms. Parker's social worker for many years, sometimes asks the children she works with if they will share their books with their therapists.

"When they go to therapy with issues of loss and separation, this is something tangible for them," she said. "If I don't have anything permanent in my life in terms of consistency, a life book is like the glue that holds it all together."

For Jarisa Brannon-Davis, 18, who lived in at least four foster homes before being sent to a group home, the life book played a crucial role in her adoption. She was 13, and boxing in the East Orange Police Athletic League program run by Sgt. DeLacy Davis. When another officer told Sergeant Davis that one of the pictures in Jarisa's life book showed her in a suggestive pose, he put the book away in his file cabinet, as

he did not want anyone who might adopt her to get the wrong impression.

Later, when a person who wanted to adopt Jarisa needed a picture, she asked him to return the book.

“He said, ‘I’ll adopt you,’ and I started to cry, since I wanted to ask him for six months, but couldn’t bring it up,” Ms. Brannon-Davis recalled.

She has three life books. One includes an old page labeled “Activity #4, Family Activity,” with instructions to “draw a picture of your family doing something together.” Under the drawing, she wrote: “We’re playing and hitting each other.” There are also snapshots of favorite social workers, and a game of Pin the Nose on the Pumpkin.

“As I look back now, it helps me realize I was that kid, you’re still a kid, you’re not that old, even though you tend to act like an old person,” Ms. Brannon-Davis said, smiling as the family cockatoo squawked in its cage. “I’m surprised I held on to it. You lose a lot of things when you go from place to place. These were the three things I didn’t lose. It meant something, because I didn’t lose it.”

Lisa Haase of Ridgewood, who adopted her foster son, Ghana, 6, said that life books were helpful to the many children who go through the child welfare system feeling abandoned by their birth parents.

“Look at this picture,” she said, pointing to a picture of Ghana’s birth mother, whom he calls Mama Mary, smiling while giving him a bear hug. “Does this lady look like she wants to abandon this child? She fought tooth and nail for him for two and a half years. That’s good for him to know.”

Ghana’s book, which Ms. Haase and her daughter compiled, has carefully labeled pictures of him with Mama Mary, and little captions saying “I love my mom.” There’s also a wrapper from a Ghana chocolate bar, which the Haases handed out to friends at his christening. And a baby picture of him drooling rather extravagantly.

The books help cement adoptive and foster families by breaking taboos, said Rebecca Cerutti, a social worker at the family outreach program at Robins’ Nest, a nonprofit organization in Glassboro that runs group homes.

“If a child is sitting there hearing the foster parent saying wonderful things about the birth parent, that is just ideal,” she said. “The message is that the birth parent is someone they can talk about, without hurting the foster or adoptive parent.”

Kevin M. Ryan, the commissioner of the Department of Children and Families, said that thumbing through life books spurred him on in the agency’s effort to place children in permanent homes.

“They remind you there are no unwanted children, just unfound families,” Mr. Ryan said.

Some 2,000 children in New Jersey are waiting to be adopted; as of the middle of November, the state had exceeded its 2006 goal of finalizing 1,100 adoptions.

Lori Khan, 25, of Williamstown, whose life in foster care or group homes began when she was a year old, recently pulled out her life book to show her 3-year-old son, Cory.

“He was just saying, ‘Mommy plays basketball,’ and he was just like grinning and smiling looking at the pictures,” she said. “It was too cute.”

“It brings back good times that you had,” she added.

Adoptions that Fail

All of us have heard of adoptions that disrupt. But does anyone have an idea of how frequently this happens and why? These statistics may better inform us all.

How many adoptions disrupt?

- Most adoptions do not disrupt before legalization; over **80%** remain intact. (Groza and Rosenberg, 1998)
- Most adoptions do not dissolve; over **98%** are not terminated after legalization. (Groza and Rosenberg, 1998)
- Very few adoptions are contested: **less than .1%** each year. (Groza and Rosenthal, 1998)
- Adoption disruption and dissolution rates have remained relatively **consistent** over the past 15 years, ranging between 10 and 20 percent, depending on the type of adoption. (Barth and Berry, 1988)
- Disruption can **range** as widely as 3% to 53%, depending on group being studied and the calculating techniques being used. (Stolley, 1993)

What kinds of adoptions disrupt?

- Less than 1% of **infant** adoptions disrupt. (Barth and Berry, 1988)
- 10% to 12% of adoptions of children aged **three and older** disrupt. (Barth and Berry, 1990)
- Of children placed for adoption at ages **6 to 12**, the disruption rate is 9.7%. (Barth, 1988)
- Of children placed for adoption at ages **12 to 18**, the disruption rate is 13.5%. (Barth, 1988)
- Of children of any age with **special needs** placed for adoption, the disruption rate is 14.3%. (Groze, 1986)
- Placements of **older children** and children with histories of **previous placements** and **longer stays** in the foster care system are more likely to disrupt (Stolley, 1993)
- The disruption rate **increases** as the age of the child at the time of adoption increases. (Boyne et al., 1984; Barth and Berry, 1988)
- The overall decrease in disruption percentages in 1988 from 1984 can be traced to the introduction of post-adoption services, an important factor in **containing** the number of adoption disruptions. (Barth and Berry, 1988)

What is Special Needs?

You may come across the term "Special Needs" in reference to the children. While this may refer to a specific medical condition that a child has, it also refers to the loss and sadness that the children have experienced in their short lives. Children in foster care in the United States are most often there as a result of being neglected or abused. All of them have been moved from their birth families and have lost the people and places and things familiar to them. Having this happen to an adult would hurt but imagine having it happen in childhood. The children may be confused and sad and justifiably angry and wondering if they can ever trust anyone again. They are living in temporary situations and yearn for the stability and predictability that we all need. You may be just the person to provide this to one child or several!

My Two Mothers

From

Not Remembered Never Forgotten

Gateway Press (2005) ISBN 0-9770202-0-7

My adoption was arranged before I was born and should have gone smoothly after my birth, but my natural mother refused to sign the release for adoption. For five months, she delayed the adoption as she sought a way to keep me. It must be difficult for a seventeen-year-old child to resist the pressure from the Adoption agency, her parents, and adoptive family, all demanding that she go through with the adoption as arranged. While my mother resisted the process, I lived in a foster home, visited often by my natural mother. During those five months the bonding of mother and child intensified. My mother named me after her departed brother, most likely, to compel her parents to keep me themselves. I believe my maternal grandmother, Irene, also saw me as a replacement for her son, Marvin, who died at the age of seven. It must have been terribly painful for her as well as for my mother.

I am a blessing and a scandal all at the same time. The adoption agency told me that there was some serious discussion between my grandparents as they considered adopting me themselves. It was not to be and eventually my mother gave in and I became the child of Dr. Morris and Florence Hafetz. After my adoption was final, my natural mother wrote frequently to the agency asking for information about how I was doing in my new home. The letters continued for two years and then simply stopped. Clearly my natural mother wasn't letting me go so easily. In speaking to her cousin, Elaine Bennett, I discovered that she always intended to come back for me.

My adopted mother Florence was all too aware of this and it filled her with a fear that she carried for the rest of her life. When I was a child, she never spoke of my adoption and even as an adult when I would ask; she would refuse to discuss it. I could see the pain on her face and, out of loyalty and love for her; I could never press the issue. The issue, however, never stopped pressing me. Florence always felt she should share what she knew with me, but her fear kept her from doing it.

My natural mother, although unseen, was a real part of the relationship between adopted child and adopted mother. As a child I could never understand the emotions Florence was feeling, but today, as an adult I understand them all too well. She was fearful that no matter how much she loved me, I would always have a longing for my natural mother, who fought the adoption and wrote letters to my adopted family for two years. The possibility that our mother-child relationship could be shared was too terrible for Florence to imagine. It was one thing for her to resist the ghost of my natural mother, but when I asked it became even more threatening. The prevailing wisdom of the era was that the adopted child will have no memory of his natural mother and consequently no desire to know anything about her. Just as I suppressed my grief, my mother suppressed her fear. There it was between us, unmentioned, and yet pro-

foundly felt by us both. Somewhere else a young woman was suppressing her grief too. Like most fears they are larger in thought, than in actuality. There has never been any question in my mind as to who my mother was. She was the woman who nurtured me, raised me, supported me, and guided me for fifty years. I cannot however forget the mother who I was part of, and who gave birth to me. The mother, who fought for me and after much pressure, lost me in the adoption process. She believed that no matter how much she loved me it was best for me to be adopted. One does not replace or displace the other; they both are a part of me and me of them.

Robert Allan Hafetz 2005

Roberthafetz@comcast.net www.neaspa.com/id14.htm

IT'S ALL ABOUT ATTITUDE

There once was a woman who woke up one morning, looked in the mirror, and noticed she had only three hairs on her head.

"Well," she said, "I think I'll braid my hair today." So she did and she had a wonderful day.

The next day she woke up, looked in the mirror and saw that she had only two hairs on her head. "H-M-M, " she said, "I think I'll part my hair down the middle today." So she did and she had a grand day.

The next day she woke up, looked in the mirror and noticed that she had only one hair on her head. "Well," she said, "Today I'm going to wear my hair in a pony tail." So she did and she had a fun, fun day.

The next day she woke up, looked in the mirror and noticed that there wasn't a single hair on her head. "YEAH!" she exclaimed, "I don't have to fix my hair today!"

Attitude is everything!

Save The Dates

"United We Stand"
15th Annual SWAN
Permanency Conference
July 11-13, 2007

For more information
www.diakon-swan.org
888.793.2512

Scholarships Are Available

"One Child, Every Child"
NACAC
33rd Annual Conference
Tampa, Florida
July 26—28, 2007

For more information
651.644.3036
info@nacac.org

**R U Thinking about a way that you can
donate to TAP?**

Think United Way

TAP's United Way Donor's Choice # is 10860



Foundation Offers Grants to Help Parents and Caretakers Pay for Children's Medical Needs and Equipment Not Fully Covered by Insurance

The United Healthcare Children's Foundation (UHCCF) is now offering support to meet the needs of children nationwide with assistance grants for medical services not fully covered by health insurance.

Parents and caretakers across the country will be eligible to apply for grants of up to \$5,000 for health care services that will help improve their children's health and quality of life. *Examples of the types of medical services covered by UHCCF grants include: speech therapy, physical therapy and psychotherapy sessions; medical equipment such as wheelchairs, braces, hearing aids and eyeglasses; and orthodontia and dental treatments.*

To be eligible for UHCCF grants, children must be 16 years of age or younger. Families must meet economic guidelines, reside in the United States and be covered by a commercial health insurance plan.

"Receiving a grant from the United Healthcare Children's Foundation changed our lives," said Karen Lucas, whose son Quinn required extensive therapy as a result of spina bifida, a congenital condition. "With the grant, we were able to take advantage of a special program that provides the right therapies and support needed for Quinn's specific medical needs. That program has opened up a whole new world for him, and the grant from the UnitedHealthcare Children's Foundation has eased the financial burden on our family."

For more information visit <http://www.uhccf.org/apply.html>

Each application will be reviewed using the following guidelines:

1. Any child, 16 years old or younger living in any United Healthcare region of the United States in need of financial assistance for health care services will be considered eligible for a grant. The applicant must be covered by a commercial health insurance policy and limits for the requested service are either exceeded, or no coverage is available and/or the co-payments are a serious financial burden on the family. Health insurance sponsored by the Federal government (e.g. Medicaid, etc.) does not qualify as a commercial health insurance company.

2. In evaluating applications, the Regional Board of Directors will consider, but not be limited to, criteria such as the potential of the intervention to significantly enhance either the clinical condition or the quality of life for the child, the financial status of the family and the severity of the child's illness.

3. Financial need of the child's family should be documented through information provided on the application and by submission of a copy of the most recently filed tax return. Generally, awards will be granted to individuals in families whose adjusted gross income per individual does not exceed \$20,000.

4. Other financial resources to meet the health care need are not available.

5. The amount awarded to an individual within a 12-month period is limited to either \$5,000 or 85% of the fund balance, whichever amount is less. Awards to any one individual are limited to a lifetime maximum of \$7,500.

6. An application must be submitted prior to the child's 17th birthday.

7. The health care professional is to be paid directly whenever possible; exceptions can be made to re-

imburse the family if adequate documentation is submitted showing the health care professional has been paid.

8. Applications are to be reviewed by a health care professional appointed by the Foundation to determine the medical appropriateness of the treatment.

9. An application must be submitted to the Foundation prior to the receipt of services.

Application Checklist

Your child's social security number.

Name and policy number of your current commercial health insurance company. Health insurance sponsored by the Federal government (e.g. Medicaid, etc.) does not qualify as a commercial health insurance company.

Description of your child's medical condition.

A description of the treatment, therapy, equipment or service your child's doctor or other health care professional has prescribed.

The estimated cost of the treatment, therapy, equipment or service.

Doctor or health care professional's name, phone number and address.

An outline of your finances - assets, income and expenses.

Your most recent tax return - Internal Revenue Service (IRS) 1040 EZ or 1040.

A letter from your child's doctor or other health care professional describing the nature of your child's health condition and why the requested item(s) from your grant application will be beneficial. Note: If your child is a previous grant recipient, please have the doctor or other health care professional include what treatment was provided with the previous grant and what progress has been made, if any.

STUDY SHOWS ADOPTION OFFERS MAJOR COST BENEFITS OVER FOSTER CARE

A new study, using longitudinal data and advanced statistical methods, project that the adoption of 50,000 children each year who otherwise would remain in foster care would save the government \$3.3 billion to \$6.3 billion in the long term. "A Comparison of the Governmental Costs of Long-Term Foster Care and Adoption," by Richard Barth (a Senior Fellow of the Evan B. Donaldson Adoption Institute), Chung Kwon Lee, Judith Wildfire, and Shenyang Guo, was published in the March 2006 issue of Social Service Review (Volume 80, Issue 1). There has been increased concern over the rising costs of adoption subsidies, and some states recently cut them. However, each child who is adopted will cost government (federal, state, & local) about \$21,000 less over a 7.7 year period than a child remaining in foster care for that period.

Tax Info from NACAC

For families that finalized subsidized adoptions in 2003 and didn't know they could take the Federal Adoption Tax Credit, they can still amend those tax return This also applies to families that finalized in 2004 and 2005. (Note: if you are amending your 2003 taxes, you will likely have to amend 2004 and 2005 also.) Families will need to file a 1040X form.

The instructions for 1040X are at: <http://www.irs.gov/instructions/i1040x/ch01.html#d0e57>

Meet some of the Preston Family



Aaron's Adoption Story Age 11

“Adoption” means you have a very special mommy. A birthmom has a baby and only takes care of it for a little while and lets it go to a hospital or foster care. And then God take you to a special place called home. Its fun to be adopted. I’m just like everybody else except I’m blind. I like to play soccer and play with my sisters. My favorite food is macaroni and cheese.

One day I want to be able to run. When I grow up I want to be a psychologist.

Angela's Adoption Story Age 6

Adopted" is when you're a baby and you don't come out of someone's belly but you get picked instead.

My birthmom took bad drugs and they had to move her around a lot so I haven't seen her since I was a baby. She wanted me but she couldn't take care of me and the bad drugs made me sick when I was in her belly. I wish I could see her. I only have one picture of her in my scrapbook. I wish I could know her at least a little. I'd like to ask her why she took bad drugs and why she wanted to get sick and get me sick and why did she choose to move out of state. I would ask her to get well.

I'm glad I'm adopted. My brother and sisters are all adopted. Most of my friends are not adopted. I wish all of my friends were adopted so they could come to TAP group.

From TAP's Telephone

I received a call from a family in another part of the state. I wish that I could give you more details than what I am going to give you but I can't. I can't risk someone guessing who this family is. The call came into TAP as this family's adopted children were being taken out of the home by Children and Youth. Even though the children have multiple disabilities this family thought that they were taking good care of the children.

For me one of the most troubling parts of this whole situation is that among other things the family is being charged with is "Abuse of a different standard". This family is a Christian family. They did not allow the children to watch a lot of television, they would watch Christian DVD's and they took the children to church "a lot".

They do have a lawyer and TAP will do what we can to help this family. We will be watching very closely to see what happens to "Abuse of a different standard".

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